Teach-back: A Health Literacy Tool to Ensure Patient Understanding

Educational Module for Clinicians

from the

Iowa Health System Health Literacy Collaborative
Objectives:

- Explain your role in making sure teach-back is used for all key health communication
- Define teach-back and its purpose
- Describe the key elements for using teach-back correctly
- Use teach-back in the clinical setting
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 Pt 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.

- Health care 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 Health Care Environment*. AMA, 2007
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**.
Plain Language

- Clear, straightforward expression, using only as many words as necessary.
- Not baby talk, nor is it a simplified version of the English language.
- Lets the audience concentrate on the message instead of being distracted by complicated language.

Professor Robert Eagleson, Australia
http://www.plainlanguage.gov/whatisPL/definitions/eagleson.cfm
Examples: Plain, non-medical language

- Modify - change
- Benign - not cancer
- Fracture - broken bone
- Inhaler - puffer
- Hypertension - high blood pressure
- Oral - by mouth
- Ambulate - walk
- Optimal - best way
- Negative - “good” or “bad” result
Example: Key Messages: The most important concepts

First visit for patient with newly diagnosed Type II diabetes

Suggested 3 key messages in red

• How the body controls blood glucose
• **Sugar level in blood is too high**
• Self-management of diabetes medications
• **Start medicine to lower sugar level**
• Potential complications of diabetes
• Testing the blood sugar level
• Proper diet
Teach-back

• Why do I use it?
• What is it?
• How do I use it?
• When do I use it?
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.
Teach-back is supported by 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”
Examples: Asking for a Teach-back

Ask patients to show understanding, using their own words:

- “I want to be sure I explained everything clearly. Can you please explain it back to me so I can be sure I did?”
- “Can you tell me in your own words how often and when you need to use your asthma inhalers (puffers)?”
- “I want to be sure I did a good job of showing you how to use the Call Light. Can you show me how you will use it if you need help getting out of bed?”
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:
  - “Do you understand?”
  - “Do you have any questions?”

- **For more than one concept:**
  - “Chunk and Check”
    - Teach the two to three main points for the first concept and check for understanding using teach-back
    - Then go to the next concept
Teach-back – Using it Well: Elements of Competence

- Responsibility is on the provider.
- Use a caring tone of voice and 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 and response to 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
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Post-Test Teach-back
1. Patients with low literacy:

<table>
<thead>
<tr>
<th>A. Feel no shame</th>
<th>B. Have few barriers to healthcare</th>
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<tr>
<td>C. Can be easily identified</td>
<td>D. Hide their low literacy with a variety of coping techniques</td>
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2. Research shows that patients remember & understand what percentage of information explained to them?

A. 100%  
B. 60%  
C. 80%  
D. < 50%
3. When talking with patients and families, always:

A. Use medical terms
B. Check for understanding using teach-back
C. Talk at a normal pace
D. Cover as many concepts as possible
4. Which point is least important when educating a patient about their newly diagnosed Type II diabetes?

A. Anatomy of the pancreas
B. Start medicine to lower sugar level
C. Sugar level in blood is too high
D. Potential complications of diabetes
5. Teach-back:

A. Is a test of the patient

B. Allows you to check for understanding

C. Uses yes or no questions

D. Uses medical terms
6. How can you be sure that a patient knows how to take the right dose of medicine?

A. Let the patient read the package insert
B. Have the patient call the pharmacy
C. Ask the patient “do you understand?”
D. Have the patient explain how to take the medication (use teach-back)
7. Which of the following can help ensure reliable use of teach-back?

A. Clinical competencies
B. Standards of care
C. Standard order sets
D. All of these
End of quiz
Key

- 1) D
- 2) D
- 3) B
- 4) A
- 5) B
- 6) D
- 7) D