

Teach Back



Teach back is...

- A simple way to improve teaching and learning
- **Asking the patient to explain in their own words what they understand as next steps**
- A way to hear if you have explained information correctly
- **A way to hear patient's next steps and what they think is important**
- Non-shaming of the patient; it is up to the provider to explain and be understood by the patient
- A signal to the educator of their own teaching and opportunities to improve clarity

Teach back is not...

- A test of patients' knowledge
- Patient education
- Return demonstration

Tips to teach back effectively

- Be on the patient's level, sit down if they are sitting
- Make eye contact
- Display comfortable body language
- Caring voice and attitude
- Use plain language
- Circle items being covered in handouts
- Use an aid to reinforce what you are talking about
- Avoid asking questions can respond with a 'yes' or 'no' answer
- **Listen for items mis-said or omitted**
- Take ownership that you did not explain clearly; do not shame the patient
- Avoid re-teaching the material the same way you did the first time; think of a different approach
- Depending on what you are teaching, whether conceptual or behavior, ask questions similar to:
 - **"In your own words, how would you explain to someone you care about why... you need to return for a follow-up hearing screening?"**
 - **"How would you show your partner or someone close to you how you are going to...attach a hearing device to your child's head?"**

Breaking apart the important pieces of the conversation

Example of what to say to a parent when a baby does not pass hearing screen

Make the issue personal for the patient.



“Most babies begin listening even before they are born and spend a lot of time listening to the voices of their families.”

Make clear the importance of what outcome and/or action you are trying to achieve.



“If you communicate to your baby by talking but your baby is not able to hear your voice very well, it will make it very difficult for your baby to learn and can prematurely affect brain development.”

State how you will reach the desired outcome(s).



“The follow-up visit matters because that is where we will know how well your child is hearing your voice and the sounds around them.”

State when the patient needs to take action(s).



“The best time to go to your follow-up appointment is in two weeks.”

Take ownership that is your job to explain things clearly to the patient.



“This is very important. I want to make sure that I have explained this well to you.”

Find an opportunity to ask what they learned to see how well you taught.



“I see that your partner is not here today, can you please tell me in your own words what you will tell your partner (or close family member) about today’s visit, next steps, and why the follow-up matters?”

Everyone learns differently; you may need to try various methods of explanation.

Enhance teach back with these two questions:

1. How important is it to you to follow-up in two weeks, on a scale from 1-10?
2. How confident are you that you can make your next appointment, on a scale of 1-10?

If parent responds with 7 or less on either question, inquire further and problem solve together. Listen carefully. Respond with empathy. Offer useful suggestions to solve or resolve the problem.

*1 is not all important/confident; 10 is most important/confident.

Teach Back: Closing the Loop

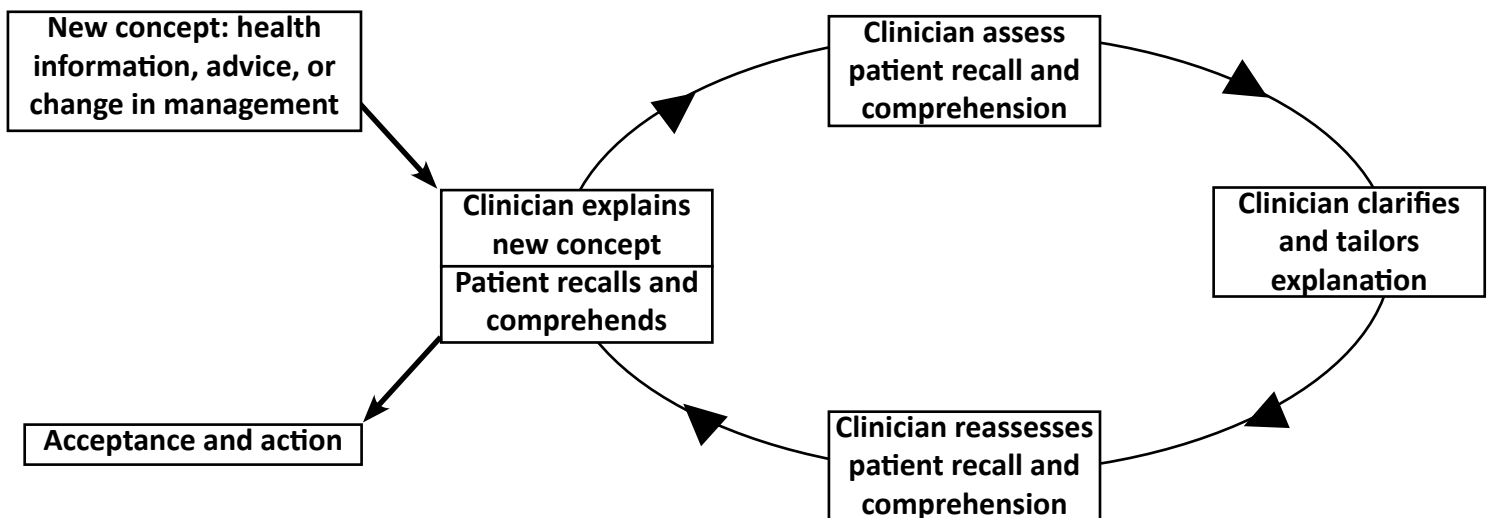


Figure adapted by Minnesota Department of Health in March 2017 from Schillinger D, Piette J, Grumbach K, Wang F, Wilson C, Daher C, Leong-Grotz K, Castro C, Bindman AB. Closing the Loop: Physician Communication With Diabetic Patients Who Have Low Health Literacy. Arch Intern Med. 2003;163(1):83-90. doi:10.1001/archinte.163.1.8