Teach-back

▶ Intervention in brief

System wide:	**Teach-back** is a communication method used to confirm patients' understanding of care plan and self-management instructions by having patients repeat key information back to staff in their own words. The goal is to improve provider/patient communication and increase care plan adherence.
Strength of evidence	High — Extensive research supports the impact of teach-back, although data is mostly associated with quality and clinical outcomes. The evidence behind the intervention's impact on cost and utilization is limited.
Impact	• **Decreased cost:** Not demonstrated • **Decreased utilization:** 12-50% reduced readmission rates; 21.9% reduced length of stay • **Improved quality, clinical outcomes:** 13.9 percentage point increased understanding of post-ED self care; 30.6 percentage point increased understanding of follow-up instructions; 15 percentage point increased mean percent recall of post-discharge instructions; 85-94% correct responses on post-tests; 65-93% increased share of correct inhaler users; 1.7-2.8 increased mean score on Metered-Dose Inhaler technique score • **Increased access:** Not demonstrated • **Improved stakeholder satisfaction:** Not demonstrated
How to succeed	To execute teach-back effectively: • Determine which staff should incorporate teach-back into their workflows and when, including guidance on which patient interactions to prioritize (e.g., explaining treatment to high-risk patients, making major clinical decisions) • Train staff to use teach-back techniques and provide them with best practices (e.g., use open, specific, non-judgmental language, incorporate visual aids when possible, ask patients to model behavior when relevant) • Provide example scripting to ensure staff frame teach-back as an opportunity to test the care teams' education skills, rather than testing the patient. Questions should determine patients' knowledge of key instructions, attitude around adherence, and ideas for behavior change • Repeat teach-back as many times as necessary in one interaction until patients can effectively communicate key points in their own words. Use teach-back throughout the entire patient/provider relationship (e.g., during an inpatient stay) To learn more about developing an evidence-based approach, check out slides 18-21 of Setting the Foundation for Patient-Care Team Communication here, part of the How to Engage Patients 101 webconference series here. Then download the Teach-Back Method Tool from AHRQ's Health Literacy Universal Precautions Toolkit here.

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Teach-back

▶ **Demonstrated impact**

Literature review summary

Title: Reducing Readmissions Using Teach-Back: Enhancing Patient and Family Education
Publication: Journal of Nursing Administration
Date: 2015
Type: Case study
Study population: 200 patients with congestive heart failure admitted to a tertiary care facility across six months
Major findings: Teach-back techniques implemented throughout a three-day inpatient stay resulted in:
• Reduced readmission rates (12-50%)
• Reduced length of stay for second hospitalization (21.9% or 1.45 days)
• Correct and/or positive responses to knowledge questions (94%), behavior change questions (90%), and attitude questions (85%)
Source: Full article here.

Title: A Critical Review of the Effectiveness of 'Teach-Back' Technique in Teaching COPD Patients Self-Management Using Respiratory Inhalers
Publication: Health Education Journal
Date: 2013
Type: Systematic review
Study population: 785 patients (62.2 years old on average) across nine studies, including five randomized controlled trials
Major findings: Using the teach-back education technique (lasting between 28-45 minutes) for inhaler use with patients with COPD resulted in:
• Increased share of correct inhaler users (pre-intervention vs. post-intervention) across:
    • Standard teach-back (0-56% vs. 65-86%)
    • Teach-back with visual aids (0% vs. 81%)
    • Group instruction (74% vs. 93%)
    • Personal instruction (76% vs. 90%)
    • Video instruction (72% vs. 91%)
• Increased percent mean score of inhalation technique on the Metered-Dose Inhaler scale (5.0-5.2 pre-intervention vs. 6.7-8.0 post-intervention)
Source: Full article here.

Title: The Impact of Teach-Back on Comprehension of Discharge Instructions and Satisfaction among Emergency Patients with Limited Health Literacy: A Randomized, Controlled Study
Publication: Journal of Communication in Healthcare
Date: 2015
Type: Randomized controlled trial
Study population: 408 patients in the ED with limited health literacy randomized to teach-back or standard discharge instructions
Major findings:
• Higher comprehension of post-ED self-care (62.0% vs. 48.1%) and follow-up instructions (70.4% vs. 39.8%)
• Unchanged patient satisfaction or patient-perceived comprehension
Source: Full article here.

Source: Population Health Advisor research and analysis.

Teach-back

Title: Does the Teach-Back Method Increase Patient Recall of Discharge Instructions in the Emergency Department?
Publication: Annals of Emergency Medicine
Date: 2013
Type: Pre/post case study
Study population: 209 patients across the pre-intervention and teach-back groups post-ED discharge
Major findings: Teach-back education offered 6-30 hours post-discharge from a list of standardized questions resulted in increased mean percent recall (15 percentage points higher than control at 79.4%), including increased understanding of:
- Diagnosis (78.1% vs. 49.0%)
- Medication (68.4% vs. 52.9%)
- Symptoms (49.5% vs. 22.1%)
- Follow-up instructions (75.2% vs. 61.5%)
Source: Full article here.

Teach-back

Appendix

- Peter D, et al., "Reducing Readmissions Using Teach-Back: Enhancing Patient and Family Education," *Journal of Nursing Administration*, 45, no. 1 (2015), https://www.ncbi.nlm.nih.gov/pubmed/25479173.

- Dantic D, "A Critical Review of the Effectiveness of 'Teach-Back' Technique in Teaching COPD Patients Self-Management Using Respiratory Inhalers," *Health Education Journal*, 73, no. 1 (2013), https://journals.sagepub.com/doi/abs/10.1177/0017896912469575.

- Griffey R, et al., "The Impact of Teach-Back on Comprehension of Discharge Instructions and Satisfaction among Emergency Patients with Limited Health Literacy: A Randomized, Controlled Study," *Journal of Communication in Healthcare*, 8, no. 1 (2016), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4659395/.

- Slater B, et al., "Does the Teach-Back Method Increase Patient Recall of Discharge Instructions in the Emergency Department?," *Annals of Emergency Medicine*, 62, no. 4 (2013), https://www.annemergmed.com/article/S0196-0644(13)01014-7/fulltext.

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