

Teach-back

1.1 Title



Teach-Back

Improving Patient Safety by Engaging Patients and Families in Effective Clinician-Patient Communication

1.2 AHRQ



Sponsored by the Agency for Healthcare Research and Quality (AHRQ), this teach-back learning module is designed to inform clinicians about the teach-back method and provide effective strategies to implement teach-back. Teach-back engages patients (and families) and ensures their clear understanding of what they need to know for improved patient safety and outcomes.

1.3 Introduction



At its core, teach-back is about communicating with patients. We're going to start by reviewing two conversations between patients and clinicians.

- Examine the scenarios over the next series of screens and consider the difference between Scenario 1 and Scenario 2.
- What did the clinician in the scenarios do to produce those differences?

1.4 Scenario 1, Part 1



Scenario 1, Part 1

Clinician Speaking:

"I am prescribing an antibiotic called amoxicillin for Anna's ear infection. It needs to be given 3 times a day – at breakfast, lunch and dinner. Most children like the taste of this antibiotic, which is important because Anna will need to take this medication for 10 days. Do you have any questions?"

Patient's Mother Speaking:

"No."

SELECT "NEXT" TO SEE THE SECOND PART OF THE CONVERSATION.

1.5 Scenario 1, Part 2



Scenario 1, Part 2

Clinician Speaking:

"If Anna develops a rash or does not feel better, please give our office a call. We want to make sure that she gets better soon. Okay?"

Patient's Mother Speaking:

"Okay."

[SELECT "NEXT" TO SEE A DIFFERENT VERSION OF THIS CONVERSATION.](#)

1.6 Scenario 2, Part 1

Scenario 2
Part 1

I am prescribing an antibiotic called Amoxicillin for Anna's ear infection. It needs to be given 3 times a day – at breakfast, lunch, and dinner. Most children like the taste of this antibiotic, which is important because Anna will need to take this medication for 10 days. I want to make sure I am being clear and to answer any questions you may have. In your own words, can you tell me what you need to do at home for Anna's ear infection?

You want me to give antibiotics to Anna at every meal for 10 days. But Anna is at school during the day, and they don't like to give medications. Does she have to take it at lunch time?

Select "Next" to see the second part of the conversation.

Scenario 2, Part 1

Clinician Speaking:

"I am prescribing an antibiotic called amoxicillin for Anna's ear infection. It needs to be given 3 times a day – at breakfast, lunch and dinner. Most children like the taste of this antibiotic, which is important because Anna will need to take this medication for 10 days. I want to make sure I am being clear and to answer any questions you may have. In your own words, can you tell me what you need to do at home for Anna's ear infection?"

Patient's Mother Speaking:

"You want me to give antibiotics to Anna at every meal for 10 days. But Anna is at school during the day, and they don't like to give medications. Does she have to take it at lunch time?"

[SELECT "NEXT" TO SEE THE SECOND PART OF THE CONVERSATION.](#)

1.7 Scenario 2, Part 2

Scenario 2
Part 2

I'm glad you told me that. I can adjust the dose so that Anna only takes the antibiotic at breakfast and dinner. Now if Anna develops any red spots on her body, continues to have a fever, or is not acting like herself, please call me. Even if you are not certain if you should call, call me any time! As a final safety check, when is it important for you to call me?

If Anna is not feeling better, she gets a rash, or I am concerned, I should call you.

Select "Previous" to review these conversations again. Select "Next" to reflect on the differences in the conversations.

Scenario 2, Part 2

Clinician Speaking:

"I'm glad you told me that. I can adjust the dose so that Anna only takes the antibiotic at breakfast and dinner. Now if Anna develops any red spots on her body, continues to have a fever, or is not acting like herself, please call me. Even if you are not certain if you should call, call me any time! As a final safety check, when is it important for you to call me?"

Patient's Mother Speaking:

"If Anna is not feeling better, she gets a rash, or I am concerned, I should call you."

SELECT "PREVIOUS" TO REVIEW THESE CONVERSATIONS AGAIN. SELECT "NEXT" TO REFLECT ON THE DIFFERENCES IN THE CONVERSATIONS.

1.8 Scenario 1 Reflection



Reflection

Now that you've had the opportunity to explore both scenarios again, consider the differences between Scenario 1 and Scenario 2 and ask yourself:

- What did the clinician in the scenarios do to produce those differences?

1.9 Learning Objectives



By the end of this lesson you should be able to:

- Understand and describe the steps of the teach-back process.
- Describe the role and value of teach-back in improving patient safety.
- Identify strategies for implementing the teach-back process.

