

Always Use Teach-Back!



Webinar Series

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Welcome to the Webinar

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Always Use Teach-Back!

- Introduction to teach-back
- Introduce teach-back resources
- Discuss skill-building resources
- Gauge interest in opportunity for online follow-up session

Participants will have the opportunity to share their experience putting teach-back into practice using the *Always Use Teach-Back!* Toolkit, ask questions, and receive feedback.



About the Speaker

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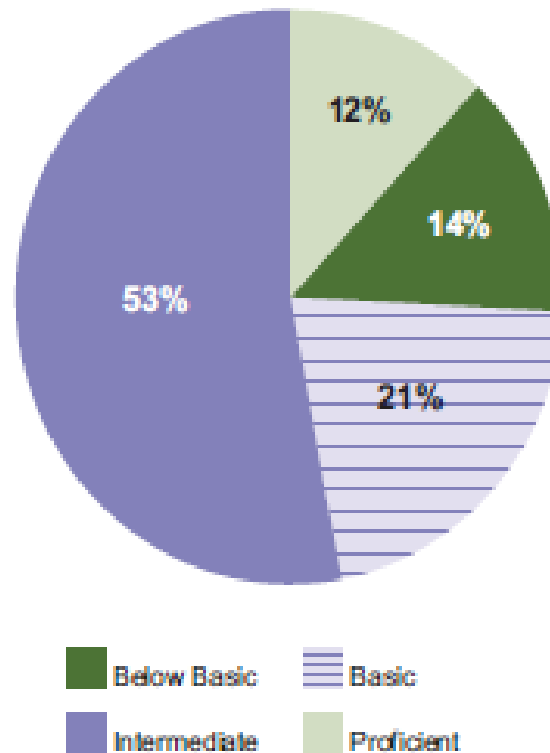




I. Making the Case



Adults' Health Literacy Level: 2003



Source: America's Health Literacy: Why We Need Accessible Health Information. An Issue Brief From the U.S. Department of Health and Human Services. 2008. Available at: <http://www.health.gov/communication/literacy/issuebrief/>.

Health Literacy

...the product of individuals' capacities **and** the health literacy-related demands and complexities of the health care system.

Rudd, 2003. Baker, 2006.



Addressing health literacy includes improving the skills of the **system** in communicating with individuals as patients, family members, employees, staff, and communities.

Health Literacy: Quality & Safety

“Health literacy is fundamental to quality care, and relates to three of the six aims of quality improvement...in the IOM Quality Chasm Report...”

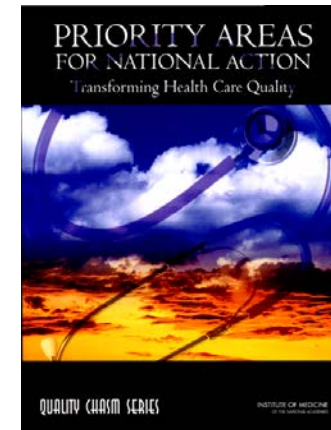


IOM Committee on Health Literacy, 2004

Safety: Plain language & teach-back during medication reconciliation

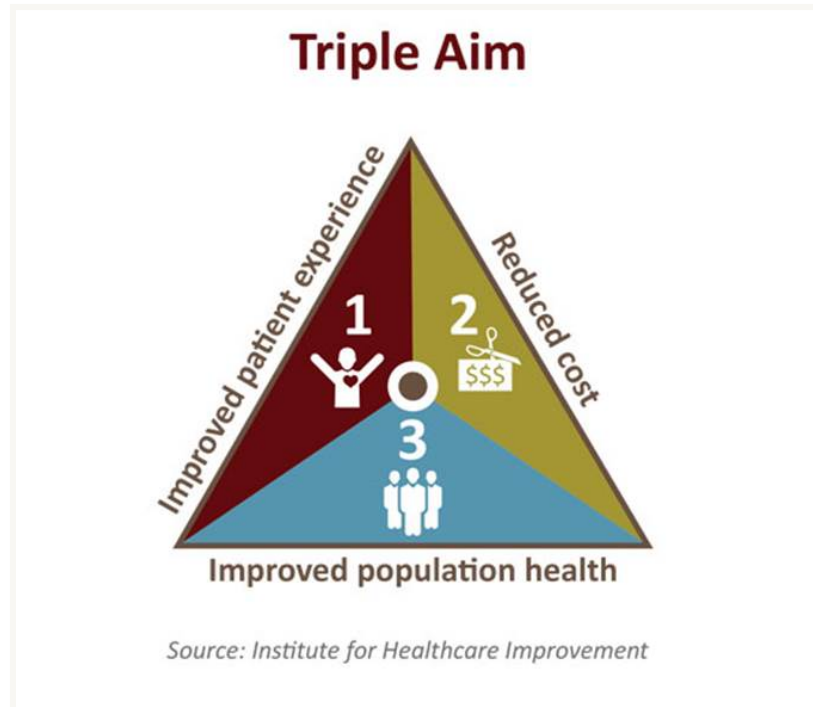
Patient-centered care: making sure patients/families understand their options & involving them in decision-making

