CHAIRSYDE

Tips & takeaways

How to design your patient experience in 2026

Speakers:
- *Dr Loven Ganeswaran*, Dentist, Practice Owner and Founder at [Chairsyde](#)
- *Dr Kunal Rai,* Principal Dentist & CEO at Meliora Dental, Leeds

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Why patient experience matters

- The in-chair patient experience matters because

    - It is where **trust is built**

    - It is where **decisions are made**

    - It is where **outcomes are shaped**

How have patient expectations changed?

- Patients now expect dentistry to feel more like other modern services:

  - more **digital**

  - more **transparent**

  - more **explanatory**

  - more "**show me**" than **"tell me"**

- The old dynamic (paternalistic, "you need this, book it") has shifted to:

  - patients wanting **education**

  - patients wanting **options**

  - patients wanting to be **involved in decisions**

Kunal's philosophy: tech should elevate, not replace

- Kunal believes that adopting AI and technology is not about replacing clinicians

- It is about:

  - improving **planning**

  - improving **communication**

  - improving **consistency**

  - making care feel more **personalised**

- Kunal's philosophy: tech reduces admin and mental load, which can mean **more patient facing time**, not less

Kunal's tech-enabled workflow

Kunal's 4-step protocol

- **Listen** (properly, without interrupting)

- **Show** (use visuals and colour to make it understandable)

- **Explain and plan** (options, consequences, timelines)

- **Confirm understanding** (patient can explain back, ask questions)

How Kunal builds trust and transparency from the first minute

- He does **not** sit behind the patient

- He and the nurse sit **in front of the patient**

- He explicitly signals transparency, including telling patients the discussion is being recorded (as part of consent and documentation)

How he uses voice capture and automated note creation

- Kunal uses an inexpensive **clip on mic** connected to his computer

- He uses Chairsyde [voice notes](#) to record and structure:

    - the conversation

    - history

    - exam findings

    - radiographs and diagnosis through [Pearl](#)

    - what was explained, including showing Chairsyde [animations](#)

- Result: far less typing, less forgetting details, and a consistent record of patients

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"Make the X-ray make sense": colour and visuals over jargon

- Kunal avoids showing patients a confusing greyscale X-ray alone

- He explains using Pearl's colour overlay

- He frames it so the patient can *see* the problem rather than being told what the problem is

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Loven's thoughts on patient experience

- Loven reflected on his own shift over 15 years:

  - early career: paternalistic dentistry worked because patients expected it

  - later: patients want education and choice

- His early growth as an associate came from:

  - spending time explaining with simple drawings

  - patients telling friends and family

  - higher case acceptance because patients finally understood

- He now replaces "back of the day list drawings" with:

  - quick animations (example given: a short gum disease animation shown routinely) using [Chairsyde](#), which he built for this exact purpose

- He links better understanding to:

  - improved oral health outcomes

  - improved periodontal scores over time

  - increased goodwill and word of mouth referrals

Loven & Kunal's views on medico legal protection (without practising "defensive dentistry")

- Kunal and Loven do not want defensive dentistry to be the goal

- But they highlighted benefits of tech-enabled documentation:

  - time stamped records of what was shown and for how long

  - captured consent discussions

  - clearer evidence that options and risks were explained

- They see this as "support in the background" while still focusing on doing the right thing

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Tools and stack mentioned (and what each does)

Chairsyde

- voice notes and transcription

- structured clinical notes

- patient education animations

- evidence of what education was shown

- treatment plan packs and digital consent

Pearl AI (radiograph AI)

- makes X rays easier for patients to understand

- helps clinicians avoid missing things when tired or busy

- can shift the consult into a two way conversation because patients can point and ask

Trello

- described as an easy, low cost way to start organising workflow

- internal tracking board style process management

Boxly

- positioned as a step up for automation and patient communications

- links with Dentally (cloud PMS)

- automations like post treatment instructions, and review requests after appointments

- can be used team wide, hygienist to dentist to TCO coordination

Loom

- used for short video treatment plan explanations, especially aligners

- they acknowledged it adds time, but it is scheduled and systemised

Intra-oral scanners and 2026 direction

- They discussed scanners as both:

  - a clinical quality improvement
  - a patient communication tool

- Kunal uses an iTero (Element 2) and bought it personally as an associate, mainly to avoid impression errors and rejections

- They discussed that newer scanners are adding AI features like detection of:

  - caries

  - toothwear

  - plaque

- They also raised a practical concern:

  - some scanners come with ongoing monthly costs

  - there are cheaper options that may be "good enough"

- Important warning from Loven: the point is not to overwhelm patients with loads of tech, it is to keep it within a simple workflow

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Avoiding patient overwhelm: how they think about "too much information"

- They acknowledge the risk of throwing scanner plus AI X rays plus animations at people

- Their solution is workflow discipline:

- scanner and AI assist the "examination and show" phase

- animations support explanation of consequences and options

- keep it focused on what matters for *this* patient today

Practical advice: where to start if you are building your 2026 experience

1) Start with clarity, not tech

- improve how you explain dentistry first

- tech only amplifies whatever clarity you already have

2) Pick one tool that removes friction

- do not buy everything

- choose a single tool that adds transparency or saves time (examples they gave: a simple microphone that you clip to your scrubs, AI on X rays, educational animations)

3) Build a consistent workflow

- same structure for small cases and big cases

4) Trial and error, and avoid long contracts with tech providers

- they recommend month to month or 30 day trials

- don't lock into annual contracts until you are sure it fits your team

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Team buy in: how Kunal got others aligned with tech

- He dealt with resistance by getting clinicians to **shadow him**

- The moment associates saw patients responding positively, it became easier to adopt

- The real persuader was not the owner's opinion, it was:

    - patients saying "no one's explained it like this"

    - patients agreeing to treatment with more confidence

Time and diary management: does all of this take longer?

- Their position:

    - **in chair time might increase slightly** (playing short videos, showing visuals)

    - but admin time and cognitive load drop dramatically (less typing, less follow up chaos)

    - case acceptance and treatment quality increase, so it becomes "quality over quantity"

- Kunal mentioned he books **30 minutes for new patient exams**

Patient feedback they consistently see

- Not "great dentist, nice person" only

- More like:

    - "I felt listened to"

    - "I finally understood what was going on"

    - "they took time to explain"

    - "I trust them"

- They strongly linked this to:

    - retention

    - reviews

    - referrals

    - and ultimately business growth through word of mouth rather than paid ads

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