

Utilizing Teach-Back to Reinforce Patient Education

A Step-by-Step Approach

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Teach-back is a health literacy tool that can be used by orthopaedic nurses to assess their patients' understanding of what has been taught and immediately clarify and review concepts that were misunderstood. Research supports the use of teach-back to engage patients in the learning process, thereby reducing hospital readmissions, and improving self-management, safety, patient satisfaction, and patient outcomes. Nursing journals, however, lack articles that take nurses through the steps of implementing teach-back in their practice. This article describes the four stages of teach-back and takes you step by step through the process of integrating this health literacy tool in your patient education practices.

Patient teaching is an essential part of the plan of care in the orthopaedic setting for improving patient outcomes. The orthopaedic nurse needs to be a skilled educator to promote patient safety, reduce the risk of complications, and provide patients with the knowledge needed for home self-management.

Literature suggests that teach-back, also referred to as “show me” or “closing the loop” (DeWalt et al., 2010), is an effective health literacy tool that allows for immediate confirmation of patient understanding, thus, improving compliance and reducing hospital readmissions (Haney & Shepard, 2014). Teach-back provides a way to help ensure that you have adequately explained the necessary concepts to patients and their caregivers and families. Using this evidence-based method, patients state, in their own words, what they learned during the teaching session, allowing you to assess understanding and immediately reinforce and clarify any misunderstandings.

The Institute of Medicine Committee on Health Literacy (2004) reported that many patients are reluctant to admit that they do not understand what has been communicated to them. Teach-back has been identified as a useful intervention to provide health education, particularly for individuals who are at risk for low health literacy (Cutilli & Schaefer, 2011). Although there is support for the use of teach-back, there is a lack of

articles in the literature that lead nurses through the steps of utilizing this method in patient education. The purpose of this article is to provide a guide for the use of teach-back in the care of the orthopaedic patient.

Evidence Supports Teach-Back

Research studies and quality improvement (QI) initiatives suggest that teach-back is an effective tool in engaging the patient and family in the learning process, leading to increased knowledge and retention of information learned during educational sessions (Darcy, Murphy, & Desanto-Madeya, 2014; Green, Dearmon, & Taggart, 2015; Griffey et al., 2015; Haney & Shepherd, 2014; Kornburger, Gibson, Sadowski, Maletta, & Klingbeil, 2013; Negarandeh, Mahmoodi, Noktehdan, Heshmat, & Shakibazadeh, 2013; Peter et al., 2015; Schillinger et al., 2003; White, Garbez, Carroll, Brinker, & Howie-Esquivel, 2013). Teach-back has also been shown to play a major role in reducing readmissions (Darcy et al., 2014; Green et al., 2015; Haney & Shepherd, 2014; Peter et al., 2015) and improving patient satisfaction and building trust (Agency for Healthcare Research and Quality, 2014).

Organizations such as the Agency for Healthcare Quality and Research, National Quality Forum, The Joint Commission, and Institute for Healthcare Improvement endorse teach-back. These organizations offer information and resources to healthcare providers and institutions about the implementation and use of the teach-back method (DeWalt et al., 2010; Institute for Healthcare Improvement, 2015; National Quality Forum, 2009; The Joint Commission, 2007).

Teach-back has been found to be an effective method of patient education independent of demographic details (e.g., race, education level, age, and income) and

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should be used by healthcare professionals with all patients. DeWalt and colleagues (2010) developed a health literacy toolkit that refers to the practice of incorporating teach-back into all patient education interactions as “universal precautions.” Use of teach-back universally can minimize the risk that some patients, who cannot be readily determined to have low health literacy, might not understand what is being taught. This recommendation is substantiated further in the research of Jager and Wynia (2012).

Several recent QI initiatives suggest teach-back is an essential component of the discharge and follow-up process. Darcy and colleagues (2014) address the benefits of teach-back in a QI initiative to improve discharge teaching effectiveness through follow-up phone calls for total joint replacement patients. Their findings indicate it is important for patients and family members to play an active role in the discharge plan and that teach-back is an essential tool to use when assessing teaching effectiveness and patient understanding.

