

**Program Guide:  
Training health care providers to use  
the teach-back method**

**Teach-Back:  
What does your patient really  
understand?**



# *Improving health through clear communication*

This program is brought to you by the Minnesota Health Literacy Partnership.

The Minnesota Health Literacy Partnership (MHLP) was formed in January 2006 to help coordinate health literacy efforts across the state. By uniting in a statewide collaborative effort partners call attention to the challenge of low health literacy in a coordinated and cost-effective fashion.

MHLP strives to achieve its mission of improving the health of all Minnesotans through clear communication by working together toward three main goals: 1) empower patients to seek clear communication; 2) train providers in health literacy best practices; and 3) share resources.

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[www.healthliteracymn.org](http://www.healthliteracymn.org)

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# Using this guide

## Using this guide:

This guide is designed to help you facilitate trainings and discussions around using the teach-back method. The guide is divided into 5 main sections and provides many resources that will be helpful to you as you create your own program to promote using the teach-back method.

Program materials include a teach-back example video, brief PowerPoint presentation, discussion ideas, and several activities that can be used to enhance program effectiveness. Program options based on time available can be found on page 8.

## Learning objectives:

After completing the program, participants will be able to do the following:

1. Define teach-back and its purpose.
2. Describe the key elements for using teach-back correctly.
3. Use teach-back in the clinical setting

## 5 steps to building a successful program

Step 1 – Understand the basics of the teach-back method

Step 2 – Secure leadership approval

Step 3 – Select program options

Step 4 – Implement program

Step 5 – Measure outcomes and program effectiveness

# Step 1 – Understand the basics

Understanding the basics of the teach-back method will help you create a useful and effective program.

## What is teach-back?

- Asking patients to explain in their own words what they need to know or do
- A chance to check understanding and re-teach information if needed
- It is **not** a test of the patient, but of how well the clinician explained a concept

## Sample teach-back questions

- I want to be sure I explained everything clearly, so can you please explain it back to me so I can be sure I did?
- Can you tell me what you will do when you get home?
- I know your spouse wasn't able to come with you to this appointment. What will you tell him or her about what we discussed?

## Opportunities to use teach-back

Teach-back can work in any setting and in all situations where you want clarification for what was taught or said. Here are just a few examples to help get you started.

- Discharge instructions
- New medications
- New self-care technique
- Informed consent
- Procedure preparations
- Health education
- Asthma action plans
- Care planning/goal setting

Think about how and where you can use teach-back in your setting.

## PowerPoint presentation with video clip

Take some time to review the PowerPoint presentation which forms the foundation of this program. You will learn more about the basics and important concepts everyone needs to know to use the teach-back method effectively.

Please click on the link below to be directed to the PowerPoint presentation with speaker notes.

[Teach-Back PowerPoint presentation with speaker notes](#)

## Step 2 – Secure leadership approval

In this section you will find key points that can help you secure leadership support for using the teach-back method. Use these points to support a business case for using the teach-back method.

### Business case for using teach-back

#### Relevance

Low health literacy is directly related to extra hospital stays, longer hospital stays, increased emergency department visits, medication errors, missed appointments, and a generally higher level of illness (Weiss, 2007). These consequences of low health literacy and misunderstood health care information contribute significantly to the increased cost of care.

In addition, there is a high prevalence of inadequate health literacy. In fact, only 12% of adult English speaking Americans are proficient at understanding and acting on health information (National Assessment of Adult Literacy, 2003).

#### The Challenge

The current health system doesn't acknowledge the problem. It continues to rely heavily on the written word for patient education/information, allow navigation confusion, and produce complex forms to complete. Patients most likely remember and understand less than half of what clinicians explain to them.

- 40-80% of medical information is forgotten immediately (Kessels, 2003)
- Almost half of information is remembered incorrectly (Anderson et al, 1979)
- The more information given, the more information forgotten (McGuire, 1996)

#### Research support

Teach-back is a method that is successful regardless of patients' health literacy abilities, and has been shown to improve outcomes (Weiss, 2007).

