Assessing Teach-back Utilization in an Urban Downtown Medical Center

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Introduction
The teach-back method, also called “closing the loop,” is a patient-provider centered communication method that reinforces and demonstrates patient comprehension. Patients exhibit their understanding of given instructions and medication directions by explaining them in their own words. This allows for any errors in communication to be addressed prior to leaving the hospital. The teach-back method has been advocated as a means to assist all patient populations in understanding health information 1,2.

The Health Literacy Institute was created at our facility in 2007. An interdiscipline team was initially trained in health literacy (HL) principles, including the use of teach-back, through the American Medical Association’s Team the Trainer program 3. Members of the team have since trained all clinical staff in the use of plain language and teach-back.

The Patient and Family Education Policy at St. Vincent Charity Medical Center directs staff to provide all patients with easy to understand written and verbal communication 4. This policy establishes goals for medical staff to work in an interdisciplinary and collaborative manner to include the following:
• Use plain language to ensure information is understood by patients at all levels of health literacy.
• Use the teach-back method for all patient education to ensure understanding.
• Address the needs of patients, such as deaf patients, with limited English proficiency, patients with learning disabilities, or those with other health issues that would require alternative teaching methods.

This policy was initially adopted in 2009 and was last revised in August 2017. Previous random audits assessed whether or not staff was documenting use of teach-back, but assessment of actual use has not been done. Additionally, the patient retention of education via this strategy has not been assessed.

Methods
The Plan-Do-Study-Act format was implemented to test the use of the teach-back method by nurses and resident physicians. Nurses and resident physicians completed an online survey regarding their use of teach-back with patients. They also gave opinions and feedback on teach-back as a tool for patient communication as well as perceived barriers to its use. Survey data was then integrated into nursing and resident training for health literacy and performing teach-back with patients. Finally, random inpatient surveys were assessed to acknowledge teach-back, and whether they felt talking to providers was beneficial. Data from patients and providers was then compiled utilizing standard statistical analysis software.

Results
Provider Survey
The teach-back method should be used frequently or always as per 96.3% of providers surveyed (Q1). By contrast, only 195 out of 244 of those same respondents (79.9%) said they actually use teach-back (Q4). Providers judged the importance of using teach-back as a 9.22 Likert scale 1-10 total (10 being very important) (Q5). The average provider’s confidence in using teach-back was 9.15 out of 10 (Q7). In addition, barriers to the use of teach-back were reported with 2 of the top being time and language issues.

Patient Survey
Patient surveys were obtained for 135 out of 200 queried patients. Patients were asked if they had used the tools described to explain what they were taught with mixed results. (See table at left).

Conclusions
Nurses and resident physicians at this facility report they are familiar with teach-back and most feel that they utilize this method frequently or always and that teach-back is important. They also report confidence in using this technique. In addition, perceived barriers were identified by the providers which were then addressed during training sessions. An unforeseen benefit of this was the ability to remedy any misconceptions related to utilizing teach-back. In our study, 79% of providers reported using teach-back however, only 46% of patients surveyed recalled the use of this technique. Factors that may have impacted these results included patient demographics and the timing of the survey. Patients were chosen at random, therefore, may have been surveyed shortly after admission and had not yet had an opportunity for patient teaching. Future studies are needed to assess the use of teach-back with patients just prior to discharge as well as post discharge.

References

Patient Survey Results

Patient Survey Demographics

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<th>Gender</th>
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<td>N = 200</td>
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Patient Survey: Were you asked to explain back what you were taught? (Q6)

How important is it to use teach-back? (Q1)

Confidence in your ability to use teach-back? (Q2)

How confident are you in your ability to use teach-back? (Q3)

How often should patients be instructed with teach-back? (Q4)

Teach-back was important. They also report confidence in using this technique. In addition, perceived barriers were identified by the providers which were then addressed during training sessions. An unforeseen benefit of this was the ability to remedy any misconceptions related to utilizing teach-back. In our study, 79% of providers reported using teach-back, however, only 46% of patients surveyed recalled the use of this technique. Factors that may have impacted these results included patient demographics and the timing of the survey. Patients were chosen at random, therefore, may have been surveyed shortly after admission and had not yet had an opportunity for patient teaching. Future studies are needed to assess the use of teach-back with patients just prior to discharge as well as post discharge.

References