

Getting Ready for Discharge Toolkit

Guide to Using the Teach-Back Method

Overview

During hospitalization, health-care providers are primarily responsible for managing a patient's care. After discharge, patients and their caregivers need to know about the patient's illness and any resources that might be required to continue providing proper care at home.^{1,2}

Improving patients' understanding of discharge information is likely to lead to better health outcomes and avoid unnecessary health-care utilization and costs.³ Patients who do not properly understand discharge instructions may have higher rates of emergency department visits, hospital readmissions, and medication errors.^{3,5} Thus, patient education about self-management and how to seek follow-up care is crucial. Effective patient education can empower patients and support a smooth and successful transition from hospital to home.^{6,7} Planning for patients' discharge should begin on the day of admission,⁶ and patients and their caregivers should be engaged in understanding what they need to do after leaving the hospital and how to do it.^{6,8}



Despite the importance of discharge information, patients often go home without understanding critical information about their hospital stay.⁷ A survey from a direct observational study found that, when asked by their physicians to restate and interpret newly introduced concepts, patients failed to recall or understand them 47% of the time.⁹ Studies in which interviews were conducted after emergency department discharge have revealed that most patients remain confused about their follow-up health care.¹⁰⁻¹²



It should be stressed that the responsibility for the patient to understand discharge information is on the provider and not the patient.² Teach-back can be used to reinforce the information provided to the patient, particularly for disadvantaged people, older adults, and those with low health literacy.^{13,14} The clinical staff must make sure to engage patients at their level of literacy by adjusting their verbal and written materials accordingly.⁶

Definition of the Teach-Back Method

Teach-back is a method in which patients are asked to “recall and restate” in their own words what they heard after receiving education or other instructions. The related show-me method is another form of the teach-back method in which the health-care provider can ask the patient to demonstrate how they are able to follow specific instructions (e.g., how to use an inhaler).^{15,16} The intent of teach-back is not to test patients but to assess whether the information has been clearly and effectively communicated.¹⁶ If patients are not able to recall the information correctly, it is explained again using a different approach.¹⁶ Using the teach-back method during the patient’s hospital stay helps assess patient and caregiver understanding of discharge instructions and ability to perform self-care activities at home.¹⁷

Benefits of the Teach-Back Method

- Research has shown potential benefits of teach-back education in specific settings:
 - Teach-back appeared to improve comprehension for post-discharge care in patients with limited health literacy in the emergency care setting.¹⁸
 - A meta-analysis of three studies indicated that discharge education with the teach-back method resulted in a 45% reduction in 30-day readmissions compared with usual care.¹³
- The teach-back method has been recommended by the Agency for Healthcare Research and Quality (AHRQ) and the Institute for Healthcare Improvement (IHI) as a strategy for taking universal precautions for health literacy.¹²
- According to AHRQ, teach-back can help health-care providers gain patients’ trust, raise patient satisfaction, and help patients feel more relaxed.¹⁹



How to Use Teach-Back With Patients

- Use the teach-back method when there are new instructions, information, or concepts to explain, or to reinforce understanding of ongoing self-care.⁹
- Using the teach-back method does require some practice. It may help to start slowly. For example, you could begin by trying teach-back with the last patient of the day until you feel more confident.¹⁶
- Do not wait until the end of the interaction to initiate teach-back. Break down the information into small segments and have your patient teach it back. Repeat this process several times during a visit.¹⁶
- Use handouts along with teach-back.¹⁶
- Make sure to engage a family member or caregiver when appropriate. Ensuring family members or caregivers understand key health care concepts and techniques will help the patient after leaving the hospital.²
- The key steps of the teach-back method are discussed below.

Step 1 Educate the Patient

Explain health information in clear, plain language. Avoid using medical jargon (say “high blood pressure” instead of “hypertension” or “walk” instead of “ambulate”). Demonstrate any specific actions required. Present information in the language the patient is most likely to understand, and use an interpreter if needed.^{2,16,19,20} Writing down key information will help patients remember instructions at home. An effective way to reinforce your patients’ understanding of important information is to show them where to find it in the materials you will hand out.¹⁶

How to Say It

Speak slowly and make eye contact. Allow your voice and facial expressions to show genuine interest, and use relaxed body language.¹⁹ To make patients comfortable, consider sitting at the same level as them and speaking in a caring and empathetic tone.²