Green and colleagues (2015) also found evidence to support the use of teach-back to enhance safety and overall outcomes for veteran patients after total joint replacement. They noted a 36% decrease in readmission rates in patients receiving teach-back as a part of a standardized teaching protocol. In another QI initiative focusing on reducing readmissions in patients with heart failure, Peter et al. (2015) found that patients receiving instruction with the teach-back method demonstrated a strong understanding of the education provided. Readmission rates postintervention were reduced by 50% when compared with preintervention rates. A decrease in the length of stay of those patients receiving teach-back instruction who were readmitted within 30 days of discharge was an unexpected, yet, positive result.

Teaching With Teach-Back

CASE STUDY

Mrs. Rose is a 68-year-old patient being discharged to home after hip arthroplasty. She will need to administer Lovenox injections for 10 days. As you gather your educational materials to teach Mrs. Rose how to administer these subcutaneous injections, you think about the best way to effectively teach and assess comprehension. As you prepare for the teaching session with Mrs. Rose, you ask her whether there are any family members or caregivers who should be included. She tells you that she lives with her husband who will be assisting in her home care, so you arrange teaching at a time when Mr. Rose will be present.

Teach-back consists of four stages: explaining, assessing, clarifying, and understanding (DeWalt et al., 2010). In the first stage, you begin your patient education by explaining the information that the patient needs to know. In stage 2, you assess your patient’s understanding of the teaching session using teach-back. The third stage provides you with the opportunity to clarify any concepts your patient did not understand. You may need to repeat stages 2 and 3 until the patient is ready to move to stage 4, the stage of understanding all the information that has been presented.

You begin your teaching session with stage 1 by assessing what Mr. and Mrs. Rose already know about Lovenox. Mr. and Mrs. Rose are able to describe why Lovenox is needed after hip arthroplasty as well as the signs and symptoms to report immediately to the physician. Therefore, you decide to begin stage 1 with an explanation of selecting an injection site.

You keep your teaching active by pointing out appropriate injection sites on a diagram of the human body. As you teach Mr. and Mrs. Rose, keep your language simple, speak at a moderate pace, and avoid using medical terms (Agency for Healthcare Research and Quality, 2014). For example, you might refer to her surgical procedure as hip replacement rather than total hip arthroplasty.

As you begin phase 2, you ask Mrs. Rose to tell you where she will inject Lovenox so you know you have explained it correctly. Frame your questions in a nonthreatening and nonshaming manner (DeWalt et al., 2010). Avoid making Mrs. Rose feel as if she is being tested because teach-back is not a quiz of patient understanding, rather, it is a gauge for how well you taught her (Institute for Healthcare Improvement, n.d.). Be sure Mrs. Rose is using her own words because repeating your words does not indicate understanding. Table 1 provides examples of how to frame your teach-back questions.

Mrs. Rose tells you that any site on the abdomen may be used and points to an area of scarring on her abdomen from a previous surgery. This alerts you that Mrs. Rose has not completely understood your instructions about choosing injections sites free of scarring, irritation, and rashes.

In the clarification stage, stage 3, you review the injection sites with Mrs. Rose and encourage her to ask questions. If Mrs. Rose is still unable to teach-back the instructions you have given, you may need to repeat this procedure several times until she is able to correctly teach the material back to you. Try using different words to explain the concept. If your patient still does not understand, consider asking another nurse to teach the patient. Be sure Mrs. Rose understands what you have taught her before adding new information (DeWalt et al., 2010).

TABLE 1. EXAMPLES OF TEACH-BACK QUESTIONS

“So I know that I have explained this properly, can you tell me in your own words about....”
“What will you tell your family about....”
“Using your own words, tell how you will....”
“We talked about a lot of things today, so I want to make sure I explained them well. Tell me what you will do at home if...”

Adapted from DeWalt et al. (2010)

You know you have entered stage 4 when Mr. and Mrs. Rose are able to correctly answer your questions. Once you have completed your teaching session, be sure to document your instruction in the medical record. Note that you used the teach-back method and her level of understanding.

The following is an example of how your teaching with Mr. and Mrs. Rose might proceed.

