

Welcome to the Sixth Edition of Knowledge Notes!

The Franciscan Northwest Physicians Health Network (FNPHN) is bringing Knowledge Notes to you as a quarterly educational resource. Each edition will provide a variety of short articles on a particular clinical topic. The Summer Edition will focus on aspects of Palliative Care, including Pain Management, How to Discuss Palliative Care, and How to Discuss Palliative Care with a Patient. The Fall Edition will be devoted to Diabetes.

Knowledge Notes is produced by the Franciscan Health System Education Services Department, with guidance from the CCN Clinical Education Ad Hoc Subcommittee, and is intended to support our partner organizations in the delivery of excellent patient care in the post-acute care setting.

Over time, the FNPHN website (www.fnphn.com) will become a convenient repository of information and learning that you and your fellow employees can freely access 24/7/365. We are always looking for feedback about how we are doing, so please give us feedback at zenafuhrmann@fhshealth.org

Once again, welcome to the sixth edition of Knowledge Notes.

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Knowledge Notes

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Introduction

This edition of Knowledge Notes will deal specifically with how to introduce new material or reinforce materials that the patient and/or their loved ones need in order to promote their well-being, while at the same time being able to assess their understanding of the material that was presented.

Defining Teach-Back

Teach-back is a way of teaching patients and being able to confirm that you have explained information to the patient in a way that the patient understands. It is NOT a test of if they understood; rather it is a test of whether YOU explained the material in a manner that they could understand.

The American Medical Association in 2007, when talking about reducing risk stated that, “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.”

Another useful quote for increasing our understanding of the need for teach-back is from Dr. Fred Marsh of the Iowa Health Study (2004) who states that, “In the absence of teach-back, the only indicator of misunderstanding may be a medication mistake or patient error, which could be harmful.”

Teach-back is a research-based literacy intervention that improves patient-provider communication and patient health outcomes. Using this method to evaluate learning on the part of the patient allows for fairly immediate feedback on teaching effectiveness and whether more education will be necessary. Using teach-back at the time of the educational interventions provides the presenter with the correct direction for the next step in the patient’s education needs.

How to use Teach-back?

Teach-back can be used whenever you are trying to give important information:

- Medication education
- Daily weight education
- Low sodium diet instruction
- Wound care instructions
- Follow-up care appointments
- Low protein diet education
- How to manage blood glucose
- When to seek medical care

Are you getting the idea? Anything important enough to teach is likely important enough to do teach-back on.

Individualize

Did you represent the material in an understandable way to THIS patient? Does the patient need the material presented in a different manner or by a different method? Individualize your presentation style or method to each individual patient. Does the patient need more explanation? Be sure, if you are using written instructions, that you have assessed their ability to read. Most admission assessments attempt to evaluate reading ability, but it is always worth checking again.

Chunk and Check

Try the “chunk and check” method. **Chunk** information by provide two or three education points at a time - **Check** using teach-back for understanding. Then offer another point (**Chunk**) and do another teach-back episode (**Check**).

Studies have demonstrated that as high as 40-80 percent of the medical-based information that patients received is forgotten immediately¹ and nearly half of the information is remembered incorrectly². Using teach-back allows for ease in closing the gap between presented information and retained information.

Elements of using Teach-back effectively

The following are **ten elements** of competence for using teach-back effectively¹:

1. Use a caring tone of voice and attitude
2. Display comfortable body language and make eye contact
3. Use plain language (Not medical jargon)
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 response
7. Emphasize that the responsibility to explain clearly is on you, the nurse/aide/social worker/chaplain etc.
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

Watch the following video to observe how teach-back is used with this elderly gentleman to assure that he understands how to safely dose two medications to help relieve his discomfort. [Example of Teach back](#)³. (You can skip the add. The portion of the video that I would like for you to watch actually ends approximately 20:03, but the remainder of the video is good to watch as well – it shows a provider talking briefly about health literacy – feel free to stop it wherever you chose.)

“Asking patients to recall and restate what they have been told is one of the top 11 patient safety practices¹.

What questions should to ask during teach-back

Remember to ask open-ended questions, it is like giving the patient permission to ask questions – suggesting that you have time to spend with them so that they understand.

