

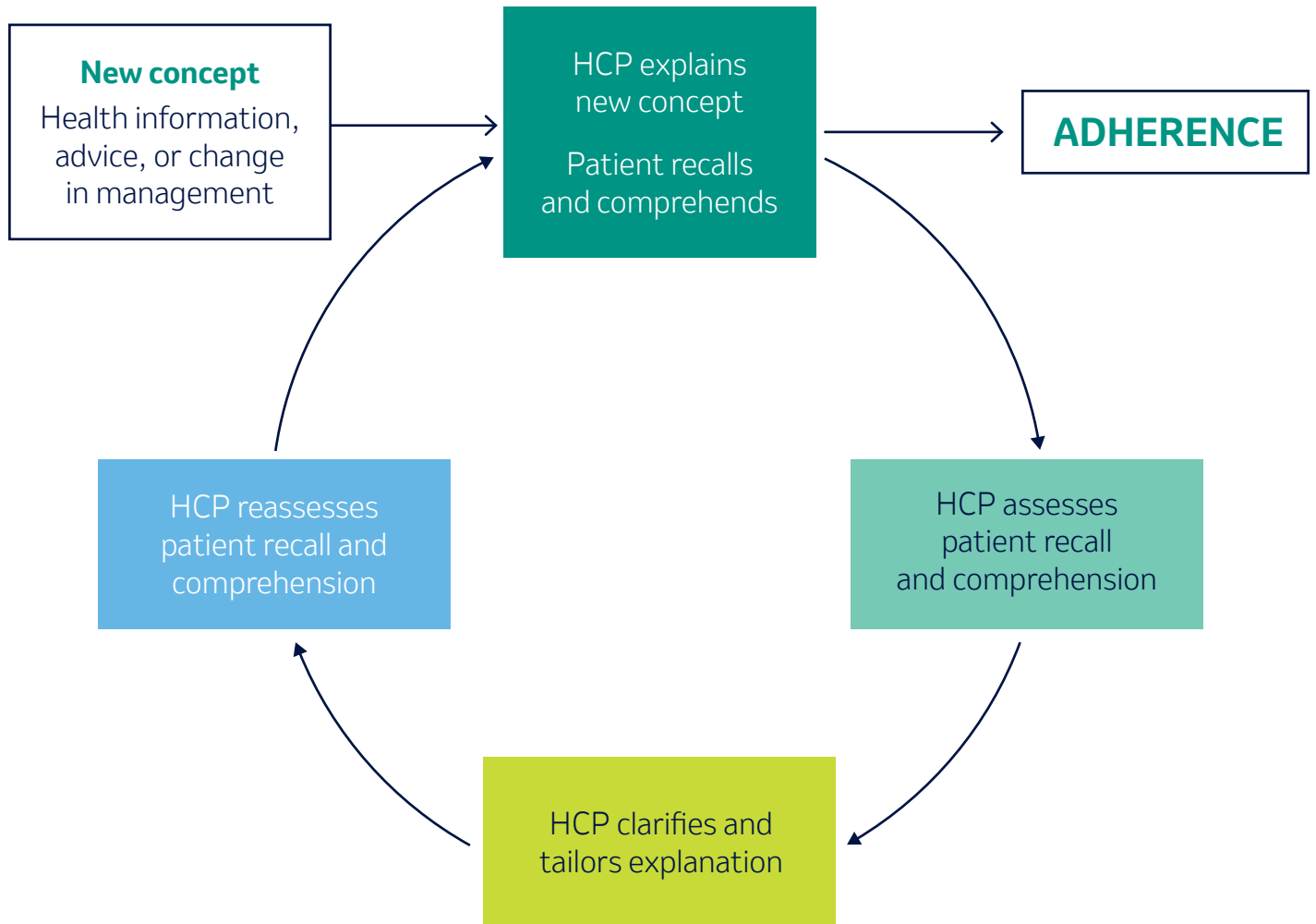
THE TEACH-BACK TECHNIQUE

Communicating effectively with patients



INTRODUCTION

Teach-back technique workflow¹



Remember:

- Organize information so important points come first
- Break down complex information into chunks of understandable material
- Use simple language. Define technical terms
- Use the active voice to be clear about who does what (eg, “You should take this medicine with water” instead of “This medicine should be taken with water.”)

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INTRODUCTION

What is teach-back?