1.10 Pathway Menu



Teach-Back

Select each step in the path to find out more about teach-back.

Oval 1: What is teach-back?

Oval 2: Why should I use teach-back?

Oval 3: When should I use teach-back?

Oval 4: How is teach-back different?

Oval 5: What are some teach-back examples?

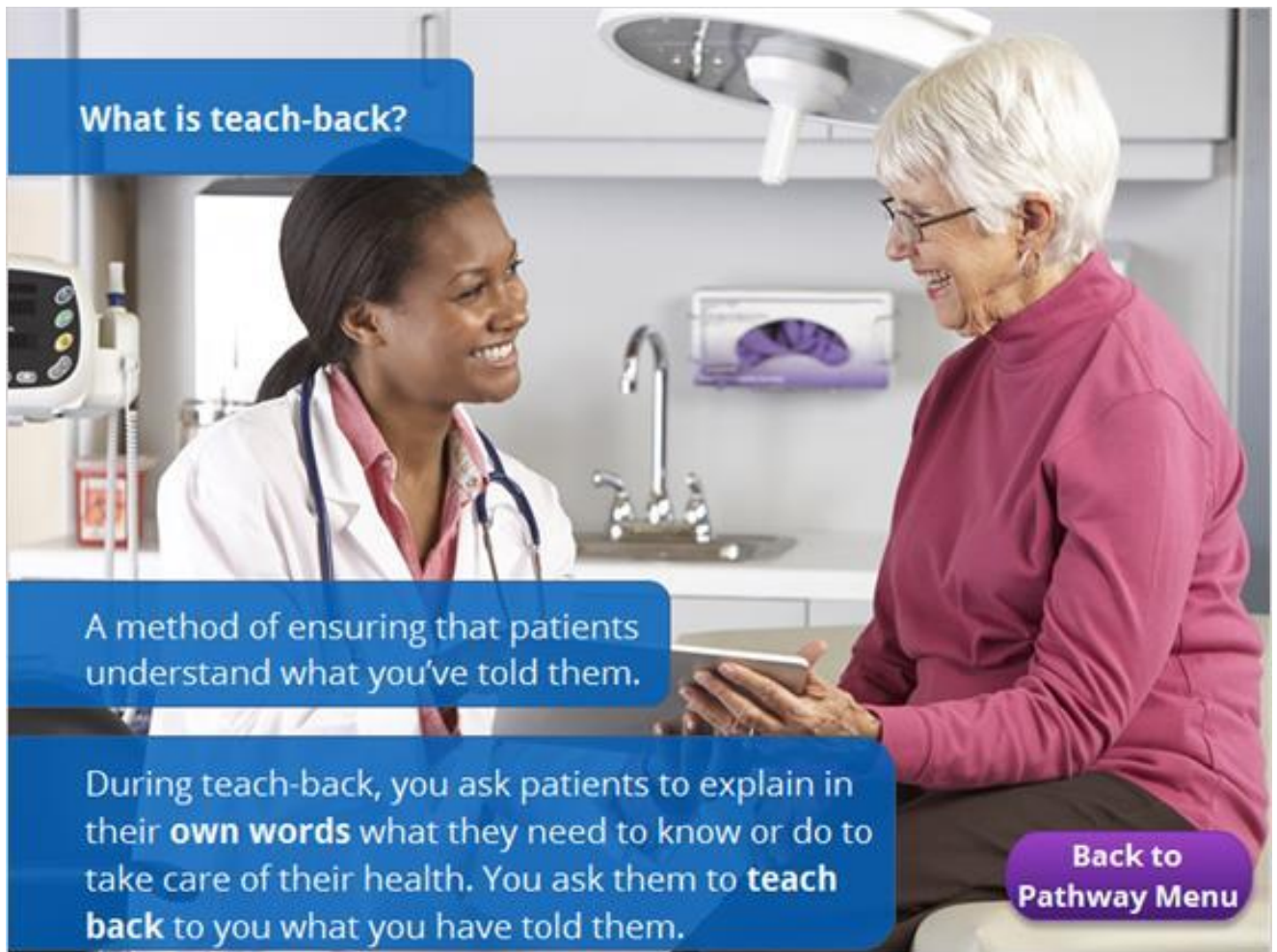
Oval 6: How can I make teach-back successful?

Oval 7: Which patients benefit from teach-back?

Oval 8: Are there other considerations?

Oval 9: Are there other important tips?

1.11 What is teach-back?



What is teach-back?

