The Teach-Back Method: Communicating Effectively With Your Patients

Alona Williams, Pharm.D., BCPS
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

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

CLOSING THE LOOP: PHYSICIAN COMMUNICATION WITH DIABETIC PATIENTS WHO HAVE LOW HEALTH LITERACY
Schillinger, et al.

<table>
<thead>
<tr>
<th>Objective</th>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Design</td>
<td>Direct observation (38 physicians, 74 patients)</td>
</tr>
<tr>
<td>Inclusion Criteria</td>
<td>Low FHL and type II DM with PCP care &gt;12 months and must have been seen within last 6 months</td>
</tr>
<tr>
<td>Exclusion Criteria</td>
<td>ESRD, psychotic disorder, dementia, or blindness</td>
</tr>
</tbody>
</table>
| Methods | • 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 | • 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 |
# Results

## Study Results

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Visits with at least one new concept, n(%)</td>
<td>61 (82)</td>
</tr>
<tr>
<td>Number of new concepts per visit, mean</td>
<td>2</td>
</tr>
<tr>
<td>New concepts involving a medication change, %</td>
<td>56</td>
</tr>
<tr>
<td>Physician assessed recall or comprehension at least once, n(%)</td>
<td>12 (20)</td>
</tr>
<tr>
<td>Number of follow-up assessments per visit, mean (range)</td>
<td>0.25 (0-2)</td>
</tr>
<tr>
<td>Duration of visit, min(at least one follow-up assessment vs. no follow-up assessment)</td>
<td>20.3 vs. 22.1</td>
</tr>
</tbody>
</table>

Results

15 of 124 Assessed Patient Recall or Comprehension

8 of 15 Recalled or Comprehended

7 of 15 Clarified and Tailored Explanation

0 of 7 Reassessed Recall or Comprehension

124 New Concepts Explained

Patient Recall and Comprehension

Adherence

Health Information, Advice, or Change in Management

5/5/2014

# Results

<table>
<thead>
<tr>
<th>Predictor Variables</th>
<th>HbA1c Level, %</th>
<th>Unadjusted OR (95% CI)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;8.6%(n=38)</td>
<td>&gt;8.6%(n=23)</td>
<td></td>
</tr>
<tr>
<td>Time w/DM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥8 years</td>
<td>16</td>
<td>15</td>
<td>0.39 (0.13-1.13)</td>
</tr>
<tr>
<td>&lt;8 years</td>
<td>22</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>S-TOFHLA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13-22</td>
<td>20</td>
<td>8</td>
<td>2.08 (0.72-6.06)</td>
</tr>
<tr>
<td>0-12</td>
<td>18</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>New concepts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;1</td>
<td>25</td>
<td>14</td>
<td>1.24 (0.42-3.61)</td>
</tr>
<tr>
<td>1</td>
<td>13</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Recall assessed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>11</td>
<td>1</td>
<td>8.96 (1.07-74.90)</td>
</tr>
<tr>
<td>No</td>
<td>27</td>
<td>22</td>
<td></td>
</tr>
</tbody>
</table>
USING “TEACH-BACK” TO PROMOTE A SAFE TRANSITION FROM HOSPITAL TO HOME: AN EVIDENCE-BASED APPROACH TO IMPROVING THE DISCHARGE PROCESS

The Intervention

Pre-Implementation
- Identified two inpatient pilot units (74 nurses)
- Created educational materials
- Created pre and post surveys

Implementation
- Pre-intervention survey completed
- Displayed posters and videos on health literacy/teach-back
- 20 minute educational intervention sessions

Post Implementation
- Post-intervention survey completed
- Sustainability assessment
Results

Are you familiar with the “teach-back” process

- Pre Survey
- Post Survey

Do you currently use teach-back in your practice

- Pre-Survey
- Post Survey
- Sustainability Survey

5/5/2014

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

<table>
<thead>
<tr>
<th>Study Design</th>
<th>Prospective, cohort (n=276)</th>
</tr>
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</table>
| Inclusion Criteria    | >65 years of age with heart failure diagnosis  
Hospitalized on cardiology or medicine floor |
| Exclusion Criteria    | Severe cognitive impairment or dementia |
| Methods               | • 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)*

<table>
<thead>
<tr>
<th>Factors Associated With Teach-Back Effectiveness</th>
<th>Incorrect</th>
<th>Correct</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at admission (years)</td>
<td>82.27</td>
<td>79.78</td>
<td>0.90</td>
</tr>
<tr>
<td>Time Spent on Teach-back (average, min)</td>
<td>27.5</td>
<td>35.6</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Discharge to home (%)</td>
<td>12.4</td>
<td>87.6</td>
<td>0.005</td>
</tr>
<tr>
<td>Discharged to skilled nursing facility</td>
<td>31</td>
<td>69</td>
<td></td>
</tr>
<tr>
<td>Re-hospitalization within 30 days for heart failure, n=9</td>
<td>33</td>
<td>66.7</td>
<td></td>
</tr>
<tr>
<td>Not re-hospitalized for HF, n=267 (%)</td>
<td>15</td>
<td>85</td>
<td>0.15</td>
</tr>
</tbody>
</table>

Group Activity

LET’S PRACTICE
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
• 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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