



The Teach-Back Method: Communicating Effectively With Your Patients

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Disclosure

I have no relevant financial relationships or commercial interests to disclose for this presentation.

Objectives

- Discuss the key components of effective communication
- Review the definition, purpose, and effective use of teach-back method to improve patient communication
- Demonstrate proper technique when delivering teach-back

AMA Health Literacy

- <http://www.youtube.com/watch?v=ubPkdpGHWAQ>



Health Literacy in the US

Health Literacy Level	Task Examples	Percentage
Proficient	Using a table, calculate an employee's share of health insurance costs for a year.	12%
Intermediate	Read instructions on a prescription label, and determine what time a person can take the medication.	53%
Basic	Read a pamphlet, and give two reasons a person with no symptoms should be tested for a disease.	21%
Below Basic	Read a set of short instructions, and identify what is permissible to drink before a medical test.	14%

Will My Patient Be Able to Follow My Instructions?



Communicating Effectively

- Key communication strategies
 - Warm greeting
 - Maintain eye contact
 - Use plain language
 - Slow down
 - Repeat key points
 - Elicit patient participation

What is the Teach-back Method?



An iterative process of providing information to patients which allows the educator to **check for lapses** in recall and understanding, **reinforce and tailor** messages, and engage in an **open dialogue** with patients

What is the Teach-back Method?

Step 1: Educator teaches new concept



Step 2: Patient uses own words to describe learned activity



Step 3: Educator clarifies or corrects misinformation



Step 4: Patient re-states understanding and asks any additional questions

Schillinger, D et al. Arch Intern Med (2003) 163, 83-90.

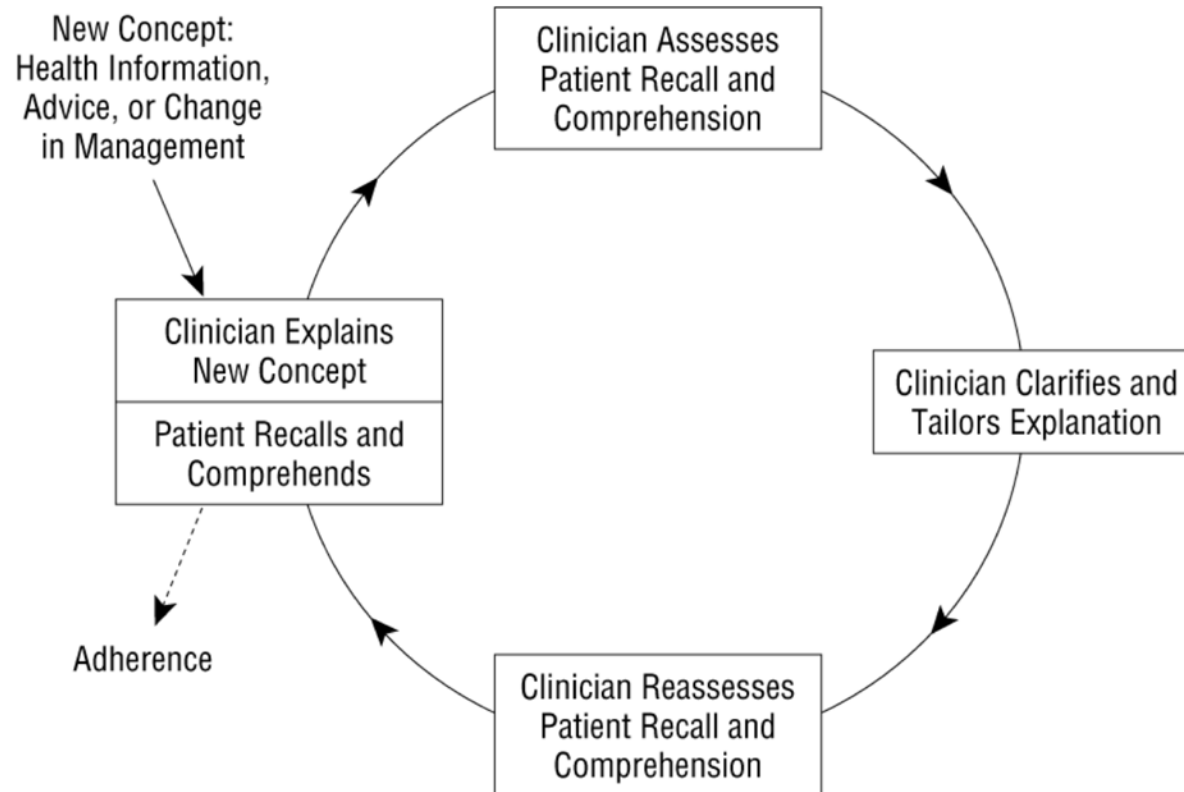
**CLOSING THE LOOP: PHYSICIAN
COMMUNICATION WITH DIABETIC PATIENTS WHO
HAVE LOW HEALTH LITERACY**

