Appendix C – Teach-Back Implementation Guidance



To help you plan and design your Teach-Back implementation, a Quick Start Guide (QSG) is available. The Teach-Back QSG has six stages.

1. Review the Intervention and Training Materials

Before you implement teach-back, the practice champion needs to understand teach-back, its intended use, and strategies for success. Because teach-back is a communication strategy used by individual team members, the available materials are all training materials.

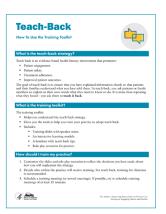
Teach-Back Interactive Module

The Teach-back interactive module is a self-directed, self-paced learning activity that provides an overview of teach-back, case presentations of how to effectively use teach-back, and information on how to address the communication needs of different patient populations using teach-back.



Teach-Back Training Toolkit

The training toolkit provides slides, role play scenarios to practice teachback, and a training guide ("How To Use the Training Toolkit") to help training and adoption. In addition, a Teach-Back Tips job aid can be used as a training handout. The training toolkit should be used by the practice champion and would be most successfully used in collaboration with a clinical and staff champion.



Make Decisions for Your Implementation 2.

You will need to make several decisions to support the design of your teach-back implementation. These are listed in the Quick Start Guide and include decisions on the scope of your implementation, how you will document the use of teach-back, and who will champion the implementation.

Customize the Training for Your Practice 3.

The teach-back strategy includes a training guide, slides, role play scenarios, an interactive learning module, and a clinician job aid for you to use for team training. You will need to customize the slides to reflect the decisions you make on how to implement the strategy in your practice.

Train Team Members 4.

You should organize initial training sessions to inform staff and clinical teams of the implementation, its goals, and the processes that will be piloted during the initial adoption.

Ideally, trainings should be between 15 and 30 minutes and leverage existing meetings to minimize disruption. Allow time to engage in role play scenarios so your team can practice (or observe each other practice) and feel comfortable with the strategy. Provide enough time to answer questions and discuss any concerns.

Practicing through role play is very important. Try to find opportunities to practice, such as staff meetings, huddles, and "Lunch & Learns."

Go Live With Implementation 5.

Once your team is trained, it is time to go live with the teach-back strategy.

- Inform staff and clinical teams of the go live date and timelines for initial adoption and evaluation.
- Reinforce the training by using staff meetings and huddles to discuss challenges to implementation and share success stories. These discussions should be held at least weekly during the initial implementation period. This will promote the teach-back strategy and encourage its sustained adoption.
- Identify good implementors and use them as peer coaches or mentors. Share stories of "Safety Catches" revealed through using the strategy.

Evaluate Your Progress 6.

In addition to the practicewide evaluation of patient safety, it is important to select one or two evaluation measures or metrics specific to the teach-back strategy. Examples of these are provided in the Quick Start Guide.

A publicly available assessment tool to evaluate the implementation success of teach-back is the Conviction and Confidence Scale. This self-assessment tool can be used by clinicians to evaluate their own use of teach-back and is available for download at http://www.teachbacktraining.org/ assets/files/PDFS/Teach%20Back%20-%20Conviction%20and%20Confidence%20Scale.pdf. The tool can be used periodically (e.g., quarterly) initially. Once clinicians are more comfortable with the use of teach-back, it can be used less frequently (e.g., annually) as a reminder.