



The *Teach Back* Technique

Communicating Effectively
With Patients

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What Is the *Teach Back* Technique?

Teach Back is a communication technique used to help patients remember and understand the important information regarding their diagnosis, treatment, or medication. The *Teach Back* technique involves asking patients to recall and then explain or demonstrate the important information discussed during an interaction with their health care team. This technique can be used any time a health care team member interacts with patients. Using the *Teach Back* technique may increase the likelihood that patients will better understand information and instructions.¹

This booklet will provide you with helpful tips and interactive examples of the *Teach Back* technique to assist you in your daily interactions with patients.

Why Use the *Teach Back* Technique?

Poor communication between health care providers (HCPs) and their patients is a common problem. It may result in a lack of understanding by the patient about his or her diagnosis and treatment. The reasons for these communication problems vary and may include the factors in the following section.²⁻⁴

Health Care Provider Factors

- Difficulty simplifying complex or confusing medical terms or concepts
- Limited time for discussion
- Having to communicate a lot of information at once
- Overestimating the patient's understanding of information

Among patients who could recall their doctor's instructions, nearly half of the patients remembered the information incorrectly⁶

Research shows that HCPs commonly encounter situations in which the patient does not understand the information presented.

- In a 12-month period, 81% of pediatricians were aware of a situation in which a parent did not sufficiently understand the medical information provided⁴
- One survey of patients found up to 80% said they forgot what their doctor had instructed them to do after leaving the office⁵

Research shows that using the *Teach Back* technique works to improve patient understanding, which may lead to better patient compliance and outcomes.

- Patients with diabetes whose HCPs used the *Teach Back* technique demonstrated significantly better diabetes control⁶

Patient Factors

- Lack of understanding of medical jargon or technical information
- Age (eg, lower health literacy levels and cognitive decline among the elderly)
- Language (English may not be the patient's primary language)
- Nervousness caused by being in the doctor's office
- Emotional response to the diagnosis
- Malaise or lack of focus caused by the illness
- Medications affecting memory or cognition, such as pain medication or sleep aids

The use of communication methods such as the *Teach Back* technique allows the patient to demonstrate comprehension of what was discussed during the course of the visit and gives the patient ownership regarding his or her health care.¹ Patients who better understand their disease and treatment may be more involved in and compliant with its management, which may reduce their number of office visits.⁸

Patients using inhalers who engaged in feedback with their HCP used the inhaler correctly over 80% of the time⁷

Teach Back Tips and Cautions

Tips

Performing the *Teach Back* technique is simple and should not add substantially more time to your patient visits. Here are some things to keep in mind when communicating with patients.^{3,4}

Explain: Using your standard approach, explain to the patient the information regarding the disease and the course of treatment, and provide instructions about how to properly take his or her medications.

Teach Back: Throughout the interaction, ask the patient to explain or demonstrate how he or she will perform the recommended treatment, monitor the disease, or take the prescribed medication.

Assess: If the patient cannot explain or demonstrate what he or she should do, or if the patient does so incorrectly, you must assume that the patient did not fully understand your instructions.

- *Repeat:* Reintroduce the concepts you presented previously. Consider the following:
 - Use simpler language
 - When discussing timing, number of pills, or other details related to taking medication, allow extra time for patients to ask questions
 - Break up information into smaller segments. This allows the patient to focus on less information at one time
- *Reassess:* Ask open-ended questions until you feel confident the patient understands the relevant information you wanted to convey.

Open-ended questions are an effective way to engage the patient. Here are some examples of open-ended questions:

The Disease

We covered a lot today about your diabetes, and I want to make sure that I explained things clearly. So let's review what we discussed. What are 3 things you can do that will help you control your diabetes?

I want to make sure we are on the same page. Can you explain to me what your next steps are when you get home?

How will you explain your treatment plan to your wife/husband when you get home?

What are some of the signs you need to watch for that tell you when to take your medicine?



The Medication/Treatment

Tell me in your own words how you will take this medicine at home.

When you get home, how many pills will you take? What time will you take them?

What are some of the side effects to watch for with this medicine?

What should you do if the side effects become severe?

Tell me when you should refill this prescription.

Please show me how you will use the glucose meter.

When during the day should you take your medicine?

Because you have to take several of these pills, what will you do if you miss one of your doses?

When is the best time for you to monitor your blood sugar level? Show me how you will do that.