A method of ensuring that patients understand what you've told them.

During teach-back, you ask patients to explain in their **own words** what they need to know or do to take care of their health. You ask them to **teach back** to you what you have told them.

[BACK TO PATHWAY MENU](#)

1.12 Why should I use teach-back?



Why should I use teach-back? (hover over the icons to see the evidence)

Info Point 1: Research shows that clinicians underestimate patients' needs for information, and overestimate their own ability to convey information effectively. ^{2,3,4,5,7}

Info Point 2: Studies have shown that up to 80% of the medical information patients are told during office visits is forgotten immediately, and nearly half of the information retained is incorrect. ^{1,8}

Info Point 3: Low health literacy can affect patient adherence and ultimately patient health outcomes. ¹⁰

Info Point 4: There is a 19% higher risk of non-adherence among patients whose physician communicates poorly than among patients whose physician communicates well. ¹¹

Effective communication in medical care positively correlates with better patient adherence.

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1.13 When should I use teach-back?



When should I use teach-back?

Use teach-back whenever explaining important concepts to patients about their health care such as:

- New diagnosis.
- Medication.
- Home care instructions.
- Treatment plan.
- Recommended behavior changes.
- Use of a new device.
- Treatment options.
- Next steps.

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1.14 How is teach-back different?



How is teach-back different?

If you ask patients whether they have any questions, they will often say that they don't, even if they don't really understand what you've told them. They may be embarrassed or intimidated, or they may **think** they understand.

Using teach-back helps you more accurately determine your patient's level of understanding so you can adapt your communication as needed.

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Using teach-back helps you more accurately determine your patient's level of understanding so you can adapt your communication as needed.

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1.15 What are some examples of teach-back?



What are some examples of teach-back? (hover over icons below for examples)

Info Point 1: “Just to be safe, I want to make sure we are on the same page. Can you tell me...”

Info Point 2: “Your inhaler is important for your health. Can you show me how you would use it at home?”

Info Point 3: “I want to make sure that I explained things clearly. Can you explain to me...”

Info Point 4: “We have discussed some important information about your medication. As a safety check, can you tell me warning signs to look for with this medication?”

There are many ways to approach teach-back with your patients and their families.

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1.16 How can I make teach-back successful?



How can I make teach-back successful? (hover over the tips below)

Info Point 1: Use teach-back on **ALL** patients.

Info Point 2: **Focus on 2 to 4 key points** for that visit.

Info Point 3: **Start with the most important message.**

Info Point 4: **Use plain language.** Most patients do not understand medical jargon. Using plain language may take some practice.

Info Point 5: If your patient teaches back incorrectly, always assume your teaching was not sufficient. Repeating the same message is not effective. **Rephrase your message** until your patient has a clear understanding.

Info Point 6: **Use patient materials** and underline or circle the most important points during teach-back.

Info Point 7: **Use pictures or draw diagrams** to support your teaching.

Info Point 8: **Foster an office culture around teach-back** that helps patients and their families feel supported and engaged as important members of their care team.

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1.17 Which patients benefit from teach-back?



Which patients benefit from teach-back?

All patients benefit from teach-back, especially any patient presented with a new diagnosis.

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1.18 Are there other considerations when using teach-back?



Are there other considerations when using teach-back? (click the buttons below for examples)

With certain patient populations, there are additional considerations when using teach-back.

Older Adults

Children

Language Diversity

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Are there other considerations when using teach-back? (click the buttons below for examples)

With certain patient populations, there are additional considerations when using teach-back.

Older Adults

When using teach-back with older adults, consider the following:

Mild or moderate hearing impairments often occur with age:

- Use a lower voice pitch.
- Speak naturally and distinctly.
- Minimize background noise.

Information processing speed declines with age:

- Limit the amount of new information delivered during each visit.
- Slow down the rate of delivery.

Children

When using teach-back with children, consider the following:

- The conversation with the child should be age and developmentally appropriate.
- Both the patient and the caregiver should understand the information being shared.
- Visual aids can support communication of new diagnoses and new therapies (such as the use of an inhaler).

Language Diversity

When using teach-back with patients who speak a different first language, consider the following:

- Medical translation services are beneficial if available.
- Both verbal and nonverbal cues can help with communication.
- Visual aids can support communication.

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1.19 What are other important tips for teach-back?



What are other important tips for teach-back? (hover over icons below for examples)

Info Point 1: It is important to be approachable, making your patient and his or her family members feel confident when engaging in teach-back.

Info Point 2: Emphasize to your patient and his or her family that teach-back is a part of a safety check to ensure that you are communicating clearly.