Step 2 Ask the Patient to Repeat Back

Ask the patient to repeat the information back to you in their own words. If applicable, ask the patient to demonstrate the actions you wish them to take (e.g., use the inhaler, check blood pressure).^{2,19} Patients can refer to handouts when using teach-back, but you need to make sure they use their own words and don't just read the information back verbatim.¹⁶

Planning Your Approach

Think about how you will ask your patients to teach back the information. Ask open-ended questions and avoid questions that can be answered with a simple "yes" or "no." Open-ended questions reveal more information and allow you to make sure that your patient truly understands a concept.¹⁹ For example, instead of asking "do you have any questions?" you could open up the conversation with: "We discussed a lot of information today and I want to make sure that I explained things clearly. So, let's review it together. Can you please describe how you will inject your medication once you are back home?"¹⁶ You can also try saying

- "I want to be sure I explained everything clearly. Can you explain it back to me so I can be sure I did?"²
- "I want you to explain to me how you will take your medication so I can be sure I have explained everything correctly."²¹
- "When you get home your spouse might ask you what the doctor said—what will you tell them?"²¹



Step 3 **Assess Response Accuracy**

Assess whether the patient's response was accurate. If the patient cannot accurately restate the information, you should assume that you did not explain the information clearly. It is important not to rush the patient or seem bored or annoyed during a teach-back session.^{16,21}

Step 4 **Reteach Information Where Necessary**

Clarify anything that the patient does not recall correctly and re-explain or re-demonstrate, using a different approach. Repeat teach-back until the patient is able to correctly describe the information in their own words. If they parrot your words back to you, they may not have understood. Close the teach-back conversation once you are satisfied that the patient/caregiver recalls correctly and understands the information and instructions you have given.^{16,19,21,22}



Patient Scenarios: Teach-Back Method in Action



Scenario 1

Patient: Joe Smyth

Joe was recently hospitalized with pain in his left calf and was diagnosed with deep vein thrombosis (DVT). Anticoagulant therapy was initiated during his hospital stay, and plans are being made to discharge Joe home on oral anticoagulant therapy to help keep another clot from forming and lower his DVT recurrence risk. He needs to return in two weeks for an outpatient procedure to follow up on an incidental finding during his hospitalization. The discharge nurse has given Joe information about his condition and why a blood thinner is being prescribed. Now she is meeting with Joe to ensure he understands the signs of bleeding and to provide instructions on stopping his medicine before his procedure.

Step	Example
Step 1: Explain new instructions/information using plain language	<p>The nurse reviewed the following with Joe:</p> <ul style="list-style-type: none">• Signs and symptoms of bleeding• Other possible side effects• When to call a doctor/seek medical care• Instructions for holding a dose for a follow-up procedure
Step 2: Ask patient/caregiver to repeat the information back in their own words and demonstrate actions	<p>Nurse: “I know I just gave you a lot of information to remember, and I want to be sure that everything I told you is clear. Can you tell me how you will know if you have signs of bleeding and when it will be important for you to call your doctor? Also, can you tell me when you should stop this medicine before your procedure?”</p> <p>Joe: “Yes, I should inform my doctor if</p> <ul style="list-style-type: none">• My urine is pink, red, or brown, or my stool is red, dark brown, or black• I have a lot of bruising or nosebleeds that take a long time to stop, my gums bleed, or I vomit or cough up blood• I get severe pain that won’t go away, such as a headache or stomach pain• I have a cut that doesn’t stop bleeding• I have a bad fall, or I bump my head• I feel weak, faint, or dizzy”^{23,24}

Step	Example
Step 3: Assess if the patient's response was accurate or not	<p>The nurse assesses that Joe did not mention anything about when he would stop his medication before his upcoming procedure.</p> <p>Nurse: "Thanks for confirming that I explained the signs of bleeding clearly. However, I noticed that you didn't mention anything about when you should stop taking medicine before your procedure."</p>
Step 4: Repeat teach-back until the patient is able to correctly describe the information in their own words	<p>The nurse provides Joe with the following written information to help re-explain how he should take his anticoagulant therapy in relation to his upcoming procedure:</p> <ul style="list-style-type: none">• A calendar that Joe can use to remind him when he is scheduled for his procedure. The nurse marks and highlights the day on the calendar that Joe should stop taking his medication before the procedure, the day his procedure is scheduled, and the day he should re-start his medication after the procedure. <p>Nurse: "Using the calendar and my written notes on the calendar, can you tell me when you need to stop taking your medicine before your procedure?"</p> <p>Joe: "Based on the calendar and your notes, I should stop my medicine on Wednesday, the 14th."</p> <p>The nurse now feels confident that Joe understands the information and is ready to leave the hospital.</p> <p>Nurse: "That's the plan! Now be sure to take these papers with you when you leave so you can use them when you get home."</p>



