Teach-back: Effective Tool in Patient Education

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Objectives

• Define teach-back and its purpose
• Describe the key elements for using teach-back correctly
• Use teach-back in the homecare setting

The problem with communication is the illusion that it has occurred.

— George Bernard Shaw
**Health Literacy**

- ...the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.
  
  Ratzan & Parker, 2000

- ...the ability to read, understand, and use health information to make appropriate healthcare decisions and follow instructions for treatment.
  
  AMA & AMA Foundation, 2003

**How Patients Feel**

- Patients may have negative feelings and emotions related to their limited reading ability or limited understanding.
  
  Institute of Medicine, 2004

- The health care environment can make it hard for patients to tell us they don’t read well or do not understand.

- They hide this with a variety of coping techniques.
  
  Parikh N Pi Educ and Counseling 1996

**The Right to Understand**

- Patients have the right to understand healthcare information that is necessary for them to safely care for themselves, and to choose among available alternatives.

- Healthcare providers have a duty to provide information in simple, clear, and plain language and to check that patients have understood the information before ending the conversation.

  The 2005 White House Conference on Aging, Mini Conference on Health Literacy and Health Disparities.
The Challenge

- Research shows that patients remember and understand less than half of what clinicians explain to them.

Ley, Communicating with patients: improving communication satisfaction, and compliance 1988
Rost, Predictors of recall of medication regimens and recommendations for lifestyle change in elderly patients 1987.

Universal Communication Principles

- Everyone benefits from clear information.
- Many patients are at risk of misunderstanding, but it is hard to identify them.
- Testing general reading levels does not ensure patient understanding in the clinical setting.

Adapted from: Reducing the Risk by Designing a Safer, Shame-Free Healthcare Environment. AMA, 2007

Printed Discharge Instructions

Your naicisyhp has dednemmocer that you have a ypoconoloc. Ypoconoloc is a test for noloc recnac. It sevlovni gntresni a elbixelf gniweiv epocs into your mutcer. You must drink a laiceps diuqil the thgin erofeb the noitanimaxe to naelc out your noloc.
What it says...

• Your physician has recommended that you have a colonoscopy. Colonoscopy is a test for colon cancer. It involves inserting a flexible viewing scope into your rectum. You must drink special liquid the night before the examination to clean out your colon.

Choosing your words....

• Hypertension
• Modify
• Fracture
• Oral
• Ambulate
• Diet

Talking with Patients & Families

Always:
  • Use plain language.
  • Slow down.
  • Break it down into short statements.
  • Focus on the 2 or 3 most important concepts.
  • Check for understanding using teach-back.
Teach-back is...

- Asking patients to repeat in their own words what they need to know or do, in a non-shaming way.
- NOT a test of the patient, but of how well you explained a concept.
- A chance to check for understanding and, if necessary, re-teach the information.

Who?

- Everyone but especially those at risk:
  - Elderly
  - Ethnic and racial minorities/LEP
  - Persons with limited education
  - Persons of low socioeconomic status
  - Persons with chronic disease

Teach-back . . . Where?

Teach-back can be used in all clinical settings . . .
- Clinic
- Home Health
- Hospital
- What other clinical settings would this work in?
- Would this work in non-clinical settings?
Teach-back . . . When?

- The teach-back technique should replace the more common practice of simply asking a patient, “Do you understand?”
  - Experience shows that patients often answer “yes” to such questions, even when they understand nothing.
  - Any examples?

Teach-back . . . Why?

Teach-back is supported by the research:
- “Asking that patients recall and restate what they have been told” is one of 11 top patient safety practices based on the strength of scientific evidence.
  - AHRQ, 2001 Report, Making Health Care Safer
- “Physicians’ application of interactive communication to assess recall or comprehension was associated with better glycemic control for diabetic patients.”
  - Schillinger, Arch Intern Med(Vol 163, Jan 13, 2003, “Closing the Loop”

Teach-back . . . Why?

- Provides an opportunity to check understanding with the patient and re-teach if necessary.
  - Re-phrase if a patient is not able to repeat the information accurately.
  - Ask the patient to repeat the information again, until you are comfortable they really understand it.
  - If they still do not understand, consider other strategies (pictures, videos, analogies).
Teach-back . . . How?

Ask patients to demonstrate understanding
- “What will you tell your spouse about your condition?”
- “I want to be sure I explained everything clearly, so can you please explain it back to me so I can be sure I did.”
- “Show me what you would do.”
- “We’ve gone over a lot of information, a lot of things you can do to get more exercise in your day. In your own words, please review what we talked about. How will you make it work at home?”

Chunk and check
Summarize and check for understanding throughout, don’t wait until the end.

Do NOT ask . . .
- “Do you understand?”

Teach-back...

- Creates an opportunity for dialogue in which the provider gives information, then asks the patient to respond and confirm understanding before adding any new information.
- Re-phrase if a patient is not able to repeat the information accurately.
- Ask the patient to teach back the information again, using their own words, until you are comfortable they really understand it.
- If they still do not understand, consider other strategies.

Teach-Back: Closing the Loop

**Teach-back – Additional Points**

- **Do not** ask yes/no questions like:
  - “Do you understand?”
  - “Do you have any questions?”
- **For more than one concept:**
  - “Chunk and Check”
    - Teach the 2-3 main points for the first concept & check for understanding using teach-back…
    - Then go to the next concept

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**Teach-back – Using it Well: Elements of Competence**

- Responsibility is on the provider.
- Use a caring tone of voice & attitude.
- Use plain language.
- Ask patient to explain using their own words *(not yes/no).*
- Use for all important patient education, specific to the condition.
- Document use of & response to teach-back.

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**Practice Makes Perfect**

- Mr. Jones is 72 years old with COPD and has just been discharged home from an acute exacerbation. As part of his care, you will be teaching him during your visits. He needs to know about signs and symptoms to call about, how to relieve breathing discomfort, how to take his medicines including his inhalers and when to call 911.
When you use teach-back, be sure to:

• Re-phrase if the patient does not understand. Do not simply repeat.
• Ask for teach-back until you are comfortable the patient really understands.
• If the patient is not able to teach back after several times, consider other strategies like...
  – including a family member,
  – taking a break or scheduling another opportunity, or
  – asking another member of the health care team to explain.

Remember

■ Without teach-back the only indicator of misunderstanding may be a medication error.
■ You might be surprised at the misconceptions patients have about their discharge instructions.
■ Nonverbal cues are not always reliable.
■ Include caregivers when giving discharge instructions- using Teach-back.

Patient Rights

It is neither just, nor fair, to expect a patient to make appropriate health decisions and safely manage his/her care without first understanding the information needed to do so.

Reducing the Risk by Designing a Safer, Shame-Free Health Care Environment: AMA, 2007
Credits

- Minnesota Health Literacy Partnership
- The Iowa Health System Health Literacy Collaborative
- Santa Clara Valley Medical System in collaboration with Educational Services at Children’s Hospital of WI – 2010
  www.nchealthliteracy.org
  http://wwwahrq.gov

Questions?

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