Info Point 3: Do not appear rushed. It is important for your patient and his or her family to understand your instructions clearly so that they can adhere and be safe.

Info Point 4: Remove physical barriers between you and the patient (e.g., desk, computer, crossed arms), and position yourself at your patient's eye level.

Info Point 5: This is not a patient quiz but an opportunity for you to identify gaps in your teaching.

Your tone and attitude are important.

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1.20 Scenario 2 Review, Part 1

Scenario 2 - Review
(hover over the blue text to identify key teach-back strategies in use)

I am prescribing an antibiotic called Amoxicillin for Anna's ear infection. It needs to be given **3 times a day** - at breakfast, lunch, and dinner. Most children like the taste of this antibiotic, which is important because **Anna will need to take this medication for 10 days**. I want to **make sure I am being clear** and to **answer any questions you may have**. In your **own words, can you tell me** what you need to do at home for Anna's ear infection?

You want me to give antibiotics to Anna at every meal for 10 days. But Anna is at school during the day, and they don't like to give medications. Does she have to take it at lunch time?

Select "Next" to see the second part of the conversation.

Scenario 2 – Review

(hover over the blue text to identify key teach-back strategies in use)

Clinician Speaking:

"I am prescribing an antibiotic called amoxicillin for Anna's ear infection. It needs to be given **3 times a day** – at breakfast, lunch and dinner. Most children like the taste of this antibiotic, which is important because **Anna will need to take this medication for 10 days**. I want to **make sure I am being clear** and to **answer any questions you may have**. In your **own words, can you tell me** what you need to do at home for Anna's ear infection?"

Key Teach-Back Strategy 1: Starts with most important message.

Key Teach-Back Strategy 2: Gives an additional point.

Key Teach-Back Strategy 3: Gives a third key point.

Key Teach-Back Strategy 4: Explains that she is trying to make sure her message is clear so the patient doesn't feel quizzed.

Key Teach-Back Strategy 5: Engages the family/patient.

Key Teach-Back Strategy 6: Uses an effective teach-back phrase to ensure the message was clearly understood.

Patient's Mother Speaking:

"You want me to give antibiotics to Anna at every meal for 10 days. But Anna is at school during the day, **and they don't like to give medications.** Does she have to take it at lunch time?"

Key Teach-Back Strategy 7: Shows understanding – teach-back was effective.

Key Teach-Back Strategy 8: Patient is able to identify a potential barrier to adherence.

[SELECT "NEXT" TO SEE THE SECOND PART OF THE CONVERSATION](#)

1.21 Scenario 2 Review, Part 2

Scenario 2 - Review
(hover over the blue text to identify key teach-back strategies in use)

I'm glad you told me that. **I can adjust the dose** so that Anna only takes the antibiotic at breakfast and dinner. Now if Anna develops **any red spots on her body, continues to have a fever, or is not acting like herself**, please call me. Even if you are not certain if you should call, call me any time! **As a final safety check**, when is it important for you to call me?

If Anna is not feeling better, she gets a rash, or I am concerned, I should call you.

Select "Previous" to review this conversation again.
Select "Next" to move forward.

Scenario 2 – Review

(hover over the blue text to identify key teach-back strategies in use)

Clinician Speaking:

"I'm glad you told me that. **I can adjust the dose** so that Anna only takes the antibiotic at breakfast and dinner. Now if Anna develops **any red spots on her body, continues to have a fever, or is not acting like herself**, please call me. Even if you are not certain if you should call, call me any time! **As a final safety check**, when is it important for you to call me?"

Key Teach-Back Strategy 1: The clinician is able to adapt her recommendation to better suit the patient's needs and constraints.

Key Teach-Back Strategy 2: Gives a key point.

Key Teach-Back Strategy 3: Uses an effective teach-back phrase.

Patient's Mother Speaking:

"If Anna is not feeling better, she gets a rash, or I am concerned, I should call you."

Key Teach-Back Strategy 4: Demonstrates understanding.

SELECT "PREVIOUS" TO REVIEW THIS CONVERSATION AGAIN. SELECT "NEXT" TO MOVE FORWARD.

1.22 Question: Rationale for using teach-back

What is the most important rationale for using teach-back?

- To test the patient on his/her ability to repeat the important health information given
- To give the patient time and opportunity to talk to you
- To meet the requirements of Meaningful Use
- To alert you to whether or not your communication was clear



What is the most important rationale for using teach-back?