Scenario 2

Patient: Alice Brown

Alice is being discharged from the hospital following induction chemotherapy for acute myeloid leukemia (AML). To reduce the time to neutrophil recovery and the duration of fever, her oncologist has decided to prescribe an injectable medication that stimulates the growth of neutrophils that she can self-inject at home. Alice and her caregiver met with the oncology nurse to learn about this medicine and receive training in using it properly.

Step	Example
Step 1: Explain new instructions/ information using plain language	<p>The nurse has already reviewed</p> <ul style="list-style-type: none">• Why the medicine is being prescribed• Possible side effects• How to reduce the risk of infections• When to call a doctor <p>Now she's going to show Alice and her caregiver a short video that demonstrates how to:</p> <ul style="list-style-type: none">• Prepare for and inject the medicine• Store and dispose of syringes properly

Step	Example
<p>Step 2: Ask patient/caregiver to repeat the information back in their own words and demonstrate actions</p>	<p>Nurse: “There are a lot of steps to the process. I want to check to make sure the video was useful in helping you learn how to inject the medicine. Could you tell me the steps you’ll take when you give yourself this injection, so I can be sure the video gave you and David (caregiver) clear instructions?”</p> <p>Alice: “Sure. First, I’ll use alcohol to disinfect the area where I’ll inject. Either...[the patient hesitates]...um, in my stomach or my leg. I shouldn’t always pick the same spot, because otherwise I could get lumps and my skin wouldn’t have the chance to heal between injections. I’ll let the alcohol dry on my skin while I prepare the syringe. Then, I’ll remove the cap from the syringe and push the needle into the pinched skin. After the needle is in...[the patient hesitates]...I don’t remember if I’m still supposed to pinch my skin at this point...Next, I’ll inject the entire contents of the syringe gently, by pushing at a slow and steady pace. Once I’m done, I’ll quickly pull the needle out and press gently on the spot with an alcohol swab or tissue. Last, I’ll discard the needle in a special sharps container.”²⁵</p>
<p>Step 3: Assess if the patient’s response was accurate or not</p>	<p>The nurse noticed that Alice had recalled the steps leading up to and after the injection fairly well. Still, Alice hesitated when talking about where to inject the medication and was not sure whether she should keep pinching the skin during the injection.</p> <p>Nurse: “The video seemed to help you understand how to inject the medication and dispose of the needle and syringe. I’d like to talk more about where on the body you should inject the medicine. It’s normal to feel unsure about doing the injections, and I want to make sure that you’re comfortable with it because you’ll be doing this by yourself at home. So, I would also like you to inject yourself with sterile saline to demonstrate the correct injection technique from start to finish one last time before you leave the hospital.”</p>

Step	Example
<p>Step 4: Repeat teach-back until the patient is able to correctly describe the information in their own words</p>	<p>The nurse uses a simple diagram of the body to help re-explain where Alice should self-inject the medication and how to rotate the injection site. To this end, the nurse puts an X on the stomach and thigh.²⁵</p> <p>The nurse then proceeds to have Alice inject herself with sterile saline to re-demonstrate the correct injection technique.</p> <p>Nurse: “It seems that you are comfortable injecting yourself, but I want to be sure I clearly explained how to rotate your injection site. Can you explain it back to me so I can be sure I did?”</p> <p>Alice looks at the diagram and says, “The best places to inject are fatty areas like my stomach or my thigh (patient points to those areas on her body), and I should change where I inject each time, but stay in the same general area.”</p> <p>The nurse is satisfied that Alice properly understands all the information when she is able to show the sites for injection, how to rotate between them, and how to perform the injection correctly from start to finish.</p> <p>Nurse: “Terrific! Seems like you are all set. Take the diagram home with you so you can look back at it if needed.”</p>



Scenario 3

Patient: Kristin Jones

Kristin was recently admitted to the hospital for acute abdominal pain. She has been newly diagnosed with ulcerative colitis (UC). The gastroenterologist is prescribing a type of treatment to control her symptoms and help achieve remission. He has already reviewed the new medication with her. Before discharge, Kristin meets with a nurse practitioner to learn about what actions she can take to maintain good health and manage her UC.

