



# Health Literacy – Practical Advice for Improving Patient Understanding

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# Session Objectives

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- Describe the use of “Teach-Back” to assess a patient’s understanding of their care plan
- Discuss evidence-based techniques for patient teaching
- Describe empowerment of staff in use of “Teach-Back” method
- Q&A



# Providing Effective Teaching and Facilitating Enhanced Learning

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## Typical Failures:

- Assuming the patient is the key learner
- Providing written instructions that are confusing, contradictory to other instructions, or not tailored to a patient's level of health literacy or current health status
- Failure to ask clarifying question about instructions and plan of care



# Changing Paradigms

Traditional Focus	Transformational Focus
Clinician teaching	What are the patient and family caregivers learning?
Patients are the recipients of care and the focus of the care team	Patient and family members are essential and active members of the care team



# What is Teach-back?



- A way to make sure you—the health care provider—explained information clearly. It is not a test or quiz of patients.
- Asking a patient (or family member) to explain **in their own words** what they need to know or do, in a caring way.
- A way to check for understanding and, if needed, re-explain and check again.
- A research-based health literacy intervention that improves patient-provider communication and patient health outcomes.



# Use Teach Back

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Use Teach Back regularly throughout the hospital stay to assess the patients and family caregivers understanding of discharge instructions and ability to perform self-care

- Include all the learners
- Assess patient's ability to understand how to:
  - Do critical self-care activities
  - Take medications
  - Access care: next appointments, medications, etc



# Using Teach Back

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- Explain needed information to the patient or family caregiver
- Ask in a non-shaming way for the individual to say in his or her own words what was understood

**Example:** “I want to be sure that I did a good job of teaching you today about how to stay safe after you go home. Could you please tell me in your own words the reasons you should call the doctor?”



# Using Teach Back

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- Patients and family caregivers should not feel Teach Back is a test
- Close the gap in understanding or develop a new plan of care
- Use multiple opportunities to teach while patients are in the hospital
- Use Teach Back as both a teaching and diagnostic tool
- Pass along to clinicians in the next site of care any patient or family caregiver struggles with Teach Back





# 10 Elements of Competence for Using Teach-back Effectively

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1. Use a caring tone of voice and attitude
2. Display comfortable body language and make eye contact
3. Use plain language
4. Ask the patient to explain back, using their own words
5. Use non-shaming, open-ended questions
6. Avoid asking questions that can be answered with a simple yes or no
7. Emphasize the responsibility to explain clearly is on you, the provider
8. If the patient is not able to teach back correctly, explain again and re-check
9. Use reader-friendly print materials to support learning
10. Document use of and patient response to teach-back



# Identify Ways Current Teaching Could Be Improved in Your Setting

Gather the current state of patient teaching and learning:

- Identify a staff member to observe while teaching a patient
- Get permission from the patient
- Observe from the patient and family caregivers perspective
- What went well and what could improve?



# Identify Ways Current Teaching Could Be Improved in Your Setting

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What can you learn through observations?

During patient or family caregivers' teaching, look for staff members tone of voice, attitude, body language, non-shaming language, plain terminology, request for Teach Back in the patients own words, and no "*do you understand?*" questions



# Observe Current Processes for Patient Teaching



**Always Use  
Teach-back!**

## Teach-back Observation Tool

Care Team Member: \_\_\_\_\_ Date: \_\_\_\_\_

Observer: \_\_\_\_\_ Time: \_\_\_\_\_

Did the care team member...	Yes	No	N/A	Comments
Use a caring tone of voice and attitude?				
Display comfortable body language, make eye contact, and sit down?				
Use plain language?				

[www.teachbacktraining.com](http://www.teachbacktraining.com)

Rutherford P, Nielsen GA, Taylor J, Bradke P, Coleman E. *How-to Guide: Improving Transitions from the Hospital to Community Settings to Reduce Avoidable Rehospitalizations*. Cambridge, MA: Institute for Healthcare Improvement; June 2012:17,99. Available at [www.IHI.org](http://www.IHI.org).



