



Patient Education - The Missing Link

Bindu Vaithilingam^{1*}, Jayashree Mohan², Kamaraj Loganathan³ and J Sabarinathan⁴

¹Head of the Department, Department of Prosthodontics, Penang International Dental College, Malaysia

²Professor and Head of the Department of Prosthodontics, Vinayaka Mission Dental College, India

³Chief Administrative Officer and Head of the Department of Oral Surgery, Penang International Dental College, Malaysia

⁴Professor, Vinayaka Missions Research Foundation, Salem, Tamil Nadu, India

***Corresponding Author:** Bindu Vaithilingam, Head of the Department, Department of Prosthodontics, Penang International Dental College, Malaysia.

Received: July 19, 2019; **Published:** August 27, 2019

DOI: 10.31080/ASDS.2019.03.0626

Abstract

The importance of patient education extends beyond knowledge about conditions and treatment options. Health education is considered an opportunity for experts to use a wide range of experiences and resources, promote attitudes and practices that will be beneficial to individuals' well-being, family and community. Thus, each person has the social responsibility for their own health and the health of those around them. The majority of studies in this review article support the fact that patient acceptance of a particular treatment modality is influenced by the knowledge and experience of the dental health care provider and routine recall systems should be the ultimate goal of treatment of this patient cohort. Hence, patient education should be used as a reflective tool, in teaching and in specialist practice to improve on patient outcomes.

Keywords: Health Education; Dental Health; Patient Education

Introduction

Patient education is about effective healthcare professionals - patient communication. The importance of patient education extends beyond knowledge about conditions and treatment options. Health education is considered an opportunity for experts to use a wide range of experiences and resources, promote attitudes and practices that will be beneficial to individuals' well-being, family and community. Thus, each person has the social responsibility for their own health and the health of those around them [1].

Patient education comprises of healthcare professionals teaching patients about their health so they may better understand their condition. It is the responsibility of the healthcare professionals to educate patients and help them become responsible for their own health status. Patient education is important for building

patients' knowledge, understanding, and preparedness for self-management.

Patient education is about making the effort and taking the time to communicate with patients and needs to be comprehensive and easily understood. The importance of interpersonal skills, as well as stress tolerance and administrative skills, is emphasized by experienced practitioners but that these skills are not focused on in the dental curriculum [2]. Health educators should take responsibility for patient education development and adopt a clear and holistic view on patient care and be prepared to provide patient education in accordance with patient-centered communication.

Patient education could reduce the number of unnecessary admissions, phone calls or visits, which will save time and money for both the patient and the healthcare professionals.

Objectives

This purpose of this study was to systematically and critically, review the literature data with regard to patient education in geriatric patients undergoing prosthodontic intervention and methods that dental professionals can consider as tools for effective patient education which can be useful for achieving a satisfactory clinical outcome.

Material and Methods

A review of the literature was undertaken seeking evidence of importance of patient education. An electronic search of English peer-reviewed dental literature was conducted using Google Scholar. The search focused on best available evidence. There was no limitation in publication year, so the search included all the available scientific evidence until May 2019. Specific inclusion criteria were used for the selection of the appropriate articles. This was supplemented with a hand search of selected dental journals and textbooks. Articles that did not focus exclusively on patient education or on the methods of patient education were excluded from further evaluation.

Discussion

A healthy relationship between the dentist and his patient is fundamental to the successful practice in dentistry. A breakdown in the communication process will lead to patient dissatisfaction, therapeutic failure and a host of unpleasant consequences for the patient and his family [3].

It is important for current healthcare professionals of oral health care to understand aging in order to meet the needs of this population [4]. There is a difference between the perceived needs and the professionally determined needs of the completely edentulous patient.

Complete edentulism is the terminal outcome of a multifactorial process involving biological factors and patient-related factors [5]. Edentulism, therefore represents a difficult challenge for public health given that poor oral health leads to a broad spectrum of comorbidities, such as malnutrition, frailty, and deterioration of preexistent chronic diseases, and decreases overall health status [6].

Edentulism is a frequent condition in older adults and has great impact on their QOL. Improving the conventional management of

edentulous patients is a necessity and requires focus by educators and clinicians. A good relationship between dentist and patient, are more important than prosthodontic factors for a positive outcome. As patient satisfaction and quality care are closely related with the dentist's positive attitudes and communicative skills, dentists need to focus on patients as 'individuals' and have 'real' communication with them [7].

In addition to clinical and technical skills, insight into patient behaviour and psychology and communication techniques are also necessary [8]. It is the duty of dental health professionals to reduce misconceptions prevailing among the general population by providing proper dental issues related patient education and motivation in order to ensure proper oral health to people.

It is difficult to find an appropriate balance in providing information for patient education in order to ensure transparency in care. Empowering and educating patients only serves to have them approach you rather than rely on multiple (online or offline) sources for information on their health.