Equitable treatment: build cultural & linguistic competence to help eliminate health disparities



Self-management & health literacy are *cross-cutting* priorities for improving health care quality & disease prevention.

Quality - A Framework for Health Literacy



Institute of Medicine

- Safe
- Effective
- Patient-Centered
- Equitable
- Timely
- Efficient

- Triple Aim:** optimizing health system performance by simultaneously pursuing 3 dimensions:
- Improving the patient experience of care (including quality & satisfaction)
 - Improving the health of populations
 - Reducing the per capita cost of health care



Health Literacy: Quality & Safety

- **AHRQ:** “...patient safety refers to freedom from accidental or preventable injuries produced by medical care. Thus, practices or interventions that improve patient safety are those that reduce the occurrence of preventable adverse events.”
- **Joint Commission:** “...safety of patients cannot be assured without mitigating the negative effects of low health literacy & ineffective communications on patient care.”
- **National Quality Forum:** endorses teach-back and reader-friendly documents during informed consent process to reduce harm to patients



10 Attributes of Health Literate Health Care Organizations

...“make it easier for people to navigate, understand, and use information and services to take care of their health.”

- Leadership that makes health literacy a priority.
- **Integrate health literacy into planning, evaluation, safety, and quality efforts.**
- Create a shame-free care environment to meet the needs of patients with a range of health literacy skills.
- Ensure easy access to health information and services and navigation support.
- Communicate health insurance and health care cost information clearly.



10 Attributes of Health Literate Health Care Organizations

- Include consumers in design, implementation, and evaluation efforts.
- Prepare the workforce to be health literate, and monitor progress.
- Use health literacy strategies in interpersonal communication to ensure and check patient understanding.
- Address health literacy at high-risk points (eg, care transitions, medicines).
- Design and use information that is easy to read, understand, and act on.



Health Literacy-related Quality & Safety Opportunities

- Return visits for condition requiring no change in management d/t not understanding diagnosis/treatment
- Procedure-related incidents
- Medication reconciliation
- Preparation & home-going instructions
- Communicating w/ families: portal, calls
- Improve HCAHPS scores
- Care Coordination
- Reducing readmissions
- Reducing health disparities



II. Offering Solutions



This is where the video slide(s) go. I want to be able to introduce the video before it plays so may need to keep the next slide that shows the screenshot while I do that, unless it waits for me to start the video.

Talking with Patients and Families



Traditional Approach



After we leave



Talking with Patients & Families

What We Saw

- Technical terms
- Medical jargon
- Giving too much information
- Talking too fast
- Asking yes/no question: “Any questions?”
- Lack of understanding

What Can Follow

- Medication error
- Lack of adherence
- Poor self-management
- Increased utilization of urgent/emergent



What to Do

- HL Universal Precautions
- Plain Language
 - Verbal
 - Written
- **Ensure understanding: Teach-back**



Universal Communication Principles

- Clear communication helps everyone.
- It's hard to tell by looking at someone if they do or do not understand.
- Anyone can have trouble understanding health information, especially if they are sick or worried.

So, use clear communication words & tools for everyone.

Adapted from: AMA, 2007; DeWalt, 2010



When Talking with Patients and Families...

Always:

- Use Plain Language.
- Slow down.
- Break it into short statements.
- Focus on the 2 or 3 most important things.
- Check for understanding using **teach-back**.



