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Teach-Back

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W a I T ac -Bac ?

Teach-back is an evidence-based health literacy intervention that promotes patient engagement, patient safety, adherence, and quality. This low-cost, low-technology intervention can be the gateway to better communication, better understanding, and ultimately shared decisionmaking.

The goal of teach-back is to ensure that you have explained medical information clearly so that patients and their families understand what you communicated to them. In teach-back, you ask patients or family members to explain in their own words what they need to know or do. It is more than repeating what they heard – you ask them to teach it back. Teach-back is a strategy for you to validate (1) that you have explained medical information clearly and (2) that patients and/or family members have a clear understanding of what you have told them.

Teach-back can be used by every member of the primary care team. It can be used by the clinician during the of ce visit but can also be used by anyone who delivers patient education or provic866
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Resources Needed To Implement Teach-Back

Resources needed for teach-back are modest.

- ƒ **Staffing.** Clinicians and practice staff implement teach-back as part of their regular duties. No additional staff are needed.

- ƒ **Costs.** Material costs include printing of the materials and possible lamination of the patient handout (for posting in the office) and the Teach-Back Job Aid.

- ƒ **Time.** Clinicians and practice staff need time to become familiar with the teach-back concept and tools. Skilled teach-back users report that it adds about 1 ck-22.4(fd)12.4(1(u)20.4(t 1 ck-2288.8 hd praate6(p)4.4(o)1.7(s)6.7(n)-29.2(i)12.1(o)15.1.1(n)23.4(y7.1(e))14.8(b)2.3(o)1r2.7(n)18.99d

Step 4. Inform patients and families about teach-back by displaying and/or distributing a patient handout.

A patient handout is provided to help you inform your patients and their families about teach-back. Make the patient handout easily accessible throughout the practice. It may be printed and distributed to patients and families and/or displayed strategically in the of ce. Talk with patients and families about the importance of teach-back and why it is being used, and answer any questions your patients and their families have.

Step 5. Evaluate implementation of teach-back, and assess progress.

Two assessment tools are available to evaluate the implementation success of teach-back. The Conviction and Con dence Scale is a self-assessment tool for use by clinicians to evaluate their own

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1. Hancock K, Clayton J, Parker S, et al. Discrepant perceptions about end-of-life communication: a Systematic review. J Pain Symptom Manag 2007;34(2):190-200. http://dx.doi.org/10.1016/j.jpainsymman.2006.11.009. Accessed September 15, 2016.

2. Coran J, Koropeckyj-Cox T, Arnold C. Are physicians and patients in agreement? Exploring dyadic concordance. Health Educ Behav 2013;40(5):603-611. http://dx.doi.org/10.1177/1090198112473102. Accessed September 15, 2016.

3. Calkins D. Davis RB, Reiky P, et al. Patient-physician communication at hospital discharge and patients' understanding of the postdischarge treatment plan. Arch Intern Med 1997;157(9):1026-30. http://dx.doi.org/10.1001/archinte.1997.00440300148014. Accessed September 15, 2016.

4. Kessels RP. Patients' memory for medical information. J R Soc Med 2003;96(5):219-222. http://dx.doi.org/10.1258/jr(e)-12(0)12sc595-66.7(12.35(7)16-28.(:)6295-66)(e)-12x949.4(02-22.

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