# How Might We....

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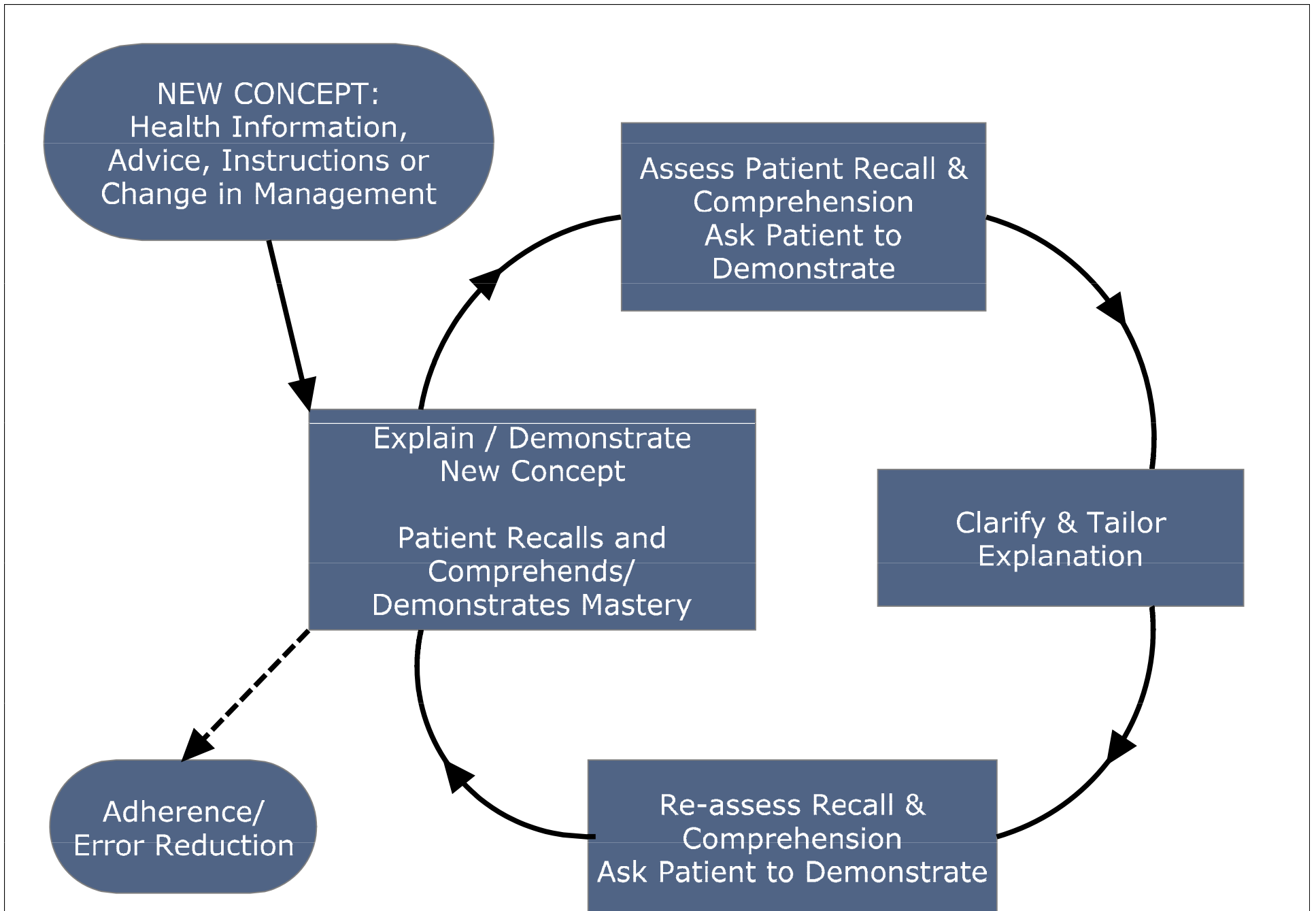
“....gain deeper knowledge of patient and family caregiver understanding and comprehension of clinical and self-care needs after discharge?”



# In a Hurry to Leave the Hospital

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Schillinger D, Piette J, Grumbach K, et al. Closing the loop: physician communication with diabetic patients who have low health literacy. *Arch Intern Med.* 2003;163(10:83-90)

# Guidelines for WHAT to Teach

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- Emphasize what the patient should do, what action to take
- Avoid confusion by not including:
  - Duplicate paperwork
  - Nice to know information
- Collaborate with next sites of care to provide:
  - Consistency in language and content
  - Right learning in the right place





# Guidelines for WHAT to Teach

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- Ask Me 3 outlines, three simple but essential questions that patients formulate what patients need to know:
  - What is my main problem?
  - What should I do for that problem? and
  - Why is that important?
- Professionals teach patients based on this need to know
  - <http://www.npsf.org/for-healthcare-professionals/programs/ask-me-3/>



# Guidelines for WHAT to Teach

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## Focus on vital points

- During acute care hospitalizations for HF, only essential education is recommended
  - Reinforce within 1-2 weeks after discharge
  - Continue for 3-6 months

Adams KF, Lindenfeld J, Arnold JMO, et al. HFSA 2006 comprehensive heart failure practice guideline. *J Card Fail.* 2006;12(1):e1-2

- Need to know vs. nice to know



# Example of Need to Know: Heart Failure Magnet

## Signs of Heart Failure

### If you have one or more of these symptoms:

- Weight gain of 3 pounds in 1 day or
- Weight gain of 5 pounds or more in 1 week
- More shortness of breath
- More swelling of your feet, ankles, legs or stomach
- Feeling more tired – no energy
- Dry, hacking cough
- Harder to breathe when lying down
- Chest pain

Call doctor \_\_\_\_\_

at \_\_\_\_\_



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# Guidelines for HOW to Teach

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- Ask patients and families how they learn best
  - Written, discussions, recordings, etc
- Slow down when speaking to the patient and family caregivers
- If written materials are used, highlight or underline vital information
- Match terminology in written materials, to what is taught or provided elsewhere
- Use “plain language”, eliminate medical jargon



# Guidelines for HOW to Teach

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## Use plain language:

- Clear, straightforward expression, using only as many words as necessary
- Not baby talk, or a simplified version of the English language
- Lets the audience concentrate on the message instead of being distracted by complicated language

Professor Robert Eagleson, Australia

<http://www.plainlanguage.gov/whatisPL/definitions/eagleson.cfm>

Stableford S, Mettger W. Plain language: a strategic response to the health literacy challenge. *Journal of Public Health Policy*. 2007;28(1):71-93.



# Guidelines for HOW to Teach

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## Build Mastery:

- Teach in segments, one topic at a time, e.g.:
  - Reasons to call the physician after leaving the hospital
  - How to do self-care
- Stop and check understanding, then move to another topic
- Repeat teaching and checking throughout the hospital stay and in next care settings



# Teaching Patients

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## Patient-friendly written materials use:

- Simple words (1-2 syllables)
- Short sentences (4-6 words)
- Short paragraphs (2-3 sentences)
- No medical jargon
- Headings and bullets
- Highlighted or circled key information
- Lots of white space
- Use visual aids
- Be careful with color