Correct?	Choice	Feedback
No	To test the patient on his/her ability to repeat the important health information given	Incorrect. Teach-back should not be mere repetition, nor should it be a quiz. It is a check on the clinician's ability to clearly communicate information.
No	To give the patient time and opportunity to talk to you	Incorrect. While teach-back does allow patients to talk to you, the purpose of teach-back is to ensure your message is understood. Most clinicians state once they master teach-back, it takes just about a minute to complete.

Correct?	Choice	Feedback
No	To meet the requirements of Meaningful Use	Incorrect. Meaningful Use does not include any requirements related to teach-back.
Yes	To alert you to whether or not your communication was clear	Correct. Teach-back serves as a check to see how well the patient understood what you told him or her.

1.23 Question: Using Plain Language

Using plain language is a critical component of the teach-back method. Drag the medical jargon term on the right to fit with the associated plain language term on the left.

Reduces swelling	Anti-inflammatory
High blood sugar	Hyperglycemic
Not cancer	Benign
Every year	Annually
High blood pressure	Hypertension
Blood thinner	Anticoagulant

Using plain language is a critical component of the teach-back method. Drag the medical jargon term on the right to fit with the associated plain language term on the left.

Correct	Choice
Reduces swelling	Anti-inflammatory
High blood sugar	Hyperglycemic
Not cancer	Benign
Every year	Annually
High blood pressure	Hypertension
Blood thinner	Anticoagulant

Feedback when all are correct:

That's right! You selected the correct responses.

Feedback when any are incorrect:

You did not select the correct responses. Please try again.

1.24 Question: Expectations for Teach-back

Through teach-back clinicians can expect which of the following (choose all that apply):

- Improved adherence with treatment plan
- Reduced no-show rates
- Better self-management of chronic and acute conditions
- Significantly longer office visits
- Fewer telephone calls about questions on self-management care



Through teach-back clinicians can expect which of the following (choose all that apply):

Feedback when all are correct:

That's right! You selected the correct responses. See the rationales below:

Feedback when any are incorrect:

Incorrect. One or more of the choices you made was incorrect. Check your answers below.

Correct?	Choice	Feedback
Yes	Improved adherence with treatment plan	When patients fully understand a treatment plan, they are more likely to adhere to it. ^{6,11}
Yes	Reduced no-show rates	When patients understand why they need to follow up, they are less likely to miss appointments. ^{2,11}
Yes	Better self-management of chronic and acute conditions	When patients understand what they are supposed to do to self-manage and why, adherence and outcomes will improve. ⁹

Correct?	Choice	Feedback
No	Significantly longer office visits	Clinicians report that teach-back takes about one minute. While this may initially increase the specific office visit, the gain in patient understanding and compliance can decrease overall time in the long run. ^{2,4,6,11}
Yes	Fewer telephone calls about questions on self-management care	When you ensure patients understand your message during the visit, you will get fewer calls to clarify patient misunderstandings. ^{2,11}

1.25 Question: Effective Teach-back Phrases?

Which of these are effective teach-back phrases?
Scroll down to select all that are appropriate.

- Can you explain some of the changes we decided on today during your visit? I want to make sure that I was clear and that you have the best outcomes.
- Do you know how to use this device?
- Do you have any questions?
- I want to make sure we are on the same page. Can you explain to me what your next steps are when you get home?
- Do you understand?
- In your own words, just to be safe, what are some possible side effects of the medicine?
- Are we clear on next treatment steps?

Which of these are effective teach-back phrases? **Scroll down to select all that are appropriate.**

Correct	Choice
Yes	Can you explain some of the changes we decided on today during your visit? I want to make sure that I was clear and that you have the best outcomes.
No	Do you know how to use this device?
No	Do you have any questions?
Yes	I want to make sure we are on the same page. Can you explain to me what your next steps are when you get home?
No	Do you understand?
Yes	In your own words, just to be safe, what are some possible side effects of the medicine?

Correct	Choice
No	Are we clear on next treatment steps?
Yes	So I can be sure we have the same understanding, what else can you do to help your condition?
Yes	As a safety check, can you show me how you would use the inhaler at home?
No	Do you know how to take this medication?

Feedback when all are correct:

That's right! You selected the correct responses.

Feedback when any are incorrect:

Some of your responses are incorrect. Remember, effective teach-back uses open-ended questions that encourage patients to explain their understanding in their own words.

1.26 Congratulations



Congratulations! You have completed the teach-back training.

"Tell me and I forget, teach me and I may remember, involve me and I learn."

Benjamin Franklin

1.27 References

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