Schillinger, et al.



Objective	To observe physician communication patterns to determine if patients' recall and comprehension are assessed during medical encounters, and to determine if an interactive communication loop is associated with better glycemic control
Study Design	Direct observation (38 physicians, 74 patients)
Inclusion Criteria	Low FHL and type II DM with PCP care >12 months and must have been seen within last 6 months
Exclusion Criteria	ESRD, psychotic disorder, dementia, or blindness
Methods	<ul style="list-style-type: none">• Patients with low health literacy (s-TOFHLA <23) were audiotaped during an outpatient encounter• Encounters coded to identify new concepts and follow up assessments (to determine patient recall & comprehension)
Outcomes	<ul style="list-style-type: none">• Percent of visits with at least one follow-up assessment• Percent of all new concepts with follow-up assessment• Glycemic control with at least one follow-up assessment vs. no follow-up assessment

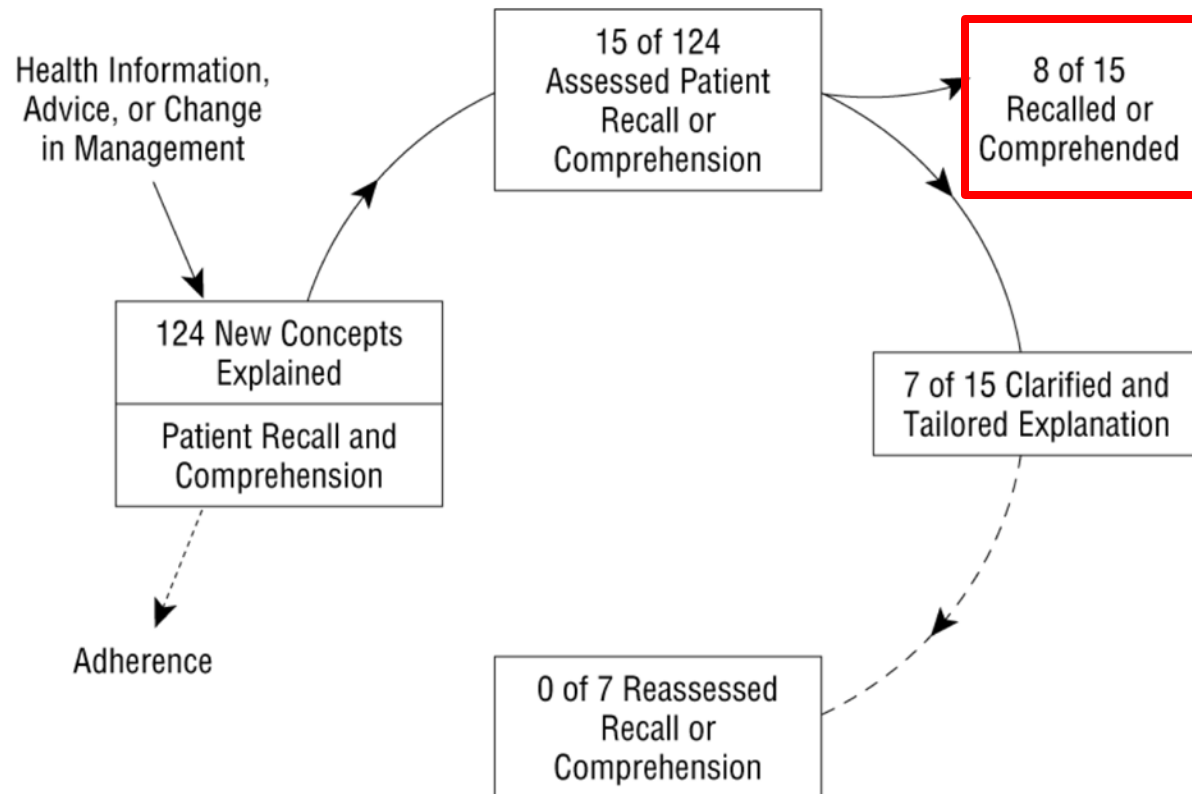
Closed Loop Education



Results

Study Results	
Visits with at least one new concept, n(%)	61 (82)
Number of new concepts per visit, mean	2
New concepts involving a medication change, %	56
Physician assessed recall or comprehension at least once, n(%)	12(20)
Number of follow-up assessments per visit, mean (range)	0.25 (0-2)
Duration of visit, min(at least one follow-up assessment vs. no follow-up assessment)	20.3 vs. 22.1