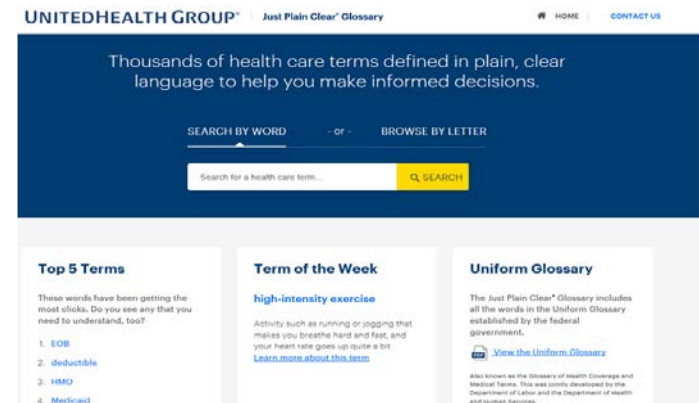
Plain Language

- is clear.
- uses only as many words as needed.
- is not baby talk.
- lets people focus on the message instead of complex words.



Adapted from:

<http://www.plainlanguage.gov/whatisPL/definitions/eagleson.cfm>



https://depts.washington.edu/respcare/public/info/Plain_Language_Thesaurus_for_Health_Communications.pdf
<http://justplainclear.com/en>



Teach-back is...

- Asking people to explain **in their own words** what they need to know or do, in a friendly way
- **NOT** a test of the patient, but a measure of how well **you** explained something
- A way to check for understanding and, if needed, re-explain, then check again



Teach-back - Examples

I want to be sure I explained everything well. Can you tell me in your own words what you will do, so I can be sure I was clear?

- What will you tell your daycare provider about how to give Sam his medicine?
- We've gone over a lot of information, and a lot of ways you can get more exercise. In your own words, can you go over what we talked about. How will you make it work for you at home?



Teach-back – Everyone's Job

- Let's make sure the paperwork gets handled right. Can you tell me what you will do with these forms?
- I want to be sure I did a good job showing you how to find the lab. Can you tell me how you will find it?
- We want to be sure you understand what your insurance will and will not cover. Can you go over it for me using your own words? This will help me know if I explained it well.



Unable to Teach Back?

- Use glasses, hearing aids, other assistive devices.
- Ask if they want to include family member or friend.
- Check for language, literacy, cultural barriers.
- Ask another health care team member to help.
- Schedule another visit or call.
- Pass along patient's/family's need for extra help.



Using Teach-back Well

- For more than one topic, “Chunk and Check”
 - Teach the 2-3 main points for the first topic.
 - Check for understanding with teach-back.
 - Then go on to the next topic.
- Support teaching with reader-friendly print materials.
- Use teach-back for all key patient education and communication.
- Document use of, and response to, teach-back.



Teach-back: an investment, NOT an add-on

- Investment
 - Trade-offs
 - Patterns/Habits
 - Opportunities to improve outcomes

“Without teach-back, the only way to find out if a patient didn’t understand might be a mistake that could be harmful.”

UnityPoint Health Clinic Physician



III. The *Always Use Teach-back!* Toolkit

Welcome to the ***Always Use Teach-back!*** training toolkit



The purpose of this toolkit is to help all health care providers learn to use teach-back—every time it is indicated—to support patients and families throughout the care continuum, especially during transitions between health care settings.

Tools and Videos

[10 Elements of Competence for Using Teach-](#)

<http://www.teachbacktraining.org/>



Never to Always

- Never Event: adverse events that are unambiguous, serious, and usually preventable. (AHRQ)
- Always Event: aspects of the patient experience that are so important to patients and families that health care providers must perform them consistently for every patient, every time. (IHI)

Make use of teach-back an “always event.”

Help all health care providers learn to use teach-back— every time it is indicated—to support patients and families throughout the care continuum, especially during transitions within and between care settings.



**Always Use
Teach-back!**

Home

Using the Teach-back Toolkit

Interactive Learning Module

Coaching to Always Use Teach-back

To Learn More

Acknowledgements

Welcome to the ***Always Use Teach-back!*** training toolkit



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Using the Teach-back Toolkit

[Print This Page](#)

Tools and Videos

[Using the Toolkit \(VIDEO\)](#)



How Do I Use the Toolkit?

If you are working to improve your own use of teach-back:

Use the toolkit to build your knowledge and expertise in always using teach-back to make sure you were clear, and patients and families understand.

1. Look at the tools that tell about teach-back and how to move from old habits of traditional patient education to new habits of checking for understanding with teach-back.
2. Work through the [Interactive Teach-back Learning Module](#) (about 45 minutes).
3. Start using teach-back with your next patient.
4. Check how well you did using the [Observation Tool \(PDF\)](#).
5. Try again and build your confidence!