Communication with elderly patients can be problematic as they can feel uncomfortable about asking questions, and it can be difficult to find the appropriate teaching levels. Healthcare professionals must develop the skills to manage oral health needs and improve the overall oral health of the elderly. It is important to ensure that patients understand by repeating and individualizing the patient education. The main intention is to provide options, a key aspect of patient engagement and education, and to facilitate patients' knowledge and understanding about self-care management.

To improve outcomes, health educators must spend more time with patients and interaction with the patient must be enthusiastic, motivated, and responsive to the individual patient's needs. It is important to establish communication with your patients, understand their expectations and convey yours by explaining the benefits and risks associated with them to allow patients to make an informed decision.

Reestablishing the thoughts of the patient beginning from pretreatment to post insertion is an important step to improve treatment outcome. Patient education should help to create a positive attitude by informing the patient about the limitations associated with complete dentures and the patient should be

motivated on ways to overcome or compensate for these problems as well as proper oral and denture hygiene. Patients have to be made aware that restoration of masticatory function by dental intervention alone will not necessarily lead to improved nutritional intake and significant dietary changes through altered food choices or food preparation methods advice should be provided at the time of denture insertion. Discussing with the patient what they already know and correcting any misinformation in layman's terms are all part of the education process.

The expectations of patients can profoundly influence treatment outcome. The clinician has to explain the treatment plan to the patient including the clinical steps involved, number of appointments and time taken for each procedure post treatment follow-up and post treatment complications likely, right, from the pre-treatment phase to the post-treatment phase. The role of patient in getting used to the prosthesis should be clearly explained because many prosthetic failures may result not from technical problems but from a lack of communication between the dentist and patient with regard to the treatment. Making your patients understand the process only serves to gain their trust and they are more likely to adhere to your care plan. It is absolutely essential to ensure that the patients are trained to an acceptable level of competency to maintenance of denture hygiene. And all such patients should be recalled at regular intervals for motivation and reinforcement [9].

Patient education is expected to incorporate patient teaching into all aspects of practice by sequentially increasing the awareness among denture wearers through oral health educational and motivation.

Patients can be educated in health or non-health environments, and in a formal or non-formal manner and should go beyond just the doctor's office for it to be effective.

This can be by means of dental educational material and motivation through written and oral information, photographs and visual aids/digital information. Using technology, is more effective at getting the message across to your patients. It will also be accessible to them whenever they need to go back to it and is more environment-friendly.

Oral health practioners and educators have to emphasise and ensure that patients are effectively educated throughout their

treatment phase and follow up care has to be reemphasised. Handing patients with materials to read on their way home is most ineffective because the patients likely have little or no understanding of why they need to follow up.

Initiating and organizing training and education programs on appropriate guidelines for care, for the dental team, dental students and caregivers working in institutions is also of paramount importance [10].

Conclusion

The majority of studies support the fact that patient acceptance of a particular treatment modality is influenced by the knowledge and experience of the dental health care provider and routine recall systems should be the ultimate goal of treatment of this patient cohort.

The results suggest that there was no support for any method of patient education that is superior and the patient may benefit from combinations of all the methods.

Within the limits of this review, there is no evidence for a single, universally superior method of patient acceptance to patient education.

Clinical Significance

Patient education should be used as a reflective tool, in teaching and in specialist practice to improve on patient outcomes.

Bibliography

1. Souza., *et al.* "Dental health education: A literature review". *Revista Odonto Ciencia* 29 (2014): 18-26.
2. Kulich KR., *et al.* "A descriptive study of how dentists view their profession and the doctor-patient relationship". *Acta Odontologica Scandinavica* 56 (1998): 206-209.
3. Russell W Schabel. "Dentist-patient communication—a major factor in treatment prognosis". 21.1 (1969): 3-5.
4. Gilbert GH., *et al.* "Perceived need for dental care in dentate older adults". *International Dental Journal* 44 (1994): 145-152.
5. David A Felton. "Edentulism and Comorbid Factors". *Journal of Prosthodontics* 18.2 (2009): 88-96.

6. Carlos Cano-Gutiérrez, *et al.* "Edentulism and dental prostheses in the elderly: impact on quality of life measured with euroqol – visual analog scale (EQ-VAS)". *Acta Odontológica Latinoamericana* 28 (2015): 149-155.
7. Nermin Yamalik. "Dentist-patient relationship and quality care 3. Communication". *International Dental Journal* (2011): 254-256.
8. Carlsson GE. "Clinical morbidity and sequelae of treatment with complete dentures". *Journal of Prosthetic Dentistry* 79 (1998): 17-23.
9. Vinay Suresan, *et al.* "Denture hygiene knowledge, attitudes, and practices toward patient education in denture care among dental practitioners of Jabalpur city, Madhya Pradesh, India". *The Journal of the Indian Prosthodontic Society* 16 (2016): 30-35.
10. David Matear, *et al.* "Practical Issues in Delivering Geriatric Dental Care". *Journal of the Canadian Dental Association* 65 (1999): 289-291.

Volume 3 Issue 9 September 2019

© All rights are reserved by Bindu Vaithilingam., *et al.*