- Teach-back is a communication technique used to help patients remember and understand the important information regarding their diagnosis, treatment, or medication.²
- Patients are asked to recall, explain, or demonstrate the important information discussed during an interaction with their health care provider (HCP).² Targeted, clear, sensitive, and motivating communication with patients through teach-back can help remove impediments to adherence.³



Actor portrayals

DID YOU KNOW?

Information patients retained rose from 60.8% to **83.5%** and patient satisfaction improved when teach-back was used by the HCP.⁴

– Minnesota Health Literacy Partnership

INTRODUCTION

Why is teach-back important?

350

different languages spoken
in the United States⁵

12%

of adults, in general, have
proficient health literacy⁶

Almost 9 out of 10 adults may lack the skills needed to manage their health and prevent disease.⁶ Patients frequently leave the health care setting without understanding what they need to do to follow medical recommendations.⁷

Research shows that HCPs commonly encounter situations in which the patient does not understand the information presented.

- 40% to 80% of medical information presented by HCPs is forgotten immediately.⁸
- Another survey found that when patients were asked to recall information given by the health care practitioner (HCP), almost 50% of the information that is remembered is incorrect.⁸

Research shows that using the teach-back technique works to improve patient understanding, which may lead to better patient compliance and outcomes.

- Patients with diabetes whose HCPs used the teach-back technique demonstrated significantly better diabetes control.¹

DID YOU KNOW?

An HCP's application of interactive communication to assess recall or comprehension was associated with better glycemic control for diabetic patients.⁴

– Minnesota Health Literacy Partnership

INTRODUCTION

What are the factors that can cause misunderstanding?^{7,9-11}



Health care provider factors

- Difficulty simplifying complex or confusing medical terms or concepts
- Having limited time for discussion
- Having to communicate a lot of information at once
- Overestimating the patient's understanding of information

Patient factors

- Lack of understanding of medical jargon
- Older age and possible cognitive decline
- Language barriers
- Feeling overwhelmed by information or emotion
- Lack of focus caused by illness
- Medication affecting memory or cognition

DID YOU KNOW?

Teach-back is an evidence-based health literacy intervention that promotes patient engagement, patient safety, adherence, and quality.¹²

– Agency for Healthcare Research and Quality

INTRODUCTION

How do you teach-back?

Performing the teach-back technique is simple and should not add substantially more time to your patient visits. Here are some things to keep in mind when communicating with patients.¹³



1. Explain. Using your standard approach, explain to the patient the information regarding the disease and the course of treatment, and provide instructions about how to properly take his or her medications.



2. Teach-back. During the interaction, ask the patient to explain or demonstrate how he or she will perform the recommended treatment, monitor the disease, or take the prescribed medication.



3. Assess. If the patient cannot explain or demonstrate what he or she should do, or if the patient does so incorrectly, you must assume that the patient did not fully understand your instructions.



4. Repeat. Reintroduce the concepts you presented previously. Consider the following:

- Use simpler language
- When discussing timing, number of pills, or other details related to taking medication, allow extra time for patients to ask questions
- Break up information into smaller segments. This allows the patient to focus on less information at one time



5. Reassess. Ask open-ended questions until you feel confident the patient understands the relevant information you wanted to convey. Open-ended questions are an effective way to engage the patient.

INTRODUCTION

Here are some examples of open-ended questions¹³:



Tell me in your own words how you'll take this medicine.

At what time will you take your pills?

What side effects are possible from this medicine?

What should you do if you feel dizzy or your chest hurts?

Please show me how you'll use the glucose meter.

When is the best time for you to measure your blood sugar?
Show me how you will do that.

Please tell me how many other medicines you are currently taking and when you take them during the day.

Questions NOT effective in teach-back¹³



Do you understand?

Do you have any questions?

Do you know how to use the device?

Do you know when to take this medicine?

Are we clear on treatment steps?

DID YOU KNOW?

Patients who clearly understand their post-discharge plan, including how to take their medicines and when to make follow-up appointments, are 30 percent less likely to be readmitted or visit the emergency department.¹⁴

– LVHN Scholarly Works

Interactive examples

This section contains HCP-patient conversations that will demonstrate both successful and unsuccessful examples of the teach-back technique. After reading through the conversations, write down some examples showing when the teach-back technique was used. Also, suggest ways the conversation could have been conducted differently.



INTERACTIVE

Interactive example #1

Mrs. Martinez, 65, was diagnosed with type 2 diabetes 7 years ago. She is retired and living some distance from the doctor's office and other amenities. The following is a conversation between Mrs. Martinez and her doctor at a routine check-up.