Results



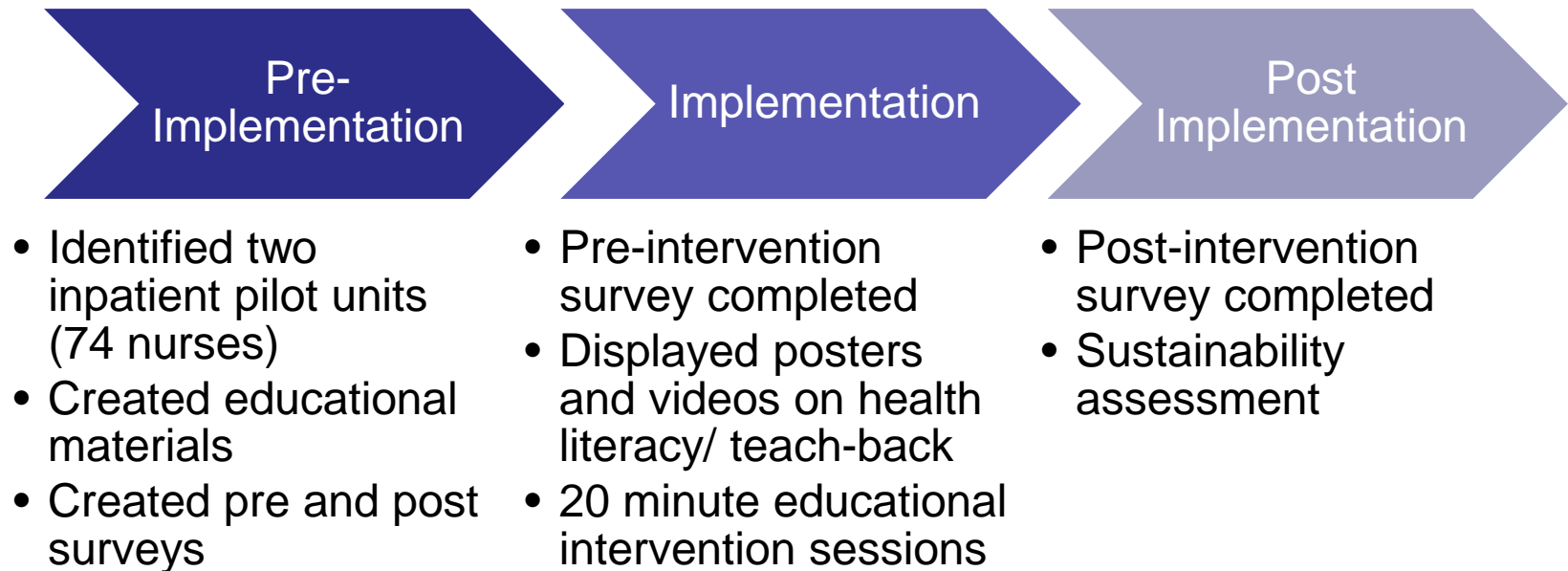
Results

Predictor Variables	HbA1c Level, %		Unadjusted OR (95% CI)	P-value
	<8.6%(n=38)	>8.6%(n=23)		
Time w/DM				
≥8 years	16	15	0.39 (0.13-1.13)	0.08
<8 years	22	8		
S-TOFHLA				
13-22	20	8	2.08 (0.72-6.06)	0.18
0-12	18	15		
New concepts				
>1	25	14	1.24 (0.42-3.61)	0.70