If you are coaching others to always use teach-back:

Use the toolkit to build your own and your staff's knowledge and expertise in always using teach-back to make sure you were clear, and patients and families understand.

1. Do steps 1-5 above.
2. Review the [Coaching Tips](#).
3. Choose one or two staff members who are interested in using teach-back.
4. Have them complete the [Conviction and Confidence Scale](#). Use the results to guide your coaching as you move through these steps.
5. Observe their current patient education practice using the [Observation Tool](#).
6. Have them complete the [Interactive Teach-back Learning Module](#).
7. Observe their use of teach-back with another patient using the [Observation Tool](#).
8. Use the [Coaching Tips](#) to coach them to Always Use Teach-back!
9. Have staff complete the [Conviction and Confidence Scale](#) one and three months later. Use the results to guide additional coaching.
10. Look for ways to adapt your systems to promote consistent use of teach-back, [Making Teach-back an Always Event](#).
11. Watch for relapses to old habits, and help overcome barriers.
12. Choose a few more staff and repeat.

Interactive Teach-back Learning Module

[Print This Page](#)

Overview

The Interactive Teach-back Learning Module has two parts:

- It describes teach-back and demonstrates its effectiveness as a health literacy intervention to improve patient-provider communication.
- Video and interactive self-assessment questions enhance, confirm, and reinforce your ability to use teach-back and integrate it into your clinical practice.

The Module takes about 45 minutes, and enables you to identify and practice key aspects of teach-back. You will follow a patient's experience from hospital discharge through the home health and primary care follow-up settings:

- Introduction, description, and demonstration of ideal use of teach-back.
- Teach-back during hospital discharge.
- Teach-back during a home health visit.
- Teach-back at primary care physician follow-up.
- Tying it all together to Always Use Teach-back!

If you do not finish, you can save your place and return to complete the module.

[get started](#)

Tools and Videos

[Physician Experience about Learning Teach-back \(VIDEO\)](#)

Objectives

4 of 35

Upon completing the interactive assessment, learners will be able to:

- Define teach-back and its purpose
- List key elements of effective teach-back
- Recognize non-shaming questions to elicit teach-back
- Demonstrate how to integrate teach-back into clinical encounters

[prev](#)[next](#)



00:29

Watch the video of Sharon and her home health nurse two days after hospital discharge before answering the question:

Which health literacy principles does the home health nurse demonstrate?

If you cannot view the video, access them directly at: <http://vimeo.com/49702986>





Outpatient Yes No

10 Elements of Competence for Using Teach-back Effectively

1. Use a caring tone of voice and attitude.
2. Display comfortable body language and make eye contact.
3. Use plain language.
4. Ask the patient to explain back, using their own words.
5. Use non-shaming, open-ended questions.
6. Avoid asking questions that can be answered with a simple yes or no.
7. Emphasize that the responsibility to explain clearly is on you, the provider.
8. If the patient is not able to teach back correctly, explain again and re-check.
9. Use reader-friendly print materials to support learning.
10. Document use of and patient response to teach-back.

What is Teach-back?

- A way to make sure you—the health care provider—explained information clearly. It is not a test or quiz of patients.
- Asking a patient (or family member) to explain **in their own words** what they need to know or do, in a caring way.
- A way to check for understanding and, if needed, re-explain and check again.
- A research-based health literacy intervention that improves patient-provider communication and patient health outcomes¹.

¹ Schillinger, 2003

Coaching to Always Use Teach-back

[Print This Page](#)

Giving staff knowledge on teach-back and its effectiveness is important. But, to change from a long-standing patient education habit of asking yes/no questions like “Do you have any questions?” to one of using teach-back to confirm understanding via the patient’s own words, takes coaching.

Changing providers’ behavior and building new habits take time. Coaching can help staff be successful.

Tools and Videos

[Coaching Tips \(PDF\)](#)[Observation Tool \(PDF\)](#)[Conviction and Confidence Scale \(PDF\)](#)[Making Teach-back an Always Event \(PDF\)](#)[Manager Perspective on Coaching \(VIDEO\)](#)[Coaching Keys \(VIDEO\)](#)[Coaching Overview \(VIDEO\)](#)[Coaching: Overcoming Obstacles \(VIDEO\)](#)[Coaching a Nurse to Always Use Teach-back \(VIDEO\)](#)[Coaching a Physician to Always Use Teach-back \(VIDEO\)](#)

These **Tools** will help you coach staff to the new habit of always using teach-back.