INTERACTIVE

Interactive example #1

HCP: Everything looks good today, Mrs. Martinez. I will see you again in 3 months. One final thing to do is to set up an appointment for an eye exam because you haven't had one this year. Does that sound OK to you?

Mrs. Martinez: Thank you, but there's really no need. At my age, they will never be perfect, but I'm getting along just fine.

HCP: That's good news that you're not having any trouble. However, retinopathy is common among people with diabetes. It's better if we check you regularly so we can catch any problems early.

Mrs. Martinez: OK.

HCP: Great. Do you have any other concerns?

Mrs. Martinez: Well, yes. I just don't want them to take away my driver's license. I can't imagine how I would manage without it. I'm only 65, and I don't want to have to depend on people. I need to get around, do my shopping, help with my grandchildren, and come and go as I please. And I know myself—I can see just fine.

HCP: Mrs. Martinez, I understand your concerns, but you cannot afford to be complacent about your eye care. Diabetes can affect your vision. You may not notice gradual changes, but they can turn into serious problems in the future. A specialist can recognize early damage to your retina before it deteriorates and can give you treatment that will help prevent further problems. Do you understand?

Mrs. Martinez: Yes.

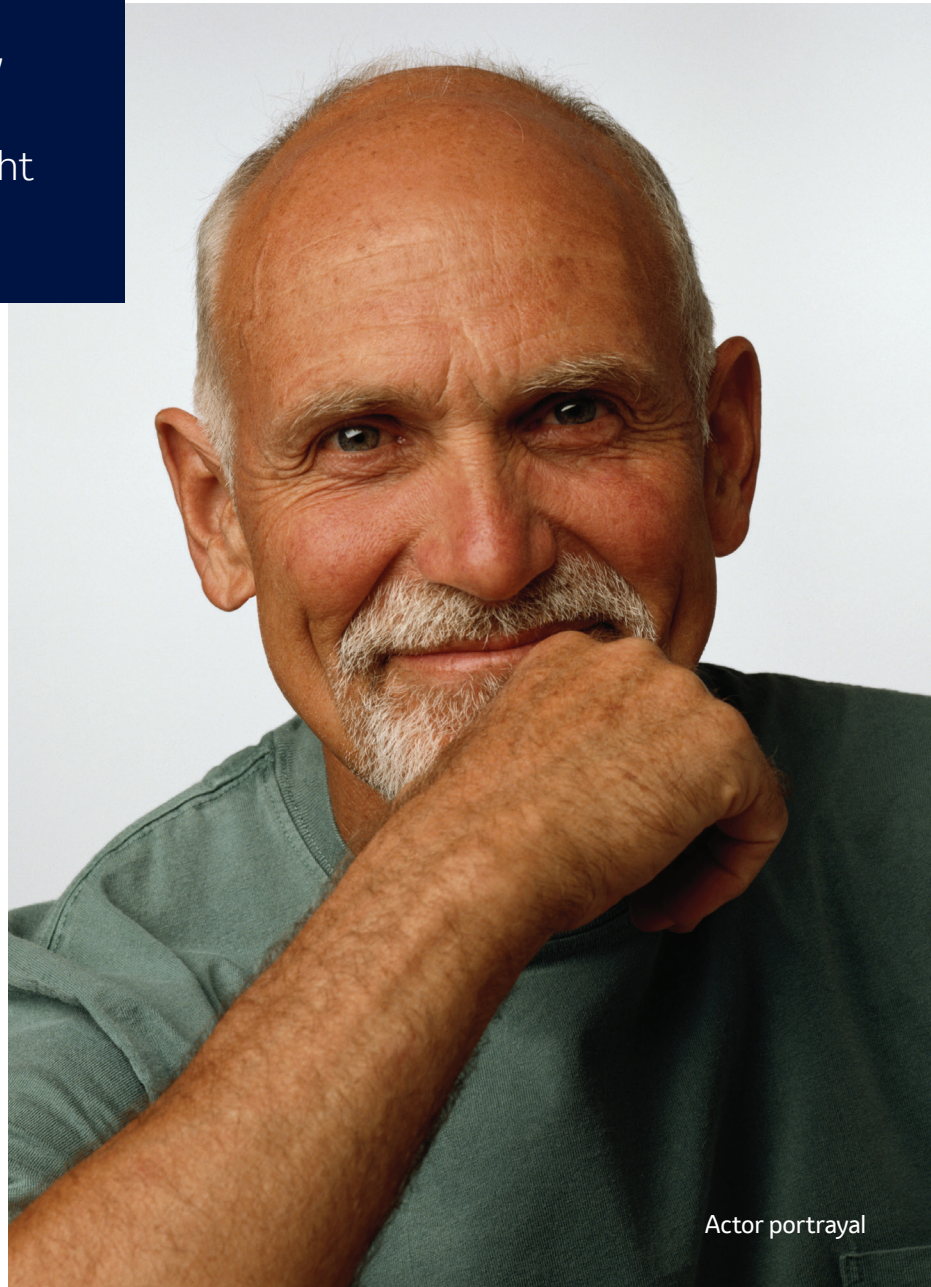
The following questions may be useful for the interactive exercises:

1. Did the HCP appropriately prepare the patient for receiving the necessary information? What could have been done differently?
2. Was the teach-back technique used in this exercise? Was it used effectively?
3. Were there places where the teach-back technique could have been used more effectively? What might the revised approach sound like?
4. Did the HCP use open-ended questions? What other open-ended questions could be used?

INTERACTIVE

Interactive example #2

Mr. Williams is 60 years old and was diagnosed with type 2 diabetes 2 years ago. He is 18 pounds over his goal weight with a BMI of 27. After initially showing poor control of his condition, he has started to make significant progress. He has been changing his diet and has reduced his medication. On examination of his feet, he has a bunion and mildly reduced sensation in the toes. He has been encouraged to lose weight and see a foot care specialist.



INTERACTIVE

Interactive example #2

HCP: You've been doing a great job and your hard work is really paying off. Just so that I can see if I explained myself well, can you remind me what your goals are for our next visit?

Mr. Williams: I'm going to keep watching my blood sugar and lose some weight.

HCP: That's right. And what about your foot care? We talked about making an appointment and getting good, supportive shoes. Do you remember why that's important?

Mr. Williams: I'm not really sure, since my blood sugar is fine and my feet aren't bothering me. I thought everything was going well.

HCP: The high sugar levels you have had in your blood have been carried all over your body and can cause some damage to your nerves. Just like dirty oil circulating through a car engine, this high-sugar blood gets pumped around to all the cells of your body, and causes damage there.

Mr. Williams: So the sugar in my blood may have affected the nerves in my feet?

HCP: Yes, this can sometimes happen. Usually, we can tell if something is causing even minor discomfort for our feet. But with diabetes, you may lose some feeling in your feet, so we just want a foot specialist to check them over once a year. Also, if we get shoes that cushion and support you, you're less likely to have problems. Of course it's important that you keep an eye on your feet—do you understand what kinds of things to look for?

Mr. Williams: Yes, I understand.

The following questions may be useful for the interactive exercises:

1. Did the HCP appropriately prepare the patient for receiving the necessary information? What could have been done differently?
2. Was the teach-back technique used in this exercise? Was it used effectively?
3. Were there places where the teach-back technique could have been used more effectively? What might the revised approach sound like?
4. Did the HCP use open-ended questions? What other open-ended questions could be used?

INTERACTIVE

Interactive example #3

Mr. Smith, 45, has been struggling to adhere to his meal plans and achieve his weight loss goals. His latest tests revealed an HbA1c level of 69 mmol/mol (8.5%). He is at an appointment with a nurse to discuss day-to-day management of his type 2 diabetes.



INTERACTIVE

Interactive example #3

HCP: Mr. Smith, we've covered a lot today about what you can do to control your blood sugar levels. Let's just quickly review what we covered.

Mr. Smith: Sure. That's probably a good idea.

HCP: We changed your medication because your test result showed that your blood sugar has not been as well controlled as it could be. What does this medication do for you? Can you tell me?

Mr. Smith: It lowers my blood sugar when it gets too high.

HCP: Exactly. And there are other things that will help keep your blood sugar levels within a healthy range, right?

Mr. Smith: Yes, there are things I can do myself like lose weight and exercise. Eat the right foods, and eat them several times a day in small meals rather than big meals.

HCP: Exactly, those can be just as important as the medicine. You mentioned that you're struggling with the meal plan. It's important to develop good habits with this, so that it becomes part of your normal routine. Can you tell me what might happen to your blood sugar when you don't stick to your meal plans?

Mr. Smith: I guess my blood sugar levels move back up. Or go too low, that's a scary one. But that's not very likely, is it?

HCP: There is a very slight risk with this type of medication, but if you know the signs and how to manage them, you make the risk even smaller.

Can you tell me some of the signs that can tell you when your blood sugar levels are off, and how you might know it's happening?