1	13	9		
Recall assessed				
Yes	11	1	8.96 (1.07-74.90)	0.04
No	27	22		

Kornburger, C et al. Journal of Pediatric Nursing (2013) 28, 282-291

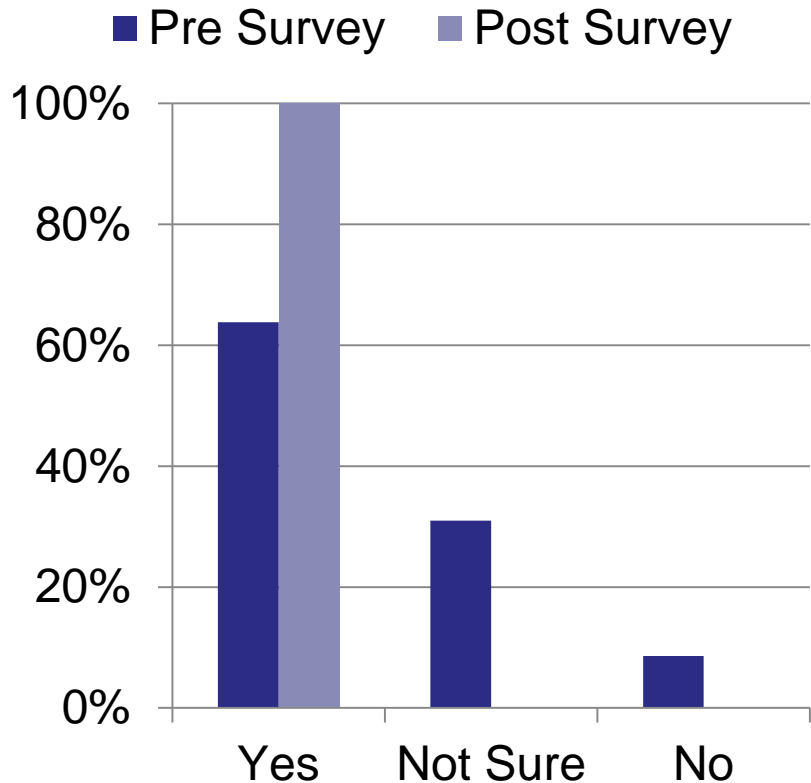
USING “TEACH-BACK” TO PROMOTE A SAFE TRANSITION FROM HOSPITAL TO HOME: AN EVIDENCE-BASED APPROACH TO IMPROVING THE DISCHARGE PROCESS

