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CENTERS FOR MEDICARE & MEDICAID SERVICES

HSAG HEALTH SERVICES ADVISORY GROUP

Teach-Back Methodology for Resident Education
Employee Competency Validation Checklist

Employee Name: _____   Observer: _____

Facility/Unit: _____   Date: _____

Y = Yes   **N**= No   **N/A** = Not Applicable

Direct Observation	Y	N	N/A	Comments
1. Did employee introduce self to resident and family when entering the room?				
2. Did employee sit down and have positive body language and use caring tone of voice?				
3. Did employee include family members and caregivers, if present?				
4. Did employee use plain language?				
5. Did employee use acronyms? If so, were the acronyms explained?				
6. Did employee create a comfortable environment where the resident did not feel like he or she was being quizzed?				
7. Did employee ask open-ended questions and avoid asking yes or no questions?				
8. Did employee ask the resident to "explain in their own words" when validating understanding?				
9. Did employee provide the opportunity to confirm understanding *before* providing new information?				
10. Did employee document in the chart the content of education and teach-back method was used?				

ACTION PLAN (If necessary)

◯ Employee meets basic competency. No action plan needed.

Employee Signature: _____   Date: _____

Supervisor Signature: _____   Date: _____

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