Do NOT say:

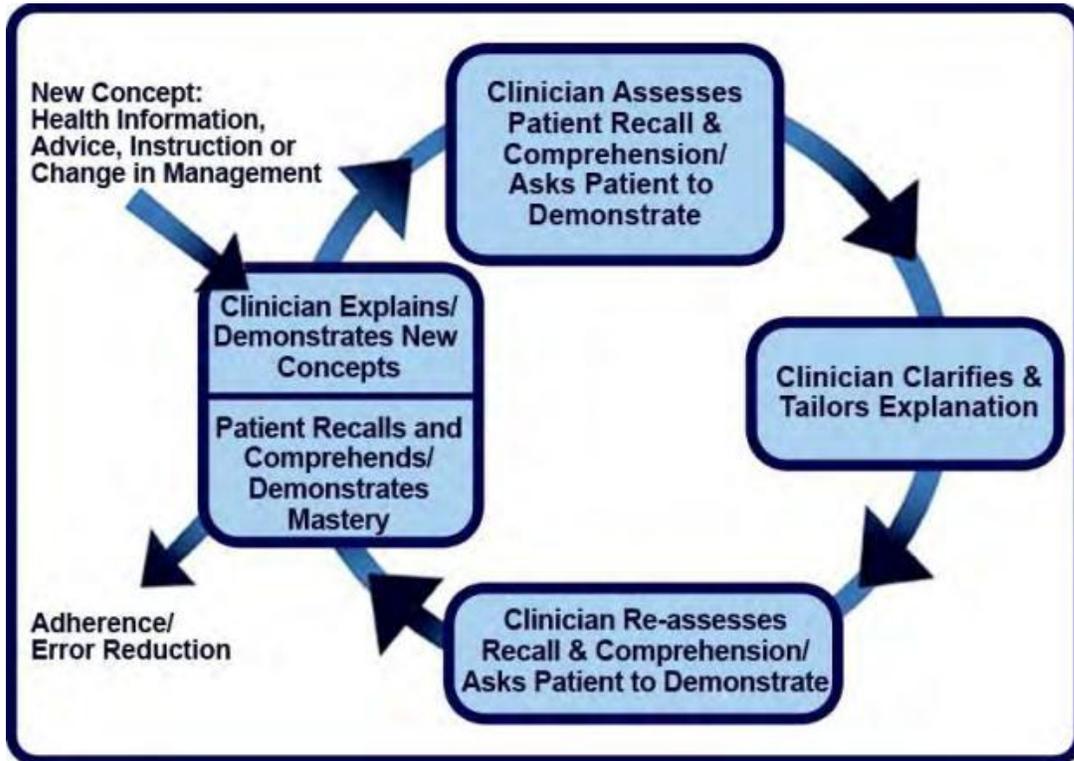
- Do you have any questions? The answer is likely to be, No.
- Do you understand? Everyone knows that the answer to that question is, Yes (whether you do or not)
- Can you tell me? Is actually not an open-ended question either – the answer is yes or no, it does not truly invite conversation

Instead ask:

- What questions do you have? This invites conversation and questions.
- I know that this is a lot of information, so which area would like for me to explain again?
- Like the provider in the video said, “I know that you have lots of friends, when they ask about this issue, how are you going to tell them, what are you going to say?” Or, “When your husband comes to visit tonight how will you explain your low sodium diet to him?”



Diagram of how Teach-back should work⁴



How can you use Teach-back when you are busy

After you teach something, think about the **one** most important thing the patient should remember about what you taught and focus your teach-back question on that piece of information.

For Example:

- **Orient your patient** to the room like usual, including that you want the patient to call you before getting out of bed then say, “I realize there is a lot to get used to when you are in the skilled nursing facility and you have to do things a little differently than you do at home. What will you do if you want to go to the bathroom while you are here?” If they say something other than using the call light and asking for assistance then re-teach that they should call before they fall.

- **Teach about hypoglycemia** signs, symptoms, significance, etc. then say, “I know that was a lot of information so I want to make sure I explained the symptoms of low blood sugar well enough. Tell me, in your own words, how you would feel if your blood sugar was low?”
- **Teach about discharge medication** then pick out two or three of the most critical medications and say, “You are going home with a lot of new medicine and I want to make sure I did a good job of telling you when to take your next pills. What time will you take your blood pressure pill?” Let them answer. “How about your pain pill, when is the next time that you can take it?”

What should you do if the patient cannot teach-back the information

This testimonial comes from a resident physician, she says, “I decided to do teach-back on five patients. With one mother and her child, I ended the visit by saying, ‘so tell me what you are going to do when you go home.’ The mother just looked at me without a reply. She could not tell me what instructions I had just given her. I explained again and then she was able to teach them back to me.” She states further that, “The most amazing thing about this ‘ah ha’ moment was that I had no idea she did not understand until I asked her to teach it back to me. I was so wrapped up in delivering the message that I didn’t realize it was not being received.”

If for any reason the patient is unable to accurately repeat back the information to you, try rephrasing the teaching points. After you re-teach the information then ask the patient to teach back the information again, using their own words, until you believe they really understand. If they still don’t understand, then consider other teaching strategies such as videos, pictures, models, handouts, demonstrations, include a family member, etc.

Wrap up

Using teach-back offers our patient’s the opportunity to gain valuable information in a non-threatening environment where true understanding is the goal. Every patient or patients loved ones deserve our best attempt at promoting understanding of our instructions.

References

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