



Solution

Teach Back

What...

Teach back is a research-based method to confirm that you have explained information clearly enough that patients – or their care givers - have a firm understanding of what you have told them.

Also called "closing the loop" ... teach back involves gauging a patient's understanding by asking them to repeat back your instructions in their own words.

Teach back can be used by anyone who needs to communicate important education, information, or instructions ... such as a nurse when teaching how to change a wound dressing at home, a physical therapist when explaining how to use a walker, a front desk staff when scheduling follow-up appointments, a patient handoff between two providers, or a preceptor orienting a new employee.


Why...

Research implies that we underestimate our patients' need for information and overestimate our ability to communicate it effectively. Studies have shown that 40-80% of the medical information patients receive is forgotten immediately and that nearly 50% of the information retained is incorrect.

Teach back validates you, as the teacher – making sure you gave instructions in a way each patient understands.

Teach back improves a patient's adherence to treatment and self-care plans, decreases call backs and cancelled appointments, reduces readmissions, and improves patient satisfaction and outcomes.





*“If they don't do what we want, we haven't given them the
right information.” (...in the right way)
- Vice Admiral Richard Carmona, Former Surgeon General*

How...

Teach back involves gauging a patient's understanding by asking them to repeat back information or your instructions in their own words.

When using teach back, ask open-ended questions rather than those that can be answered with a “yes” or “no.” Also avoid asking, “do you understand?” or only asking “do you have any questions?”

For example, you could ask, “So that I may check how well I've done at sharing this information, can you please tell me in your own words what side effects you'll be watching for when taking this new medication?”

If the patient's explanation is not correct, provide additional teaching and then ask him or her to explain it again. Repeat this cycle until he or she can describe your instructions accurately.

If you are instructing on a specific action, such as using an inhaler, ask the patient to show you how to perform that action.

This type of questioning is not a test of the patient, but rather a test of how well a concept was explained. You are not trying to embarrass the patient or their care giver. You are keeping them safe as you learn how to modify or solidify your own way of giving instructions that are easily understood.

We remember:

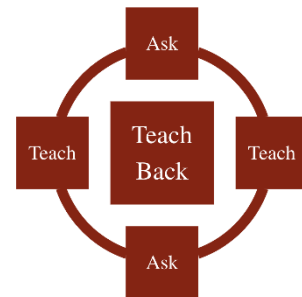
- ▶ 10% of what we read
- ▶ 20% of what we hear
- ▶ 30% of what we see
- ▶ 50% of what we see and hear
- ▶ 80% of what we say
- ▶ 90% of what we say and apply



THE "ASK-TEACH-ASK" METHOD OF TEACH BACK

Ask

- ▶ Ask questions to understand the patient's current knowledge and learning needs and concerns. "Can you tell me what you already know about the medication Lasix?"
- ▶ Ask how they like to receive teaching/instruction (e.g., in writing, video, verbally)
- ▶ Listen carefully and observe the patient's body language



Teach

- ▶ Provide teaching that builds on the patients' current level of knowledge
- ▶ Explain your positive intent—your patient-centered rationale
- ▶ Use simple, easy-to-understand terminology
- ▶ Supplement verbal instruction with printed materials, images, and/or video as available and as preferred by patient
- ▶ Watch patient's body language for signs of inattention, confusion, anxiousness
- ▶ Invite the patient's questions along the way (instead of "do you have any questions?" ask "what questions does this bring up?")
- ▶ Assess for, anticipate, and address any anxieties and "what ifs"

Ask

- ▶ Ask open-ended questions to respectfully check for understanding; yet, don't ask "do you understand?" or "do you have any questions?"; ask in such a way that they have to "teach back" to you what they understood from your teaching/instructions, such as:
 - "So that I may check how well I've done at sharing this information, can you please tell me how often and when you will be taking this new medication?"
 - "So that I can check on how well I've done demonstrating this, can you show me how you'll go from sitting in a chair to standing with the aid of your new walker?"
- ▶ Use the "Chunk and Check" approach to asking; You don't have to wait until you've taught everything to ask the patient to teach back.
- ▶ If the patient's explanation is not correct, provide additional teaching and then ask the patient to explain it again. Repeat this cycle until the patient can describe or demonstrate your instructions accurately.



IMPLEMENTING TEACH BACK

PROMOTE THE USE OF TEACH BACK

- ▶ **Train non-clinical staff.** Non-clinical staff members who interact with patients should also use teach back. For example, staff making appointments may use it to ensure the patients understand what is required of them at the next visit such as arrival time, insurance documentation, bringing medicines, fasting, and details about referrals to other clinicians.
- ▶ **Share teach back stories.** Ask one person at each staff meeting or at one of your weekly huddles to share a teach back success moment. This serves as a reminder of the importance of using teach back consistently.
- ▶ **Designate a focused effort for using teach back with certain teaching or instruction situations** (e.g., all medication instructions, all diabetic care instructions, etc.) to get started with using this method, and then expand for use in all teaching and instruction situations.
- ▶ **Use in non-clinical situations** (e.g., when providing orientation to a new employee).

CASE STUDY:

A team of clinicians at the Ohio Surgery Center in Columbus, OH devised a strategy to save time, as well as utilize teach back in their fast-paced outpatient surgical environment. The patient and family members are given a "blue book" (small notebook) to write their discharge instructions in with their own penmanship and with their own words. As the caregiver is providing instruction on how to care for themselves at home, the patient (or family member) is taking notes, and then reads the notes back to the caregiver as a form of "teach back and readback." In response, they've observed many positive improvements in patient compliance; in particular, an improvement in the appropriateness of parent responses to post-operative tonsillectomy complications.



For nursing units, it is recommended that teach back be incorporated into the "nursing bundle," which is a collection of evidence-based practices that when used together lead to significant improvements in patient outcomes. An example of a recommended nursing bundle, which includes teach back, is below:

1. Bedside shift report/handoff communication
2. Discharge/post-visit phone calls
3. Whiteboards
4. Purposeful (hourly) patient rounding
5. Teach back
6. Narrating

