

The SHARE Approach: Using the Teach-Back Technique



The purpose of this tool is to supplement and reinforce information presented in the SHARE Approach Module 3.

The teach-back technique supports effective clinician-patient communication by asking patients to “teach back” what they have learned during their visit. Patients use their own words to explain what they need to know about their health or what they need to do to get better.

Advantages of using the teach-back technique

- Helps your patients remember and understand more information.
- Raises patient satisfaction and helps patients feel more relaxed.
- Helps you gain your patients' trust.
- Is not time consuming to implement and can take as little as 1 to 2 minutes.

How to use the teach-back technique with your patients

Check off the strategies you will try.

What To Say

- Explain things clearly using plain language, and avoid using medical jargon and vague directions.
- Make sure your patients know your goal is to check how well you explained the health information—not to test their knowledge.
- Encourage your patients to use their own words, rather than copying you or others on your clinical team.
- Ask open-ended questions that start with “what” or “how,” and avoid questions that result in “yes” or “no” answers.
- When appropriate, ask your patients to show you how to do something, such as how to check their blood pressure or use their inhaler.

How To Say It

- Speak slowly and make eye contact.
- Allow your voice and facial expressions to show genuine interest.
- Use relaxed body language.

When To Use Teach-Back

- Use teach-back whenever you explain an important concept—such as choosing treatment options, joining a clinical trial, weighing benefits and risks, or sticking to a treatment plan.
- Check for understanding after main points, and repeat these points throughout the visit.

Teach-back questions for shared decision making

Try these examples with your patients

- “We talked about two treatment options today: active surveillance and starting radiation in a few weeks. I want to make sure I explained each option clearly. Would you please tell me how you would explain active surveillance to your family member?”
- “I want to make sure I did a good job explaining the pros and cons of taking this medicine. Could you tell me in your own words about the benefits and possible side effects of this medicine?”

If a patient does not understand

At times, teach-back may reveal that a patient does not understand what they need to know or what they need to do.

Steps to take

1. Say, “I must not have done a good job explaining. Let me try again.”
2. Explain the health information a second time using a different approach. Create a simple drawing, show a model, or demonstrate the behavior (such as showing how to empty a Foley catheter urine bag).
3. Use teach-back again to check for comprehension.

How to promote a teach-back environment

Besides asking questions, you can promote teach-back in other ways. You can create an atmosphere that invites your patients to take the lead in using it.

Try these tips

- Give your patients the time and opportunity to talk to you.
- Make sure all the staff in your office are trained on the technique and are using teach-back correctly.
- Post signs that explain teach-back and encourage your patients to use it.

Using teach-back with decision aids

Teach-back is especially important to use with decision aids, such as written materials, videos, and interactive tools. These aids help your patients learn about and evaluate their options so they can make informed choices. After you offer decision aids to your patients, be sure to follow up at the next visit. Use the teach-back technique to make sure your patients used and understood the decision aids.

Start slowly

Remember, new behaviors can take a little time to master. Be patient with yourself. At first, start out slowly with one or two of your patients a day. Soon you will find teach-back is second nature for you.

Help your patients understand

Teach-back allows you to see how well you explained or taught health information to your patients. Patients do not mind being asked about their understanding—according to a study of patient preferences and assessment.

Resources

All web pages were accessed October 9, 2024.

- Johnson JL, Moser L, Garwood CL. Health literacy: a primer for pharmacists. *Am J Health Syst Pharm.* 2013 Jun 1;70(11):949-955. <https://pubmed.ncbi.nlm.nih.gov/23686601/>.
- Roett MA, Coleman MT. Practice improvement, part II: health literacy. *FP Essent.* 2013 Nov;414:19-24. <https://pubmed.ncbi.nlm.nih.gov/24261434/>.
- Schillinger D, Piette J, Grumbach K, Wang F, Wilson C, Daher C, Leong-Grotz K, Castro C, Bindman AB. Closing the loop: physician communication with diabetic patients who have low health literacy. *Arch Intern Med.* 2003 Jan 13;163(1):83-90. <https://pubmed.ncbi.nlm.nih.gov/12523921/>.
- Brach C, ed. AHRQ Health Literacy Universal Precautions Toolkit, 3rd Edition. Rockville, MD: Agency for Healthcare Research and Quality; March 2024. AHRQ Publication No. 23-0075. <https://www.ahrq.gov/health-literacy/improve/precautions/toolkit.html>.
- Kemp EC, Floyd MR, McCord-Duncan E, Lang F. Patients prefer the method of “tell back-collaborative inquiry” to assess understanding of medical information. *J Am Board Fam Med.* 2008 Jan-Feb; 21(1):24-30. <https://pubmed.ncbi.nlm.nih.gov/18178699/>.