- “Physicians’ application of interactive communication to assess recall or comprehension was associated with better glycemic control for diabetic patients” (Schillinger et al, 2003).
- “Information retained rose from 60.8% to 83.5% and patient satisfaction improved” when teach-back was used by physician (Bertakis, 1977)

## Endorsements

- The National Quality Forum asks health care providers to “*ask each patient or legal surrogate to recount what he or she has been told*” as a safe practice
- The American Medical Association reports [teach-back is] “*an effective method for ensuring that patients understand what you have told them*”
- The Agency for Healthcare Research & Quality considers teach-back “*one of the 11 most highly rated patient safety practices (with respect to informed consent)*”
- The National Center for Ethics in Healthcare states teach-back can “*improve efficiency in clinical practice*” and help clinicians “*identify patient-specific barriers to communication*” as well as act as a tool for clinicians to assess “*their own communication skills*”
- The Minnesota Hospital Association, Institute for Clinical Systems Improvement and Stratis Health consider teach-back to be an important part of their joint campaign to Reduce Avoidable Readmissions Effectively (RARE).

## Step 3 – Select program options

Remember, it is ok to start small. You may choose to start with one department or one specialty. **The key is to start.**

### Program options

It is important to know your audience and determine how much time you will have to discuss using the teach-back method. Here are some ideas of key elements based on the time available.

	<b>Time available</b>	<b>Key Elements</b>
<b>Option 1</b>	15 mins	<ul style="list-style-type: none"><li>• Video clip</li><li>• Brief discussion</li></ul>
<b>Option 2</b>	30 mins	<ul style="list-style-type: none"><li>• PowerPoint</li><li>• Brief discussion</li></ul>
<b>Option 3</b>	45 mins	<ul style="list-style-type: none"><li>• PowerPoint</li><li>• Brief discussion</li><li>• Activity 1 or 2</li></ul>
<b>Option 4</b>	60 mins	<ul style="list-style-type: none"><li>• PowerPoint</li><li>• Discussion</li><li>• Activity 1 or 2</li><li>• Activity 3</li></ul>
<b>Option 5</b>	75 mins or more	<ul style="list-style-type: none"><li>• PowerPoint</li><li>• Discussion</li><li>• Activity 1</li><li>• Activity 2</li><li>• Activity 3</li></ul>



## **Program materials**

### **Teach-back video**

This video provides an example of how to do an effective teach-back with a patient. The video is only 2 minutes and 30 seconds in length. It is a fun way to engage a group in learning more about the teach-back method in a very short amount of time.

Please click on the link below to be directed to the video.

[Teach-back video](#)

### **Teach-back PowerPoint presentation**

This PowerPoint presentation has been created to help you facilitate a training session with health care providers and other health professionals. It covers the basic material needed to meet the learning objectives of this program. The presentation includes speaker notes to get you started. It will be important for you to include examples and scenarios that are specific to your setting to help participants recognize how it can be used in their daily practice. The teach-back video is also already included. You can find the video on slide 13.

The presentation will take approximately 30 minutes to complete.

Please click on the link below to be directed to the PowerPoint presentation with speaker notes.

[Teach-back PowerPoint presentation with speaker notes](#)

## Brief discussion

Consider including a brief discussion about how and where teach-back might be used in your setting. This is a key component of Option 1 and is especially helpful if there is limited time. Use the information below to help guide discussion around using the teach-back method.

Remind participants of the basics of teach-back:

- Asking patients to explain in their own words what they need to know or do
- A chance to check understanding and re-teach information if needed
- It is **not** a test of the patient, but of how well the clinician explained a concept
- Do **not** ask “do you understand?”

Questions to guide discussion:

1. Who has heard of the teach-back method?
2. How can using the teach-back method help in our setting?
3. What are some of your experiences using this technique?
4. Where do you think we might use teach-back here?
5. Where and when will you start using teach-back?
6. What might get in the way of using teach-back?