Coaching Tips (PDF)

Summary of key elements of coaching staff to integrate new habits into their work.

Observation Tool (PDF)

Record your observations as staff build their knowledge and conviction about, and skills and confidence in using, teach-back. Use the findings to guide coaching, additional learning, and establishing consistent habits.

Conviction and Confidence Scale (PDF)

Fill this out before starting to use teach-back, and one and three months later. Use the results to identify things that can help build conviction about the importance of, and confidence in using, teach-back, and to track progress.

Making Teach-back an Always Event (PDF)

Examples of how to make sure use of teach-back is an “always” event by building it into standard practices and policies.





Assess Conviction and Confidence



Conviction and Confidence Scale

Fill this out before you start using teach-back, and 1 and 3 months later.

Name: _____

Check one: ☐ Before - Date: _____
☐ 1 month - Date: _____
☐ 3 months - Date: _____

1. On a scale from 1 to 10, how **convinced** are you that it is important to use teach-back (ask patients to explain key information back in their own words)?

Not at all important Very Important

1 2 3 4 5 6 7 8 9 10

2. On a scale from 1 to 10, how **confident** are you in your ability to use teach-back (ask patients to explain key information back in their own words)?

Not at all confident Very Confident

1 2 3 4 5 6 7 8 9 10

3. How often do you ask patients to explain back, in their own words, what they need to know or do to take care of themselves?

☐ I have been doing this for 6 months or more.
☐ I have been doing this for less than 6 months.
☐ I do not do it now, but plan to do this in the next month.
☐ I do not do it now, but plan to do this in the next 2 to 6 months.
☐ I do not do it now and do not plan to do this.





Conviction and Confidence Scale

Fill this out before you start using teach-back, and 1 and 3 months later.

Name: _____

Check one: ☐ Before - Date: _____
☐ 1 month - Date: _____
☐ 3 months - Date: _____

1. On a scale from 1 to 10, how **convinced** are you that it is important to use teach-back (ask patients to explain key information back in their own words)?

Not at all important Very Important

1 2 3 4 5 6 7 8 9 10

2. On a scale from 1 to 10, how **confident** are you in your ability to use teach-back (ask patients to explain key information back in their own words)?

Not at all confident Very Confident

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☐ I do not do it now, but plan to do this in the next 2 to 6 months.
☐ I do not do it now and do not plan to do this.



www.teachbacktraining.org

Teach-back Observation Tool

Care Team Member: _____ Date: _____

Observer: _____ Time: _____

Did the care team member...	Yes	No	N/A	Comments
Use a caring tone of voice and attitude?				
Display comfortable body language, make eye contact, and sit down?				
Use plain language?				
Ask the patient to explain in their own words what they were told to do about: • Signs and symptoms they should call the doctor for? • Key medicines? • Critical self-care activities? • Follow-up appointments?				
Use non-shaming, open-ended questions?				
Avoid asking questions that can be answered with a yes or no?				
Take responsibility for making sure they were clear?				
Explain and check again if the patient is unable to use teach-back?				
Use reader-friendly print materials to support learning?				
Document use of and patient's response to teach-back?				
Include family members/caregivers if they were present?				

1

Coaching Tips



Coaching

Giving staff knowledge on teach-back and its effectiveness is important. However, to change from a long-standing patient education habit of asking yes/no questions like "Do you have any questions?" to one of using teach-back to confirm understanding via the patient's own words, takes coaching.

Changing providers' behavior and building new habits also take time. Coaching can help staff be successful by enhancing their skills in moving away from long-standing habits and integrating new habits.

Here are tips to help you coach staff to the new habit of always using teach-back.

Coaching Tips

Build motivation.

- Encourage use of the new habit by focusing on patient-centered/ideal care.

Honor the current work through observation.

- Establish relationships through observing those seeking to build the new habit (teach-back).

Understand that change is hard and uncomfortable.

- Use active and reflective listening.
- Use open-ended **what** and **how** questions to determine individual barriers.
 - ♦ "What worries you about using teach-back?"
 - ♦ "How did using teach-back with your patient make you feel?"
 - ♦ "Tell me more about..."



Coaching continued

Resistance to change is natural. Resistance comes from fear of change.

- Confront the problem, not the person.
- Resistance is a signal to change the response and approach.

Promote new skill development.

