

## Building Trust With Patient Education

Since beginning my practice 34 years ago, being an early adopter of technology and using it to its best potential has been a high priority. We have had computers in our operatories since 1985, as computerization is something that I have always believed makes sense for dental practices. Additionally, I have also been a long-term proponent of digital patient records. In the early days, computerization and maintaining digital records was quite challenging due to the primitive nature of the various hardware and software systems. Software programs were not very robust, so multiple programs were necessary to accomplish different tasks.

When we first incorporated voice-activated charting with “Victor Chart” in 1987, we were pleased with the discovery that the system had an interesting “extra” included into it—*patient education*. This was a cart system that included a PC, monitor, and a printer with software and graphics. It allowed us to chart complete periodontal and restorative conditions using voice commands through a headset. Although the embedded education was limited to periodontal disease, we appreciated the system’s ability to deliver a consistent message to patients. Soon, we were exploring options for other patient education systems that could help us communicate clearly and consistently with our patients.

As my practice has grown, and our technology has become even more advanced, delivering patient education has remained a vital component of our practice. The technology in my chartless office today includes digital radiology (cone beam computed tomography [CBCT]), hard-/soft-tissue and diagnostic lasers, digital impression systems, 3-dimensional (3-D) imaging software, and many other systems. These are all important, but what is more critical is helping patients understand how that technology is used to diagnose and treat their conditions, and how those conditions themselves may affect them. This is why I encourage all dentists to adopt a formal patient education system. Ultimately, in my opinion, patient education is at the core of building relationships and establishing trust with patients. Objective and credible information, presented in a nonsalesman-like format, helps patients understand their condition. In addition, it assists in presenting the dental team’s rationale for any treatment recommendations.

### ADOPTING A SYSTEM

I began using the CAESY Education System when it was first introduced on CD in 1993, and have been using its successive versions ever since. It has become an integral part of how we practice. While “patient education” is a broad term and can be used to apply to materials like brochures, posters, models, or even just consultations with the dental team, I believe that a computer-based system offers a practice the greatest range of capabilities and the most consistency. In the days before adopting a computerized system, I would spend a lot of time talking with patients, drawing diagrams on anything handy, and trying to illustrate various complicated conditions. In addition to being time-consuming, this was not the most patient-friendly approach.

Over a period of time, our practice has evolved to a point that our education program allows us to be consistent across the board. Its use is delegated to the appropriate team members so that typically, by the time I see the patient, a thorough briefing on his or her condition with the recommended treatment has already been accomplished. Of course,



Claudio M. Levato, DDS

I remain involved in education when a patient has more questions, or when the situation warrants it. However, more often, my team members are able to effectively carry out our patient education without my assistance. As a result, I am able to get right into the dental treatment needed. This process proves to be a powerful tool for productivity.

### GIVING PATIENTS THE MOST USEFUL INFORMATION

The computerized graphics in a patient education system can be particularly helpful for complicated procedures or those that might be intimidating to patients.

For instance, when discussing a fixed bridge or an implant with a patient, an illustrated representation of teeth shifting and moving in the mouth can have quite an impact. Additionally, many of us have observed that with some treatments, such as implants, patients can often be very “put off” by videos or photos. With a computerized illustration, however, the 3-D graphics can demonstrate the procedure in a way that is far less intimidating. This kind of education still does an excellent job of illustrating the concept of the treatment, but can help avoid the fears that often arise when patients see images that appear bloody or painful.

For the rare patient who is interested in seeing images or video of a real procedure, the dental team can easily help find this information. (I have found that the vast majority of patients do not wish to see images of that nature.) For the dental professional, communication with patients to determine their comfort level is vital; once a patient sees something “gory,” it is very difficult, if not impossible, to get that image out of the mind. I find that the most constructive approach is a clean graphical illustration/animation from a patient education program. An ideal video illustration is typically less distracting, and the content provides more information for patients than viewing an actual procedure.

An additional helpful component of a patient education system is the ability to send presentations home with patients. After an examination and diagnosis, we can save the patient’s intraoral photos and presentations on the recommended treatments to a CD. This allows the patient to go home with all of the relevant information to help decide on a treatment option. Additionally, this information is recorded in the patient’s electronic record and serves as an important tool for demonstrating informed consent. Patients understand that their options have been objectively and thoroughly explained to them.

### INVOLVING THE TEAM

A large part of the hygiene profession and daily role in the practice is educating patients, so patient education systems can make the hygienist’s job considerably easier. However, when working with any technology, dentists should be aware of individual differences among the team members. Some people do not like change, and others can be reluctant to use technology, so it is important to establish the tone for the dental team regarding its use. Some hygienists need to be reassured that a patient education system will not detract from their ability to connect with patients, but rather become an important tool in communicating with them.

Your dental team can make or break technology in your office. The dentist can make the financial investment in a piece of equipment, but if it is never used, it will never live up to the expectations promised. My office holds half-day meetings every month to cover team education and other office matters. This is a valuable time to make sure everyone knows how to operate a system and how to answer many of the patient questions that may arise.

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### **YOUR RELATIONSHIP MADE STRONGER**

If patients do not trust you, they will not move forward, so a patient education system can be a valuable tool in building trust. Ultimately, though, any patient education system is just one of the tools available. The work of establishing a trusting relationship with all patients is still the responsibility of the dentist and team. You cannot simply put the patient in a room with the presentation and not follow up; the presentation should serve as a basis for *further interaction and discussion*. Your personal interaction with patients following the presentation can go a long way toward making the information more meaningful; and *adapting a patient education system to your individual style* is a key part of incorporating it into the practice.

### **CLOSING COMMENTS**

In my practice, longtime patients have come to expect in-depth education and cutting-edge technology, and new patients are consistently impressed with our tools and technologies. When a versatile patient education system is well integrated into the practice, it becomes a part of the routine and creates your business image. In my opinion, all dentists should work to find a patient education vehicle that is appropriate for their practice, remembering that *its true value is in its utilization* to help build trust with patients by helping them to be better informed.◆

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**Dr. Levato** is a 1976 graduate of the University of Illinois College of Dentistry. He maintains a private practice, in Bloomingdale, Ill, which has invested heavily in technologies for the last 30 years. He is a Fellow in the American College of Dentists, Chicago Odontographic Society, and the International Academy of Dental Facial Esthetics. An author and lecturer on Leading Edge Technology applications, he serves on clinical advisory boards for radiology and restorative dental companies and provides consultative services to the dental trade. He can be reached via e-mail at [clevato@comprehensivedentistry.com](mailto:clevato@comprehensivedentistry.com).

*Disclosure: Dr. Levato reports no disclosures.*