*Tip: If time is very limited, choose only question 1 and 2. It is most important to get participants/staff thinking about how teach-back can be used. Also, these questions may be used at different points within the PowerPoint presentation if more discussion and interaction is desired.*

## Activity 1: Practice teach-back

Here are several scenarios or situations to help you practice using the teach-back method. You also can use these scenarios to practice using plain language or “living room” language. Feel free to create your own situations.

### Instructions:

- Ask people to break out into groups of 2 to 3 to practice
- Ask participants to take turns playing the role of provider and patient. If there is a third person in a group, they would serve as observer.

**Instructions for provider role:** First, read the script “provider says to patient”. Most of these scripts include medical terminology and jargon that patients would not understand. After reading the script to the patient, try explaining the situation using plain language? Finally, assess your patient’s level of understanding by using the teach-back method.

#### Sample teach-back questions

- I want to be sure I explained everything clearly, so can you please explain it back to me so I can be sure I did?
- Tell me about what you will do when you get home.
- I know your spouse wasn’t able to come with you to this appointment. What will you tell him or her about what we discussed?

**Instructions for patient role:** Were you able to understand what the provider told you at first? Did it make sense? If not, ask more questions about it. Also, how would you explain it to someone else? Did you feel you had enough information or understanding to repeat it back?

**Instructions for observer role:** Watch the role play. Was the tone of the teaching positive? Shame-free? Did the provider use plain language? Did the provider use the teach-back method? Was the patient asked “do you understand”?

- After practicing using the teach-back method, ask participants to come back together and discuss their experiences with the large group
- You will need 20 minutes or more for this activity

*Tip: Choose the situations you think will work for your audience beforehand. Print just those few and assign groups to different ones. It may take too long if the groups read through them all and then pick one to work on.*

## Teach-back practice situations

### **Situation 1: jaundice treatment at home**

A new mother's baby has jaundice (yellowing of the skin as a result of liver problems) and will need to be in a special blanket called a bili-blanket and/or under a bright lights called a bililamp. This will help raise the baby's bilirubin level and reduce the yellowing of the skin. The baby also may need extra fluids. It is important that the baby wear special eye shades and only a diaper when under the light and that the light therapy is kept on the baby's skin. Mom should call the doctor if her baby is lethargic, refusing to feed more than two feedings in a row or if jaundice is getting worse.

### **Situation 2: new diagnosis of hypertension**

The patient has just been diagnosed with hypertension (high blood pressure). The patient has an average blood pressure of 150/92 over the last 4 visits. To treat this condition, the patient will need to make serious changes to her diet (eating fewer high fat/high calorie foods and consuming less salt) and start taking medication. Other steps to reduce blood pressure include being physically active, only drinking in moderation and considering quitting smoke if they currently smoke.

### **Situations 3: discharge after myocardial infarction**

The patient has just had a myocardial infarction (mild heart attack) and was hospitalized. Patient is now ready to be discharged. The patient needs to do the following upon returning home: 1) physical activity - take it easy for the first 4 to 6 weeks, avoid heavy lifting, and wait at least 2 weeks before sexual activity 2) diet/lifestyle - no alcohol for at least 2 weeks, if you smoke – quit and avoid second-hand smoke too, eat a healthy diet 3) medicine – take your medicine as prescribed, don't just stop taking your medicine. Call your doctor with any questions.

### **Situation 4: HPV immunization**

A 13-year-old female patient is in the office with her mother. Both need to understand what HPV is and reasons for getting the vaccine. HPV (the human papilloma virus) is a common virus that is spread through sexual contact. There are many different types of HPV, and many do not cause problems. However, certain types of HPV can lead to: lead to cervical cancer and genital warts. The HPV vaccine protects against infection by certain strains of HPV. Immunization guidelines recommend that all girls under the age of 26 receive the vaccination. The vaccine is most effective if given before sexual debut.

## Activity 2: Create an action plan

This program will be of more value to participants if they apply what they've learned to their practice. Getting participants to concretely think about where and when they will use the teach-back method and create a plan of how they will do it will ensure that action takes place and practice change begins.

### Instructions:

- Use the sample action plan provided on page 9. Pass this out to participants.
- Ask participants to write down when and where they will begin to use teach-back.
- Ask them to write down 2 to 3 ideas that you would like them to work on in the next 2 to 4 weeks.
- You will need 10 minutes or more to complete this activity.

