Care Coordination Series, Season 1, Episode 2: Teach-Back

Speaker 1 (00:03):

Our featured guest speaker for today's session is Kelly Smith from the University of Toronto.

Speaker 2 (00:09):

Teach-back can be used across settings, um, it can be used at home with your kids, um, and family members to help ensure that information exchange is happening in a way that people are understanding what we're sharing, and also confirming their understanding of the information that we're sharing. And that will lead to improved quality, safety, effectiveness, and value of care. Teach-back as an evidence-based health literacy strategy that promotes patient engagement, safety, adherence, and quality of care. So, with teach-back, you really ask patients and family members to explain in their own words what they need to know or do, what has happened in that interaction with the healthcare system, and you ask them to teach it back. And it seems really simple, <laugh>, but can be a little bit challenging to get started with. We also consider this a really low-cost, low-technology, but high-touch gateway to better communication, better understanding, and ultimately, can lead to enhanced shared decision-making amongst the healthcare team with the patient and family at its center.

Speaker 2 (01:31):

The whole goal with teach-back is to ensure that the medical information that's being shared or explained during an individual encounter. And so, teach-back is a way that helps you both verify that the patient or family members understand the information and have them share it back with you in their own words to help build that understanding, that ability to retain the information as well, which is a big challenge. And then, also make sure that you understand what you might need to come back and help clarify as, as part of the care team. So, we figured out why this was important by looking at the literature and talking with clinicians and patients. And what we found in the, in this, that research indicates that clinicians and, uh, healthcare members, healthcare team members, often underestimate their patients needs for information and overestimate their ability to communicate it effectively with patients.

Speaker 2 (02:39):

In one study, we identified 80% of the medical information patients were told during a routine office visit was almost immediately forgotten by the time that they left the encounter. And in another study, what we found is that nearly half of the information retained by the patient was incorrect. So, if you're thinking about this from a numbers game, you have somebody who's leaving your encounter or your conversation, 80% of what they, they're only gonna retain 20% of that. So, you know, just 20% of what you've told them they're gonna have and remember, and of that 20%, half of it's going to be wrong. So, this is provides us with a really interesting opportunity to both engage our patients and families in a robust way, but also to help us better understand how we communicate and how we can communicate much more effectively. Teach-back itself is a proven strategy to ensure patients and their families have a clear understanding of information that you communicate.

Speaker 2 (03:55):

And this is also important to find different ways and strategies for communicating with different vulnerable populations, including elderly patients or those with some cognitive impairment, uh, young children as well, so kids and parents. So, when you have multiple stakeholders in a group, information control becomes a bit more challenging. And then some other opportunities for individuals where English might not be the first language. When we piloted this across the United States, what we found was that it confirmed that the patients had a clear

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understanding of what was being said. So, that's the first important piece. So, clear understanding of information that's been shared. It can help you prevent misunderstandings or correct them within the encounter before a patient leaves and goes home, or leaves an encounter, or is sitting in a hospital bed going, "I have no idea what's going on." So, this can impact the way treatment is adhered or are, um, addressed.

Speaker 2 (05:06):

It can also have a purposive important role in helping patients to understand why they need to go and get that test or when they should go and get that test in terms of follow up. And it can also minimize post-visit phone calls and emails. So, one of our practices started using, uh, teach-back, a primary care practice, a large one in the Midwest. And they were really skeptical, you know, how is just me asking this? You know, "I'd like you to explain back in your own words what you think your next steps might be." What's that going to do other than add time to my visit? And what they found was that while it did extend their visit time a little bit, it reduced the number of call-back phone calls and emails that they were getting, getting and having to answer at night.

Speaker 2 (05:59):

Um, to clarify information, you don't really need to use teach-back all the time. It might not be appropriate to use every time with every patient at every visit. Um, and so, when people should prioritize, you should think about prioritizing use of teach-back when there's a new diagnosis or new treatment, um, when you need to verify that your medic[ation] may, your medication is being used and used properly. Uh, instructions for home care discharge instructions, really important at discharge because having those transitions of care when you know you may not see the patient, again, confirming information exchange at those transitional periods is critical when you're recommending new behavior changes, or treatment options, or putting together a new treatment plan, just verifying that the patient understands the next step in their care. So, the process is pretty simple. Again, you share information, so you share a chunk of new information.

Speaker 2 (07:04):

You ask the patient to explain in their own words in any way that you figured out that you can introduce this in a clear, concise way. Um, ask them to repeat back just for your own confirmation that they understand. Um, you listen reflectively so deeply. Listen reflectively trying to figure out if they understand or if they're explaining it in a way that you think that they can be successful with their care. And if they are, um, that's great. Encourage them, say, "That's great. We're on the same page. I'm really excited about this. Um, we'll see you at your next visit to see how this plan's going, or we'll be back again in a few hours to make sure that you, um, you've had those test results or we'll follow up tomorrow." And then, if not, this provides you the opportunity to again, share a little bit of information in a slightly different way so that the, if the patient is having a challenge with understanding, you also provide them with an opportunity to change the way you explain it.

Speaker 2 (08:14):

Oftentimes what happens in normal communication is that if somebody is, is demonstrating that they don't understand, we just keep saying the same words over and over and over again, even though it's those words that the other person, the receiver of the communication isn't understanding. So, teach-back provides an opportunity to give you feedback on the language that you're using as well. So, one of the best ways to do this is to chunk the information <laugh>. And by chunking information, we think about a visit or information that we need to share. And when we're doing teach-back, it's good to do only one or two pieces of new information at each point in the teach-back mode or in our conversation. Any more than three or four new pieces of information, you can guarantee that three and four are gonna be lost pretty much unless they're very, very simple or all four pieces of information are very, very simple.

