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Teach-Back Method: Improving Health Outcomes

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Teach-Back Method: Improving Health Outcomes

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## Purpose

To answer the Clinical PICO question:

For patients managing chronic disease, how does the implementation of the teach-back method compared to usual standard of care affect health outcomes?

By implementing the teach-back method, we will improve the management of chronic disease in the primary care setting.

Background

• Chronic diseases account for almost two-thirds of deaths worldwide: most from complications related to cardiovascular, cancer, diabetes and respiratory conditions.

• Patients must understand and effectively manage their own care.

• Patients now have less face-to-face time with their providers.
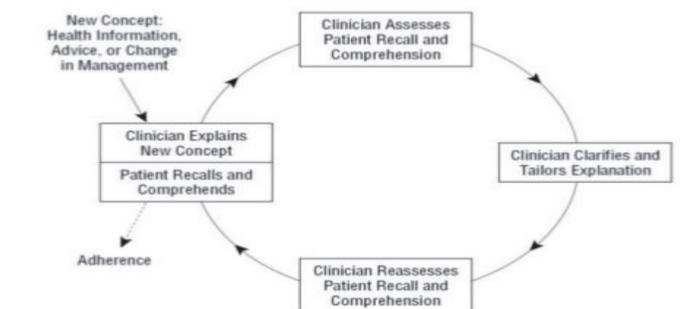
Fig. 1: Closing the loop of comprehension with teach-back[6]

• Teach-back: a tool used by healthcare providers to assess understanding by having the patient accurately "teach back" relevant information to the provider.

• Also referred to as "Closing the Loop" (Figure 1)

Evidence Appraisal

• Literature review identified systematic reviews and qualitative studies limited to teach-back, health literacy and health outcomes that were full text, English, and published in the past 7 years

• Overall, the teach-back method showed positive effects, but not always statistically significant[3]

• Exceptions: Improved outcomes in disease-specific knowledge, adherence, & self-efficacy

Evidence Synthesis

• Using the teach-back method in health education most often resulted in patients' improved self-efficacy[1,2,3]

• Most significant improvements with simple specific self-management tasks, such as inhaler use or daily weights[1,2,9]

• Health promotion interventions regularly report internal validity[1]

• Assessment of 'teach-back' would be increased if clinical trials were reported in a uniform way, with longer follow-up periods

Translation to Practice

* Implement teach-back method with the following goals in understanding:

1) the diagnosis or health problem for which they need care,

2) the name/type/general nature of the treatment, service or procedure,

3) potential problems to watch for and what to do if they occur.[4]

* Providers should use plain language to communicate clearly and limit the volume of information to two or three key concepts.

Proposed Evaluation

• Provider education with the use of Ask-Me-3 program materials or EDUCATE model to provide recommendations for specific common situations[4]

• Documentation, such as a short 3-question survey, to be completed at the end of each office visit to assess effective communication
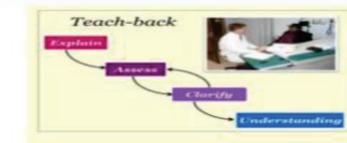

Fig. 2: Ask-Me-3 is a tool developed by the National Patient Safety Foundation [5]

Conclusion

• Teach-back method : personalized educational communication between provider and patient

• Evidence suggests improved understanding and maximize adherence and self-care skills[3,9]

• Teach-back should be utilized with all patients, but most especially those with low literacy

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