*Tip: Ask for volunteers to share their ideas with the group. This can be motivating and challenging for participants and give those who are struggling possible ideas.*

Develop goals that are **S.M.A.R.T.\***

**Specific.** Goals should identify who, what, where, when, and why. They should be well defined and clear to anyone who has a basic knowledge of the workings of the organization.

**Measurable.** “If you can’t measure it, you can’t manage it” is a well-known business mantra. Goals should answer the questions, how much? and how many?, so you can determine when a goal has been accomplished.

**Attainable and Agreed upon.** Although the most common citations of S.M.A.R.T. goals refer to the need to develop attitudes, abilities, skills, and financial capacity to reach the goals being set, gaining consensus on acceptable goals and commitment to achieving the goals is critical as well.

**Realistic, Relevant, Reasonable, Rewarding, and Results-oriented.** Goals must reflect the availability of resources, knowledge, and time so they can be achieved. They should also set the bar high enough to be meaningful in light of the investment made to reach the results.

**Timely and Tangible/Trackable.** Specific metrics enable the goal to be tangible and for the organization to track its accomplishment. If a goal is achieved within the timeframe established, it should be celebrated. If not accomplished, however, an analysis of why it has not been achieved should be carried out.

\*S.M.A.R.T. goal definitions found on [www.stratishealth.org](http://www.stratishealth.org).

# TEACH-BACK

## Personal Action Plan



Develop a plan for using teach-back in your practice

### SMART Goals and Action Steps

Specific – Measurable – Attainable – Realistic – Timely

Goal/Activity and action steps <i>Where/When will I use Teach-Back?</i>	Who do I need to help me with this?	When will I do this?
Goal/Activity 1 -		
Goal/Activity 2 -		
Goal/Activity 3 -		

### Set up time to discuss your plan with your leadership.

Date/time/place/method for follow up

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### Activity 3: Practice using “living room” language

Use plain language or “living room” language. Think about speaking like you would in your living room to family or friends. Use words that everyone can understand, not just a doctor or a nurse. Remember to keep it simple and avoid medical terminology or abbreviations when possible. This will help improve communication with patients.

Using plain language helps set a more conversational tone for visits can empower patients to speak up and play an active role in their care.

Removing medical jargon and terminology from your conversation can be difficult. If you think this could be particularly challenging for your group, use the following activity to help participants begin thinking about words that might be confusing for their patients.

#### **Instructions:**

- Use the sample practice sheet provided on page 16. Pass this sheet out to participants.
  - You may copy page 17 onto the back, but ask participants not to look at the back until after they have completed the activity
- Start them off by doing a few with the large group.
- Ask participants to translate these difficult medical terms into plain language or “living room” language.
- You will need about 10 minutes to complete this activity.

*Tip: Ask participants to do this alone or in small groups. Again, it is most effective to get volunteers to share their plain language versions with the large group.*

**Practice using plain language or “living room” language.**

<b>Medical Terms that Patients May Not Understand</b>	
<b>Medical Term</b>	<b>Plain Language</b>
Adverse	
Analgesic	
Anti-inflammatory	
Avoid	
Contraception	
Diet	
Generic	
Internist	
Intermittent	
Oral	
Cellulitis	
Enlarge	
Lateral	
Lesion	
Lipids	
Menses	
Monitor	
Normal Range	
Osteoporosis	
Referral	
Terminal	
Toxic	
Depression	



<b>Medical Terms that Patients May Not Understand</b>	
<b>Medical Term</b>	<b>Plain Language</b>
Adverse	Bad
Analgesic	Pain killer
Anti-inflammatory	Helps swelling and irritation go away
Avoid	Stay away from, do not use/eat
Contraception	Helps you not get pregnant
Diet	What you eat, your meals
Dosage	How much medicine you should take
Generic	Something that does not have a brand name, same drug/food
Internist	Regular doctor
Intermittent	Off and on
Oral	By mouth, eat/drink/swallow
Cellulitis	Skin infection
Enlarge	Get bigger
Lateral	Outside
Lesion	Sore, wound
Lipids	Fats in the blood
Menses	Period
Monitor	Keep track of, keep an eye on
Normal Range	Where it should be, provide the range
Osteoporosis	Soft, brittle bones
Referral	Ask to see another doctor
Terminal	Going to die, not going to live
Toxic	Poisonous
Depression	Feeling sad or down