Mr. Smith: Skipping meals is a big thing for me. I always get a bit shaky and dizzy when I do that.

HCP: Yes, that's a good example. I know you're very busy with small kids at home, but can you think of anything you can do to prevent that from happening?

Mr. Smith: Well, you've suggested having sugary snacks in my coat pockets and in the house, so I always have something handy if I feel that my blood sugar may be getting low. Like hard candies or jelly beans, right?

HCP: Yes, many people find this very useful. Also, if you tell your family and friends, they can help remind you if you get distracted or are too busy to eat—that will help you prevent low blood sugar from happening in the first place.

Mr. Smith: Yes, that's true. OK, thanks.

HCP: So today we discussed a few important things, including why we changed your medication to lower your blood sugar when it gets too high. We also discussed that you should practice good eating and exercising habits and that you should have snacks available to help control your blood sugar. Asking family and friends to help you remember to eat regularly is another helpful strategy. As always, please call me with any further questions about what we discussed today.

The following questions may be useful for the interactive exercises:

1. Did the HCP appropriately prepare the patient for receiving the necessary information? What could have been done differently?
2. Was the teach-back technique used in this exercise? Was it used effectively?
3. Were there places where the teach-back technique could have been used more effectively? What might the revised approach sound like?
4. Did the HCP use open-ended questions? What other open-ended questions could be used?

INTERACTIVE

Interactive example #4

Mrs. Johnson, 70 years old, is picking up a refill of her medication at the pharmacy. She is 3 days late for her refill.



INTERACTIVE

Interactive example #4

Pharmacist: Mrs. Johnson, I notice you're a few days late with your refill. It's very important that you don't run out of your medicine, and take it every day.

Mrs. Johnson: Yes, sorry I'm late, I'm not great at remembering this sort of thing. It's only a couple of days anyway, so no harm done.

Pharmacist: These pills control your blood sugar, Mrs. Johnson. You may not feel any different if you forget to take them, but your blood sugar won't be under control. This increases your risk of complications and hospitalizations in the future.

Mrs. Johnson: Yes, of course.

Pharmacist: We don't want you to be without your medicine if you forget again. Did you know we can set up a reminder phone call for you when it's time for your refill? Or a text alert, whichever you prefer.

Mrs. Johnson: A phone call would be helpful; I don't bother with texts. Can you also order my prescription for me when you call me?

Pharmacist: Yes. It will be an automated call, Mrs. Johnson, like an answering machine. You will have to follow the instructions on the call to place your order. For example, you will be told to press 1 if you want to refill your order, then you will be asked to enter the prescription number, and so on. Just follow the steps.

Mrs. Johnson: Oh, well, I don't know if I'll bother with all of that, but thank you.

Pharmacist: If you prefer, you can just call and speak to us directly after you get your reminder. I'll just take your details now and get you signed up for reminders. Does that sound OK, Mrs. Johnson?

Mrs. Johnson: Yes, that's fine.

The following questions may be useful for the interactive exercises:

1. Did the pharmacist appropriately prepare the patient for receiving the necessary information? What could have been done differently?
2. Was the teach-back technique used in this exercise? Was it used effectively?
3. Were there places where the teach-back technique could have been used more effectively? What might the revised approach sound like?
4. Did the pharmacist use open-ended questions? What other open-ended questions could be used?

INTERACTIVE

Interactive example #5

Ms. Taylor, 40, was diagnosed with type 2 diabetes 8 months ago. She has not managed to bring her glucose levels under control and has just had her medication changed to address this. She is filling her prescription at the pharmacy.



INTERACTIVE

Interactive example #5

Pharmacist: Since this is a new medication for you, Ms. Taylor, I want to make sure that I have explained everything clearly. Can you tell me how you will take your medicine when you get home?

Ms. Taylor: I need to take these large pills twice a day and this other pill once a day. I'll take one in the morning and two before bed.

Pharmacist: Not exactly. This pack here, you need just one of these per day. And this must always be at breakfast time. These larger pills, you need two of these. One at breakfast time, one at dinner time. So which pills will you take at breakfast?

Ms. Taylor: Oh, right, one of each type.

Pharmacist: Exactly. Two pills, one of each type. Will you take these with food?

Ms. Taylor: I guess so.

Pharmacist: Right after you eat is best, as they may upset your stomach a little if you take them before food. And at dinner?

Ms. Taylor: I can't remember. I know you explained it. I am just worried that this new medication means things are getting worse.