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Speaker 2 (09:17):

So you wanna make sure that you're chunking the information, ask patients to teach it back in their own words. This is where you might want to use a decision aid or a handout or something, um, tangible that the patient can keep with them. And then when they're asking and teaching it back to you, you wanna think about how are they explaining. Do I think they understand? What different words can I use to explain this a little bit more clear? If you need to reteach the information, again, use different words. And then, if the patient does it correctly, you can go on to explain more information, um, or that next chunk of information you can start. The other important thing is to make sure you're documenting that you use teach-back, because oftentimes, you know that you confirm the patient's understanding, um, with the new medicine or they were able to show you, show me is a type of teach-back where you have a patient show you how they're going to take their medicines.

Speaker 2 (10:22):

Um, that's very common in in terms of, um, inhaler use or with, uh, patients with asthma, persons with living with asthma. Um, inhaler use is really challenging to, particularly for young kids, uh, and parents to try to figure out how to navigate that. So show me as a way of doing teach-back where an individual shows you what they do with their medicines. So making teach-back successful in your work and helping you to be successful with it. Only use it on patients where you think it's needed, where new information is being shared. Try it on a few, um, patients to begin with that you have good relationships with. That can be scary for a patient when you're asking them to all of a sudden engage more in their care. So you might wanna just say, "Hey, I wanna make sure we're on the same page.

Speaker 2 (11:15):

Um, can you tell me what you think your next steps are?" Or, "Can you explain to me how you know the information that we're sharing here?" And in that way, you're, you're telling them you might not be as clear as as you want it to be, and you're asking them to verify their understanding. And that reduces this power dynamic between a patient and a care team, uh, a little bit. You always wanna start with your most important messages. So, think about those two to four messages. <laugh> Think you should prioritize the ones that you absolutely need them to remember. Um, and deprioritize, sort of the last ones, if they forget them, is that going to impact the quality, safety, or effectiveness of care? And then, using plain language in healthcare, we do this wonderful thing, right? We're all really experienced and the more experience we get, the more jargon we we create or acronyms.

Speaker 2 (12:16):

And so we tend to talk with our patients the same way that we talk with our colleagues. And oftentimes, that is a big barrier from a health literacy and, um, understanding perspective. So, you wanna remember, stop using our medical jargon. Try to think of it as, um, language you might use at the dinner table or at, um, just speaking with friends on a walk. So, just think of that reducing medical jargon is key here. Um, the Agency for Healthcare Research and Quality has a wonderful toolkit that has very simple guidelines and supportive tools to help you get started as either an individual or as a group and a practice. Um, so those are available and the link, again, has been posted in the chat if you want easy access to those informations (sic). So it's part of continuous learning within your organization. How will you evaluate the impact of your teach-back, um, efforts on your overall, uh, quality and safety of healthcare?

Speaker 2 (13:28):

So this, the implementation Quick Start Guide is a great place to get started, help you as a champion, um, start to build that really robust excitement for teach-back, in adopting teach-back in practice. So you've also provided some ways to help you introduce, teach-back to your patients. So, you know, what is it? Why are we doing it?

Why are we, why is all of a sudden, why am I all of a sudden being asked to do this? So, really it's just a safety check. We're here just, we wanna make sure that we are clear. We wanna make sure that we are meeting your informational needs. Um, so it's really all about the patient. It's central. We have to move from close-ended questions to open-, open-ended questions. So some of the things that we think about are, are those, there's a, a bigger grid that we have that helps you to swap out some of the traditional language that's often used in, in, um, conveying information to patients.

Speaker 2 ([14:30](#)):

So instead of hypertension, we use high blood pressure. That's more, it's a lower literacy, lower. Um, it's an easier way to understand. Um, benign, not cancer, right? Cardiologist, heart doctor. So, very simple swap out of phrases helps us to de organize our language and helps to improve communication overall. So, some considerations for communicating with older adults or those with mild or moderate hearing impairments or cognitive impairments. You know, it's how we speak <laugh>. It's how we look if we're in person. Um, minimizing background noise. You know, maybe we have to close the door. Maybe we need to create a safer space for patients, um, decline how fast we speak, slow the speech down, enunciate, use our full mouth to, um, deliver information and limit the amount of new information at each visit. So, all of these are really good strategies to remember when you're working with older adults and those with mild or moderate, whether hearing impairments or cognitive impairments working with kids.

Speaker 2 ([15:53](#)):

So, you always wanna make sure that when you're working with children, that the language we use is developmentally appropriate. So, if we're using language and words in a way that, um, that age of the child is taken into consideration. You also wanna make sure that the caregiver is understanding. So, you wanna make sure that it's not just the child that understands but the caregiver or vice versa. That it's not just the caregiver that understands, it's the child that has an understanding of what needs to happen as well. And visual aids are often really key here to support communication. So, for individuals with language diversity, verbal and non-verbal cues are both really key here. Visual aids to support understanding, and then offering translation services, of course, to ensure that there's an opportunity to have, um, an understanding or communicate within the patient's, uh, own language and their language of preference. Um, so that's it. So, I really encourage you to take a look at teach-back.