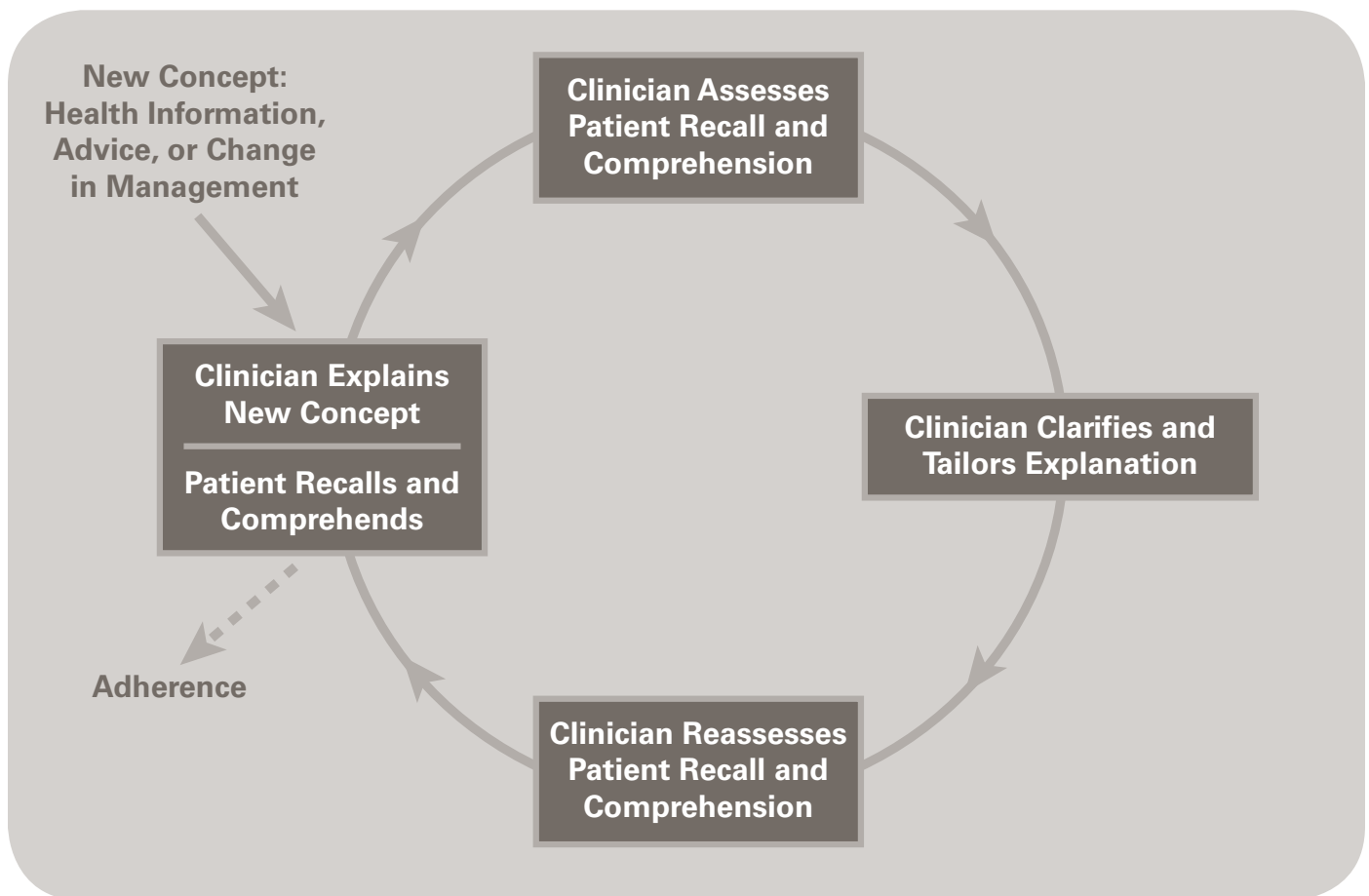
Please tell me how many other medicines you are currently taking and when you take them during the day.

Cautions

Be aware of, and try to avoid, these common mistakes when using the *Teach Back* technique⁹:

- Quizzing the patient at the end of the examination or conversation
 - Using medical jargon, highly technical terms, or language that you think the patient will have difficulty understanding
 - Appearing rushed, annoyed, or bored during these efforts
- Asking patients questions that require only a simple yes or no answer, such as
 - Do you understand?
 - Do you have any questions?
 - Do you know how to use the device?
 - Do you know when to take this medicine?
 - Are we clear on the treatment steps?

Figure 1. The *Teach Back* technique workflow⁵





Interactive Activities

This section contains HCP–patient conversations that will demonstrate both successful and unsuccessful examples of the *Teach Back* technique. After reading through the conversations, write down some examples

showing when the *Teach Back* technique was used. Also, suggest ways the conversation could have been conducted differently.

Instructions:

Highlight or underline some examples of the *Teach Back* technique in the following conversations

List some changes that would make the conversation more interactive with the patient

Interactive Exercise 1

Mrs Miller was brought to the emergency room after suffering a hypoglycemic episode. She is a 54-year-old overweight woman who has had type 2 diabetes for 3 years. She has a history of poor glucose control. Below is an example of a conversation between an HCP and Mrs Miller at her discharge.

HCP: I am concerned about managing your glucose levels. Do you understand how important it is that we adequately monitor your blood glucose?

Mrs Miller: Yes.

HCP: How will you take your medicine?

Mrs Miller: I will take 2 pills a day.