The Intervention

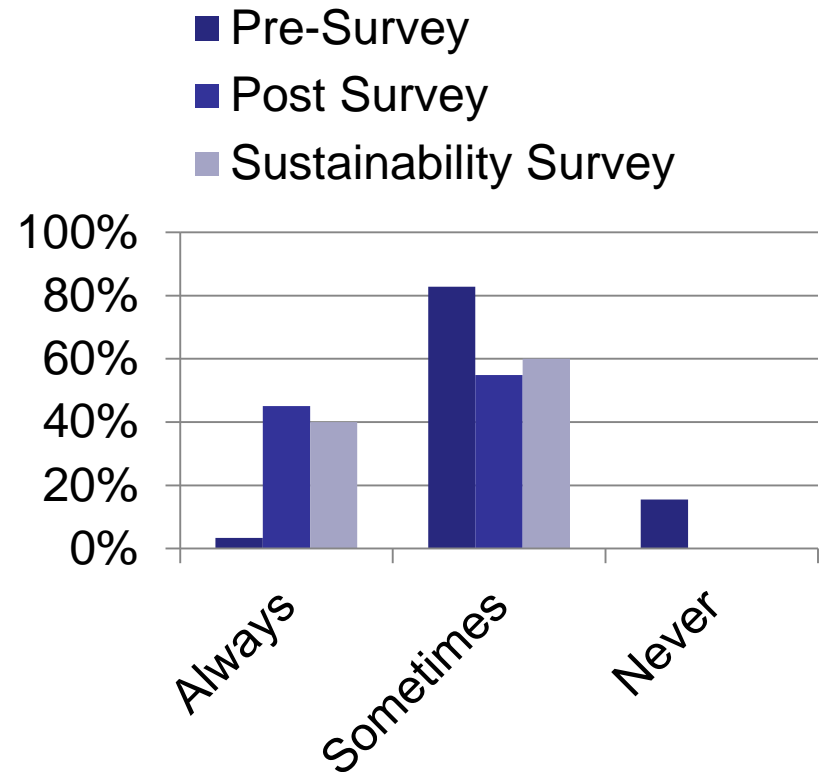


Results

Are you familiar with the “teach-back” process



Do you currently use teach-back in your practice



White M, et al. Journal of Card Nursing. 2013; 28 (2): 137-146.

IS “TEACH-BACK” ASSOCIATED WITH KNOWLEDGE RETENTION AND HOSPITAL READMISSION IN HEART FAILURE PATIENTS

Objective	To determine if hospitalized heart failure patients educated using teach-back education was associated with hospital admissions
Study Design	Prospective, cohort (n=276)
Inclusion Criteria	>65 years of age with heart failure diagnosis Hospitalized on cardiology or medicine floor
Exclusion Criteria	Severe cognitive impairment or dementia
Methods	<ul style="list-style-type: none">• Patients educated by RN during hospitalization an average 34 minutes (15-120 min)• Patients asked to teach back information using a series of 4 questions• Re-teaching used as necessary for incorrect answers to questions• Recall assessed 7 days post discharge via follow up phone call

Results

Teach-back effectiveness— 84.4% (during hospitalization) and 77.1% (7 days post discharge)*

Factors Associated With Teach-Back Effectiveness

	Incorrect	Correct	P
Age at admission (years)	82.27	79.78	0.90
Time Spent on Teach-back(average, min)	27.5	35.6	<0.001
Discharge to home (%)	12.4	87.6	0.005
Discharged to skilled nursing facility	31	69	
Re-hospitalization within 30 days for heart failure, n=9	33	66.7	0.15
Not re-hospitalized for HF, n=267 (%)	15	85	

Group Activity

LET'S PRACTICE

What is the Teach-back Method?

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AHRQ Teach-Back Method



Patient Case-CD

- 6 y/o male PMH asthma seen in emergency department with SOB and wheezing refractory to home albuterol inhaler. He is stabilized in ED and now ready for discharge with the following medications:
 - Prednisone 15 mg (5mg/5mL) PO BID with food for 5 days
 - Flovent HFA 44 mcg Inhale 2 puffs twice a day
 - Ventolin HFA 90 mcg Inhale 1-2 puffs every 6 hours prn

Group Activity

- How would you counsel CD on new medications to avoid readmission?

Group Activity

- How would you counsel CD on new medications to avoid readmission?
 - Did your remember to engage both the patient and caregiver?
 - Did you verify the patient/caregiver was able to explain the difference between maintenance and rescue inhalers?
 - Was the patient/caregiver able to demonstrate appropriate inhaler technique with little intervention?

Conclusion

- The teach-back method is an interactive process to educate patients
- Teach-back is highly underutilized
- The interactive educational strategy can lead to increase in recall and comprehension of new concepts potentially resulting in improvements in outcomes



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