

The Teach-Back Toolkit

A Guide to the Use and Implementation of the Teach-Back Method

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What is Teach-back?

Teach-back is a simple and effective way of checking that you have clearly explained information to your patients by confirming that they understand it.

Teach-back involves asking patients to explain back what you have just told them in their own words. Any misunderstandings are then clarified by the health provider, and patient understanding is checked again.

FACT: Studies have shown that up to 80% of medical information patients are given is forgotten immediately, and almost half of the information retained is incorrect^{1,2}

Why use teach-back?



Use of teach-back enhances communication between patients and healthcare providers, helping ensure that information is clearly understood



Teach-back can improve learning-related outcomes (e.g. self-care practice), patient satisfaction, and health outcomes (e.g. hospital re-admissions)³⁻⁵



Teach-back is endorsed as a health literacy communication approach by the Australian Commission on Safety and Quality in Health Care (ACSQHC), the American Heart Association and the American Diabetes Association

How to use teach-back

The goal of teach-back is to ensure that the patient understands what you have just communicated to them. The steps of teach-back are:

Step 1 Use plain language to explain information.

Step 2

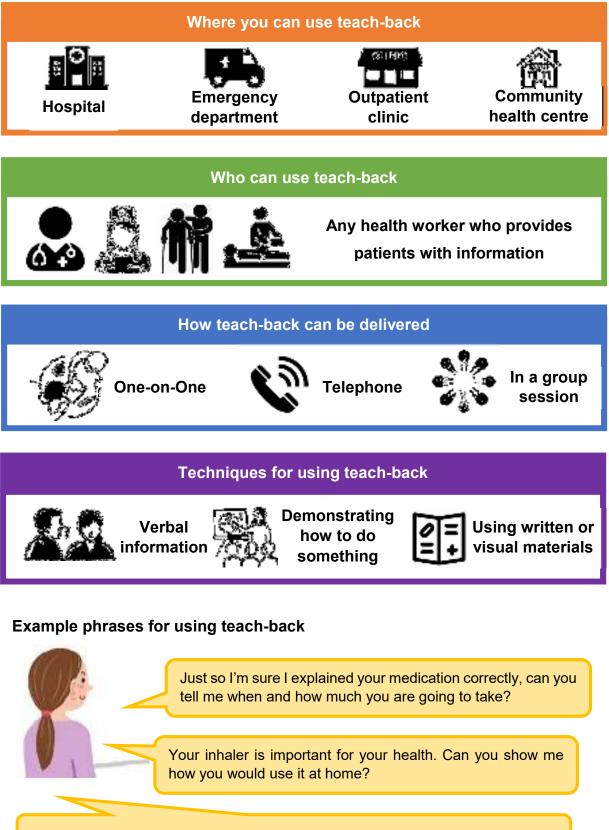
Ask the patient to explain what you just told them in their own words. Step 3 Re-explain anything that is misunderstood. Step 4

Repeat steps 2 & 3 until the information is understood.

This process can be repeated up to three times - if the patient still misunderstands at this point, it is time to try other approaches. See <u>http://teachback.org</u> for more information.

Using teach-back in practice

Teach-back should be used in any situation where it is important that the information given by a health worker is understood by a patient or their carer.



In case I've missed something, could you just go through what you need to do?

Making teach-back part of routine practice

Implementing teach-back throughout a healthcare service may be a significant workflow change, therefore simply educating staff on how to use teach-back is not enough to ensure it is integrated into routine practice successfully. Multiple strategies are needed to effect ongoing change and support continued use of a new intervention⁶. These strategies will depend on the type of practice setting, but may include:



Training and education for staff

Techniques include development and distribution of education pamphlets; use of online education modules; and face-to-face training seminars with or without role-playing scenarios.



Building a culture of teach-back

This may involve designating "Teach-Back Champions" to guide and motivate staff to use teach-back; or holding regular team meetings to gain feedback about using teach-back.



Prompts and reminders

Developing clinical reminders for use of teach-back can involve hanging posters; leaving notes on whiteboards in patient rooms; or via electronic prompting (e.g. reminder emails or in patient management systems.



Using evaluation strategies

Developing a quality monitoring system to ensure teach-back is implemented correctly; introducing an audit system for teach-back; or providing progress reports.

See <u>http://teachback.org</u> for more information

Tips for integrating teach-back into practice

- Include teach-back in standard orientation programs for new staff
- Start by using teach-back with topics that are relatively 'contained'
- Allow team members to share experiences using teach-back at team meetings
- Let patients know teach-back is available and encourage them to use it.