HCP: Yes. Make sure to measure your blood in the morning and before you go to bed. Do you understand?

Mrs Miller: Yes.

HCP: Make sure to take your medicine on time, and keep on top of monitoring your glucose levels. Control of your glucose levels is very important.

Mrs Miller: I understand. Is there anything else I can do to help keep my diabetes under control?

HCP: Diet and exercise are very important. Any more questions? Do you understand everything else we went through?

Mrs Miller: I think so.

Interactive Exercise 2

Mr Reynolds has just received an initial diagnosis of type 2 diabetes after a routine physical examination revealed elevated glucose levels. He is a 48-year-old overweight man with no other significant medical history. Below is an example of a conversation between an HCP and Mr Reynolds as he is about to leave.

HCP: Do you have any questions about what we've gone over today?

Mr Reynolds: No, I think I understand everything we've discussed.

HCP: Just to be safe, I want to ask you a couple of questions. Diabetes can be a complex disease, and we covered a lot of information. Can you explain some of the changes we decided on today during your visit?

Mr Reynolds: I am going to reduce the amount that I eat and try to make better food choices, and I am going to try to walk for 30 minutes every day. Also, I'm going to take the pills you prescribed every day.

HCP: Do you know why it is important you do all these activities and not just one?

Mr Reynolds: Yes, I need to lose some weight so the medicine will work.

HCP: It is important that you take the medicine correctly. Can you tell me how you will take the medicine?

Mr Reynolds: I need to take 1 large pill with breakfast and another with dinner. I take the other pill once a day, in the morning.

HCP: Do you know when and how to measure your blood glucose?

Mr Reynolds: Is that the same thing as my blood sugar?

HCP: Yes, yes, same thing. Do you understand?

Mr Reynolds: Yes, I know how to check my blood sugar.

HCP: Great. I have to go see my next patient. Call the office if you have more questions.

Interactive Exercise **3**

Mr Williams was brought to the emergency room after complaints of shortness of breath and mild indigestion. He was diagnosed with a myocardial infarction; a stent was placed, and he is about to be discharged. He is a 57-year-old obese man with a history of elevated cholesterol and type 2 diabetes. Below is an example of a conversation between an HCP and Mr Williams at his discharge.

HCP: Here are your prescriptions. Take 1 of these pills for your cholesterol, and take 1 of these 2 times a day for your diabetes. Can you tell me what else you can do to help your conditions?

Mr Williams: I need to exercise regularly and make smart choices for meals.

HCP: Proper food choices, portion control, and regular exercise can greatly help both your diabetes and your high cholesterol. Can you tell me why?

Mr Williams: Losing weight will make the medicine work better.

HCP: Not exactly. Losing weight will help your diabetes. Eating better will help both by not causing large swings in your blood glucose and by not taking in as much fat, which will help naturally lower your cholesterol levels. Now, what are some of the signs you need to watch to tell if the medicine is not working?

Mr Williams: If my blood sugar tests are over 300, I should call the office.

HCP: To make sure we help avoid these complications, would you explain to me how you will take your medicine at home?

Mr Williams: I take 1 pill a day for my diabetes and 2 pills a day for my cholesterol: 2 pills in the morning and 1 pill in the evening.

HCP: You only need 1 pill for your cholesterol. You can take it any time during the day. When will you take your cholesterol pill?

Mr Williams: I will take the cholesterol pill in the morning with breakfast.

HCP: You need to take 2 diabetes pills—1 pill with breakfast and 1 pill with dinner. Can you tell me when you will take your pills?

Mr Williams: I will take 1 cholesterol pill and 1 diabetes pill with breakfast. I will also take 1 diabetes pill with dinner.

HCP: It sounds like you've got it. Call us in the office if you have any further questions.

Discussion Questions

The following questions may be useful for the interactive exercises:

Did the HCP appropriately prepare the patient for receiving the necessary information?

What could have been done differently?

Was the *Teach Back* technique used in this exercise? Was it used effectively?

Were there places where the *Teach Back* technique could have been used more effectively?

What might the revised approach sound like?

Did the HCP use the open-ended questions? What other open-ended questions could be used?

Were the HCP's approach and behavior appropriate? What would you have changed?

Should the HCP feel confident that the patient sufficiently understood his or her instructions?

Was the HCP's follow-up to the patient's response appropriate?

- Did the HCP use the *Teach Back* technique in his or her follow-up?
- Did the HCP sufficiently change his or her teaching approach in the follow-up?
- Did the HCP use open-ended questions?

What other techniques might have been effective in reinforcing the patient's understanding of the information discussed?

Your Challenge

What 2 or 3 things can you take from what you have learned about the *Teach Back* technique and start applying tomorrow?

Conclusion

This workbook has been provided to help you explore the *Teach Back* communication technique in the context of a patient-provider relationship. Improving communication helps HCPs get the most out of each interaction they have with their patients—which benefits both patient and provider. Ensuring your patients understand their disease, medicine, and course of treatment can improve treatment outcomes.



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