Pharmacist: The medication your doctor prescribed works well at helping people manage their blood sugar levels. But in order for it to do its job, you must take it properly and maintain a healthier lifestyle through diet and exercise.

Ms. Taylor: Yes, my doctor said as much.

Pharmacist: So remind me again what pills you're taking with your breakfast?

Ms. Taylor: One of each.

Pharmacist: Perfect. Now can you show me which one you are taking at dinner?

Ms. Taylor: This larger one?

Pharmacist: You've got it. Just this one at dinner. Think about the larger pill with the larger meal, if that helps. But always check if you're not sure.

Ms. Taylor: OK, thank you, I will.

The following questions may be useful for the interactive exercises:

1. Did the pharmacist appropriately prepare the patient for receiving the necessary information? What could have been done differently?
2. Was the teach-back technique used in this exercise? Was it used effectively?
3. Were there places where the teach-back technique could have been used more effectively? What might the revised approach sound like?
4. Did the pharmacist use open-ended questions? What other open-ended questions could be used?

INTERACTIVE

Points for discussion

Interactive example #1

- In this example, the teach-back technique is not used.
- The HCP explains things to Mrs. Martinez, but does not ask her to explain them back so that her level of understanding can be evaluated.
- The HCP uses closed questions rather than open-ended questions.
- Some of the language may not be accessible to Mrs. Martinez (eg, use of “retinopathy,” “complacent,” “retina,” and “deteriorates”), but there is no attempt to assess whether she comprehends the information that the HCP is trying to convey.

Interactive example #2

- The HCP starts using teach-back by asking Mr. Williams to review his goals for the next visit. It would be more helpful to have Mr. Williams further explain how he will monitor his blood sugar and lose weight to confirm he understands the full plan for how he will attain both goals.
- The HCP does a good job of correcting and clarifying the points about foot care. When she asks the patient about foot care, she finds out that the patient does not understand why foot care is important. The HCP clarifies this for the patient, explaining it in a new way by using an analogy.
- In her final closed question about signs of foot problems, the HCP could use teach-back again to ask Mr. Williams to explain what signs he should look for in his feet.

Interactive example #3

- This is a good example of the teach-back technique.
- The HCP asks open-ended questions to assess the patient’s knowledge and clarifies or adds information when needed.
- The HCP also uses a friendly, conversational approach so that the patient doesn’t feel as if he is being interrogated.

Interactive example #4

- Here, the pharmacist recognizes an opportunity to offer a helpful service. However, the patient is overwhelmed by the technical details and so is unlikely to get the full benefit of this service.
- Open-ended questions and further clarification from the pharmacist could have helped the patient make use of the options available to her.
- Teach-back could also have reinforced the importance of medication adherence, which the patient seems to be relatively unconcerned about.

Interactive example #5

- This is a good example of the teach-back technique.
- The pharmacist uses open-ended questions, assesses the patient’s understanding, clarifies, and assesses again.

WRAP-UP

Conclusions

- Poor communication between HCPs and their patients is a common problem potentially resulting in misunderstanding and non-adherence.^{11,16}
- The reasons for these communication problems vary and patient factors should always be considered.^{11,16}
- HCP factors, such as how well HCPs explain instructions and assess patient understanding, play a large role in patient adherence.⁷
- The teach-back technique helps to provide the patient a level of understanding and ownership regarding his or her health care.²
- Using the teach-back technique can help HCPs identify explanations and communication strategies that are likely to be understood by patients.¹⁸
- Ensuring patients clearly understand their disease and treatments can improve overall treatment outcomes.¹⁹

Tips for implementing the teach-back technique¹⁸

- **Start slowly** by using the technique with just 1 patient a day. It can be difficult to make these changes all at once.
- **Plan your approach.** Think about how you will ask your patient to teach-back to you depending on what type of information you have presented.
- **Clarify the information** you have presented further if the patient cannot remember or accurately describe it. Repeat this until the patient can correctly tell you in his/her own words what he/she is going to do.
- **Practice the technique** so it becomes part of your routine.
- **Reflect on the experience:** What went well? How might you be more effective next time?
- **Discuss the technique** with colleagues to see if they can come up with more ideas to help it go more smoothly.
- **Teach-back is an effective technique**, but overall, it is best to use it in moderation, so that you do not seem condescending to the patient.

DID YOU KNOW?

In a meta-analysis of evidence using the teach-back method, teach-back positively correlated with improved patient adherence and outcomes.¹⁴

– Agency for Healthcare Research and Quality

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