Nurse: *Hi, Mr. and Mrs. Rose, let's talk about the Lovenox injections that Mrs. Rose will need at home. Can you tell me what you know about Lovenox?*

Mrs. Rose: *My surgeon told me it was a blood thinner that I am taking to prevent blood clots. I need to give it in my belly. That's all I really know about it.*

Nurse: *Yes, you are correct. Lovenox prevents blood clots from forming after hip replacement surgery. And, it is given in the belly. [Notice that the nurse adopts Mrs. Rose's use of the term "belly" instead of "abdomen"] Since you already understand what Lovenox is used for, let's talk about where you will give the injections. (The nurse opens a flip chart that shows the subcutaneous injection sites of the abdomen). These are the sites on either side of your belly button where you can inject Lovenox. (The nurse points to these sites.) The site you choose should be at least two inches from your belly button and in an area free from scarring, irritation, and rashes. So I know I have explained this clearly, can you show me on your belly and tell me, in your own words, where you will inject the Lovenox?*

Mrs. Rose: *(Mrs. Rose lies back in bed and lifts her hospital gown to expose her abdomen.) I need to give the shot on either side of my belly, away from my belly button, such as right here. (Mrs. Rose points to a spot on her right lower abdomen, about 2.5 inches from her umbilicus, in the area of a scar from a previous surgery.)*

Nurse: *Great, you chose a spot two inches away from your belly button. But, you also need to stay away from the scarring on your belly. Let's review injection sites again so that you are getting the full benefits of the medication. (The nurse takes out the diagram of subcutaneous injection sites of the abdomen and points them out to Mrs. Rose. The nurse also reviews the sites on Mrs. Rose's abdomen.)*

Nurse: *To make sure that I have explained this well, can you show me where you would give yourself the shot (notice that the nurse switches to the patient's term "shot," rather than using "injection")?*

Mrs. Rose: *I will give myself the shot right here (pointing to a spot in the left lower quadrant), two inches from my belly button, and where there are no scars.*

Nurse: *Ok, I think you understand where to give your Lovenox shot. Now let's move on to preparing to give the injection.*

Helpful Tips

If you have never used the teach-back approach, start by trying the method with one patient. This will give you the opportunity to plan, practice, and refine this method before using it on a larger scale. After the education session, you can reflect on your teaching and make any needed modifications in your method of instruction. It may take time to incorporate teach-back into your nursing routine. Be patient with yourself and continue to utilize it until you become comfortable. Think about how you can phrase your teach-back questions so the patient does not feel quizzed or ashamed (DeWalt et al., 2010). Consider practicing teach-back with your colleagues, providing feedback to help everyone improve their teaching skills. Work to standardize your methods of instruction so that all nurses use teach-back universally on all patients. See Table 2 for resources that can help you get started.

Incorporate the principles of adult learning into your teach-back sessions. For example, reinforce your teaching with written patient education materials (DeWalt et al., 2010). To improve patient understanding, use effective communication techniques. Be aware of your body language. This might include sitting at the patient's level, leaning forward, and maintaining eye contact. Be relaxed and unhurried. Use a facial expression that conveys interest (Agency for Healthcare Research and Quality, 2014). If it is culturally appropriate. Break your teaching into smaller segments, each focusing on two or three concepts (DeWalt et al., 2010). Also consider the time that you have to educate the patient and the amount of information that needs to be taught. Cramming all of the education into one long session may not be the best approach. Instead, break up the teaching into smaller, more manageable time frames. This will not only benefit the patient and family members in learning, but will also help you in managing your daily routine.

Summary

With an increased focus on improving and maintaining positive patient outcomes, reducing healthcare costs, and decreasing readmission rates, healthcare providers are challenged to find better ways of ensuring that these goals are being met. Research has shown that teach-back is a simple, but powerful tool that promotes more effective communication of important information to patients and family members, and validation that the information was fully understood. The benefits of using this method encompass the aforementioned goals and beyond. After seeing the use of teach-back in action through the case of Mrs. Rose and reviewing the teach-back resources provided in this article, you are now armed with the knowledge to begin incorporating it into your own practice.

TABLE 2. RESOURCES FOR NURSES

Teach-Back Video: <http://nchealthliteracy.org/teachingaids.html>

Teach-Back: A health Literacy Tool to Ensure Patient Understanding PowerPoint: <http://www.nchealthliteracy.org/toolkit/tool5A.ppt>

What did the doctor say? http://www.jointcommission.org/assets/1/18/improving_health_literacy.pdf

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