Healthcare workers' experiences of using teach-back



"People benefit from us trying to check in with them and seeing their understanding"

- Social Worker

"It might have taken more time on that initial phone call, but you definitely wouldn't have had the frequent phone calls again and again. Now I feel they have a better understanding, so I don't have those return phone calls"

- Occupational Therapist

"There's that 'now I get it' moment that happens, but there's also a level of equality that comes with it. Clients feel they are with you on the journey rather than you teaching them"

- Team Leader

"I probably do it with everyone now because for me it highlights to not assume knowledge. Don't assume that they understand"

- Physiotherapist



Examples of using teach-back³

- Management of chronic health conditions including medication use, demonstration of inhaler techniques and self-care practices
- Explaining discharge information for post-surgical procedures
- Self-management strategies for post-partum depression
- Understanding medical diagnoses and follow-up in the Emergency Department

Training resources for teach-back



The **teachback.org** online learning module will provide you with information and skills to use the teach-back method. Videos and other learning tools are used to show

how teach-back is used in different healthcare settings. The module is available at http://teachback.org/learn-about-teach-back/

The **Always Use Teach-Back!** interactive learning module describes teach-back and demonstrates its effectiveness as a health literacy intervention to improve patient-provider communication. It includes video and



interactive self-assessment questions to enhance, confirm, and reinforce your ability to use teach-back and integrate it into your clinical practice. The module is available at www.teachbacktraining.org/interactive-teach-back-learning-module



Sponsored by the **Agency for Healthcare Research and Quality (AHRQ),** this learning module is designed to inform clinicians about the teach-back method and provide effective strategies to implement teach-back. The module

is available online via the AHRQ website at www.ahrq.gov/patient-safety/reports/engage/interventions/teachback-mod.html

The **Centre for Culture, Ethnicity & Health** provides health literacy training modules for service providers to help them deliver services that are easier to understand and empower their clients to make better decisions. Health literacy resources, including teach-back



information, is available at www.ceh.org.au/resource-hub/category/health-literacy/#

How to measure if teach-back is effective

Although teach-back has been found to be effective across a wide range of settings, populations and outcome measures³; your organisation may still wish to perform their own evaluation.

An evaluation may help you learn as much as possible about how best to implement teachback; collect information about the conditions in which teach-back worked well and where it didn't; and whether teach-back sufficiently improved outcomes to justify the effort. It may also be valuable to collect some information about the acceptability of teach-back with different kinds of patients.

	Patient Outcomes	Outcome Measures (examples only)
Knowledge Skills & Attitudes	Disease Knowledge	See ePROVIDE for questionnaires: https://eprovide.mapi-trust.org/
	Recall of information	Self-made questionnaire
	Patient Satisfaction	Local patient experience surveys or: <u>www.safetyandquality.gov.au/our-work/indicators-</u> <u>measurement-and-reporting</u>
	Happiness	e.g. Oxford Happiness Survey see: <u>http://happiness-survey.com/</u>
	Health Literacy	See: https://healthliteracy.bu.edu/
Behaviour Change	Self-Management	See: www.selfmanagementresource.com/resources
	Medication Adherence	Prescription history or patient self-report
	Inhaler Technique	e.g. Inhaler Technique Checklist, see: <u>www.nationalasthma.org.au/living-with-asthma/resources</u>
	Diet	24-hour food diary, or see: https://inddex.nutrition.tufts.edu/data4diets/data- source/food-frequency-questionnaires-ffq
Objective Health Outcomes	Quality of Life	e.g. EQ-5D, see: <u>https://euroqol.org/eq-5d-instruments/</u> or <u>www.aqol.com.au/</u>
	Hospital re- admissions	Audit of hospital admission records
	Depression/ Anxiety	e.g. PHQ-9; HADS, see: <u>www.integration.samhsa.gov/clinical-practice/screening-</u> <u>tools</u>
	Clinical measures	e.g. changes in clinical indicators such as HbA1c, blood pressure, or waist circumference

Some examples of how outcomes can be measured are given in the following table:

Things to remember

- 1. **Teach-back is** <u>NOT</u> a test: Teach-back is a technique to determine a patient's understanding, not a test of their knowledge.
- 2. **Plan your approach:** Think about how you will ask your patients to teach-back the information you have just explained to them.
- 3. Encourage patients to use their own words: If patients parrot your words back to you, they may not have understood the information correctly.
- 4. **Practice makes perfect:** It will take some time, but once it is part of your routine, teach-back can be done without awkwardness and does not lengthen a visit.
- 5. **Take advantage of educational handouts:** Use handouts along with teach-back and write down key information to help patients remember instructions at home.
- 6. **Share teach-back stories:** Ask one person at each staff meeting to share a teach-back story.
- 7. **Start with one patient a day**: Try the teach-back method with one patient a day and reflect on what worked/didn't work. Try to increase to two patients a day and so-on.

References

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