## Step 4 – Implement program

Do what you decided to do. If you planned 15-minute awareness sessions, find time to make them happen. If you planned one-hour trainings, make sure you have the room and other materials you need. Along the way, track what you've done and how many staff you have reached through your efforts.

Once you've conducted the program elements (awareness and training on teach-back basics) it is your job to encourage participants to go to the next level and get them using the teach-back method. Ask staff to try it with their last patient of the day, or include it as part of discharge planning. Ask staff to share their experiences using teach-back and incorporate those messages into future reminders and training programs.

## Step 5 – Measure outcomes and program effectiveness

Gathering data related to effectiveness of the teach-back method is a way to sustain support and increase use of teach-back among your staff. Consider situations where you have implemented the teach-back method and opportunities that exist within those areas for measuring your work.

One idea is to incorporate confirmed understanding (used teach-back) into electronic medical records as a field to be completed, making it measureable and reportable. You could add questions related to using the teach-back method to patient satisfaction surveys or provider communication assessments, or you could create a new survey asking providers to share their experiences using the teach-back method. Sample questions to get you started:

### **Patient focused questions**

- Did doctors ask you to repeat their instructions?
- How often did your doctor ask you to repeat back instructions or information using your own words?
- How often did your doctor ask you to describe how you were going to follow the instructions given?

### **Provider communication skills questions**

- I verified that the patient understood the instruction I gave him or her by using the teach-back method.
- Staff asks patients to state key points in their own words (i.e., teach-back method) to assess understanding of care instructions.
- How often do I use the teach-back method with my patients?

# Teach-Back:

**What does your patient really understand?**

**When:**

**Where:**

Learn a key strategy for ensuring your patient understands what you want them to.

**Presented by:**



Continuing education program

# Teach-Back: What does your patient really understand?

## Certificate of Participation

Health Care Facility: \_\_\_\_\_

Certifies that

Name of Attendee: \_\_\_\_\_

Participated in Teach-Back: What does your patient really understand? continuing education session and has earned

\_\_\_\_\_ Contact Hour(s)

(1 Contact Hour = 50 minutes of education)

On

\_\_\_\_\_

Month                      Day                      Year

### **Learning objectives**

At the end of this program, participants will be able to:

1. Define teach-back and its purpose.
2. Describe the key elements for using teach-back correctly.
3. Use teach-back in the clinical setting

Presenter: \_\_\_\_\_

*This program is designed to meet continuing education requirements. It is the responsibility of the participant to determine if this program complies with their particular board's standards for continuing education requirements.*



## References

Anderson JL, Dodman S, Kopelan M, Fleming A. Patient information recall in a rheumatology clinic. *Rheumatol Rehabil* 1979;18:245-255.

Bertakis K. The communication of information from physician to patient: a method for increasing patient retention and satisfaction. *J Fam Prac* 1977;5(2):217-222.

Kessels R. Patients' memory for medical information. *J R Soc* 2003;96:219-222.

McGuire LC. Remembering what the doctor said: organization and older adults' memory for medical information. *Exp Aging Res* 1996;22:403-428.

Schillinger D, Piette J, Grumbach K, et al. Closing the loop: physician communication with diabetic patients who have low health literacy. *Arch Intern Med* 2003;163(1):83-90.

Weiss BD. (2007). *Health literacy and patient safety: Help patients understand* (2<sup>nd</sup> ed.). American Medical Association Foundation and American Medical Association.

White S, Dillow S. (2005). *Key Concepts and Features of the 2003 National Assessment of Adult Literacy* (NCES 2006-471). U.S. Department of Education. Washington, DC: National Center for Education Statistics.