Step	Example
Step 1: Explain new instructions/ information using plain language	<p>While there is much information to be shared with a patient who is newly diagnosed with UC, the nurse focuses this educational encounter with Kristin on medication adherence, as well as diet and nutrition during remission and flares. Kristin should receive education over the course of her hospital stay to avoid being overwhelmed on the day of discharge.</p> <p>Other topics of education for further encounters can include</p> <ul style="list-style-type: none">• Recognizing and tracking symptoms• How to manage flare-ups• Other factors that can affect symptoms: exercise, smoking, stress, certain medications• Follow-up care• When to call a doctor

Step	Example
<p>Step 2: Ask patient/caregiver to repeat the information back in their own words and demonstrate actions</p>	<p>Nurse: “We reviewed a lot of information about diet and nutrition during flare-up and remission. We also talked about the importance of taking your medicine exactly as prescribed and what can happen if you miss a dose or don’t take the correct dose.”</p> <p>“I want to make sure I explained everything clearly. Can you explain it back to me in your own words so I can be sure I did?”</p> <p>Kristin: “During a flare I should be eating fish, chicken, eggs, white pasta, white rice, and oatmeal. I should avoid fruits and vegetables, dairy products, sugary foods like pastries, candy, and fatty foods.”²⁶</p> <p>“My medicine may need to be adjusted if I miss a dose, which may lead to flare-ups. The symptoms I need to watch for are frequent use of the bathroom due to diarrhea, blood in my stool, stomach pain, feeling really tired, not feeling hungry, and weight loss.”²⁷</p>
<p>Step 3: Assess if the patient’s response was accurate or not</p>	<p>The nurse noticed that he may not have clearly explained which fruits and vegetables Kristin should be eating during her flare-up and which ones she should be avoiding.</p> <p>However, the nurse was impressed by Kristin’s level of awareness of what symptoms to watch out for.</p> <p>Nurse: “Now that we went over what you should be eating and avoiding during flare-ups, I realize that I may not have clearly explained which fruits and vegetables you can eat during a flare-up. For example, you can eat low-fiber fruits (like bananas, cantaloupe, honeydew melon, and cooked fruits) and fully cooked, seedless, skinless vegetables (like asparagus tips, cucumbers, potatoes, and squash). Avoid fruits with skin and seeds (like apples and grapes) and raw green vegetables (like broccoli and cauliflower).”²⁶</p>

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Step	Example
Step 3: Assess if the patient's response was accurate or not (cont'd)	<p>"It seems that we are clear with identifying flare-up symptoms. I want to review again how you can tell when your medicine may need to be adjusted. As I mentioned, it's important that you take your medicine as prescribed even when you don't have symptoms. If you are and you're still experiencing flares, let your doctor know. Talk to your doctor about changing your medicine dose, how often you should take it, or if taking another type of medicine would be better for you."²⁷</p>
Step 4: Repeat teach-back until the patient is able to correctly describe the information in their own words	<p>The nurse provides a chart showing which foods to eat and which foods to avoid and a symptom tracker so Kristin can tell when her medication needs adjustment.</p> <p>Nurse: "So I can be sure I explained it clearly, can you explain back to me which fruits and vegetables you should avoid during flare-ups and how you might know that your medicine may need to be adjusted?"</p> <p>Kristin: "I should avoid fruits with skin and seeds like apples [as she points to the pictures on the chart]. I should be eating bananas and cantaloupes and other fruits that are low in fiber. Fully cooked vegetables without skins and seeds are OK [as she points to the pictures of asparagus, cucumbers, and potatoes]. But I should avoid raw green veggies like broccoli and cauliflower."</p> <p>"If I experience flares while taking my medicine as prescribed, I should contact my doctor. If my flare-ups are getting worse or are not getting better, I should let my doctor know so we can discuss adjusting or switching my medicine if appropriate."</p> <p>The nurse has now confirmed Kristin's understanding because she can accurately recall which foods to eat and avoid. Also, she was able to identify when her medication may need to be modified.</p> <p>Nurse: "Great! It seems that we are clear about when you should contact your doctor about your medicine and what foods you can eat versus what to avoid. Make sure to take these papers with you when you leave so you can use them when you get home."</p>

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