- Promote each individual's belief in their ability to change.
- Focus on previous successes.
- Focus on skill development.
 - ♦ Set goals: "I will use teach-back with every patient today."
 - ♦ Develop a change plan. Habit change happens with conscious planning.
 - ♦ Mentally rehearse:
 - "What is the most important thing I want to be sure the patient understands?"
 - "How would I ask this question?"
 - ♦ Embed cues to use teach-back in already-established habits.
 - "After each interaction, I will ask an open-ended question to elicit understanding."

Build confidence to integrate the new habit into work patterns.

- Rate your confidence in using teach-back on a scale of 1 to 5... "What might help you increase your confidence from a 3 to a 4?"



Coaching continued

Build reliability.

- Even when people have goals they often need reminders and support to be successful.
 - ♦ Create standard work: content, sequence, timing, and outcome.
 - ♦ Build in job aides and reminders.
 - ♦ Take advantage of pre-existing work and habits.
 - ♦ Make the desired action the default rather than the exception.
 - ♦ Create redundancy.
 - ♦ Group related tasks.

Manage relapses.

- Make a plan for follow-up coaching to reinforce the new habit.
- Share questions and problems. Develop program improvements.
- Recognize, reward, and celebrate!





Always Use Teach-back! Toolkit – Examples

- Ryan-Madonna, et al., 2019, *Journal of Hospice & Palliative Nursing*
 - Inter-professional group of hospice home care clinicians in 1 home care agency division
 - Completed AUTB interactive learning module & reviewed Minnesota Health Literacy Partnership TB materials
 - 1-hour training
 - 10 Elements, Coaching Tips, Confidence & Conviction Scale
 - Improved caregiver confidence in caring for hospice home care patients; non-significant decrease in hospitalization
 - Feasible

- Holman, et al., 2019, *J for Nurses in Professional Development*
 - Nurses on 2 med-surg units in 300-bed inpatient facility
 - TB coaching sessions (AHRQ HL & AUTB Toolkits); Conviction & Confidence Scale
 - Improved conviction & confidence
 - Increased frequency of using TB elements, esp. re-teaching when unable to teach back
 - Can help build a health literate healthcare organization



Making Teach-back an Always Event

Example: Teach-back is part of **standards of care:** Pneumonia

Monitor for signs and symptoms of pneumonia (i.e., cough, colored sputum, fever, fatigue and dyspnea) and ask for **teach back**.

Monitor on respiratory therapy (i.e., CC therapy and breathing treatments) and ask for **teach back**.

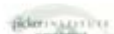
Monitor on increasing fluid to supply respiratory secretions and ask for **teach back**.

Monitor to notify physician, and discharge, if measurement of signs and symptoms of pneumonia (i.e., decreased oxygen, colored sputum, temperature greater than 101, increased fatigue and weakness) and ask for **teach back**.

Monitor to complete full course of prescribed antibiotic and ask for **teach back**.

Example: Teach-back is included in **clinical competencies:** Unna Boot

11. Pt education: elevation and pt to call RN for any numbness, tingling, discoloration of toes or increased pain. Documents. Completes teach back.



Making Teach-back an Always Event continued

Example: Teach-back as part of **standard order sets*:** Admission

Patient Education A

- Use teachback to assess understanding of education concepts.

*Standard order sets are based on the thoughtful, clear, carefully considered use of current best practices in making decisions about the care of individual patients.

Example: Teach-back as part of **standard order sets*:** Discharge

Discharge for:

Nursing Orders

Patient Education:

- Use teachback to assess understanding of education concepts.

*Standard order sets are based on the thoughtful, clear, carefully considered use of current best practices in making decisions about the care of individual patients.



Resources

- Health Literacy Universal Precautions Toolkit 2nd Edition
<http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html>
- The Health Literacy Environment of Hospitals and Health Centers
<http://www.ncsall.net/index.html?id=1163.html>
- *Always Use Teach-back!* Toolkit
<http://www.teachbacktraining.org/>
- Plain Language Pediatrics, American Academy of Pediatrics
<https://shop.aap.org/plain-language-pediatrics-health-literacy-strategies-and-communication-resources-for-common-pediat-1/>
- Building Health Literate Organizations: A Guidebook to Achieving Organizational Change
www.HealthLiterateOrganization.org
- *Change Talk*. American Academy of Pediatrics
<https://ihcw.aap.org/resources/Pages/default.aspx>

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