

For high-risk scenarios and challenges, teach-back can make a big difference. It can be a vital tool to check for and ensure understanding, especially where a heightened level of assurance that people fully understand is needed. These stories from teams across the US illustrate how teach-back can be used in various clinical and non-clinical high-risk health situations to improve health and keep people safer.

Reducing Post-operative Falls in Hospitals

An orthopedic surgery unit discovered a high percentage of falls occurred among young men after knee surgery. Nurses told all surgical patients about the need to call for help to walk to the bathroom, yet, for various reasons, young men did not do so. To convey the high numbers of falls with injuries sometimes resulting in prolonged hospital stays and additional surgery, teach-back about the need to call for help and why it was important was successfully introduced with these patients. Staff noted a decline in falls.

Improving Care Transitions

Reducing Unplanned Hospitalizations

The benefits of reducing avoidable readmissions include reducing harm to the patient in the form of unneeded duplication of care, risks like acquiring an infection or falling, and other avoidable costs to the patient, family, and health system. One hospital unit used teach-back to help patients with heart failure reliably remember and use discharge instructions about self-care. A small, but significant, decrease in rehospitalizations was achieved. See [Using Teach-back with Transitions in Care or Services](#).

Improving Care Transitions (continued).

Follow-up Phone Calls

Using teach-back during follow-up phone calls can reveal issues that impact care but do not come up when only asking yes/no questions. Teach-back's open-ended format promotes conversation and may encourage people to share more.

Examples

Instead of:	Say:
"Do you have your follow-up doctor appointment scheduled?"	"Please tell me when your next appointment with your doctor is."
Instead of:	Ask:
"Do you have any further questions or concerns or need for further health information?"	"What questions do you have about everything you need to do to take care of yourself over the next week or two?"

Using this approach, one health system discovered patients had challenges related to buying groceries and access to healthy food. They identified other issues, like people needing to weigh themselves daily but not having a scale. The teach-back questions promoted a holistic approach.

Return to Home

At a care conference during week 3 in a rehabilitation facility, the occupational therapist reported a 76-year old man was no longer making progress and did not want to participate in self-care or other activities. The highly-motivated patient replied he thought he was working hard, and had asked to delay some therapy sessions because he wanted to be ready to go for his follow-up doctor's appointments and wasn't sure there would be enough time for both. During ensuing discussion, it became clear that his understanding of therapy was confined to the specific sessions. Within 24 hours of this clarification, he took on several self-care tasks with assistance, walked to and from meals, and attended a group function in the activity room. By not using teach-back to check for and ensure understanding, staff misinterpreted this patient's motivation, abilities, and functional potential. This could have led to premature discharge, curtailment of his rehabilitation and inability to return home where he had previously lived independently, and significant financial repercussions for the patient and health care system.

Reducing Harm from Misunderstanding Medication Use

Hospital discharge processes, primary care settings, and some pharmacies use teach-back to discover whether patients can tell what their medications are for and how and when to take them. Situations where this is particularly important include: starting or changing doses of high-risk medicines; starting a medicine that requires an additional device, like a spacer; taking multiple medications with complex dosing schedules; and dosing changes.

Listen to this description of [Brown Bag Medication Reviews and Teach-back for Medication Safety](#).

See [Using Teach-back with Medicines: Open-ended Questions to Ask](#).

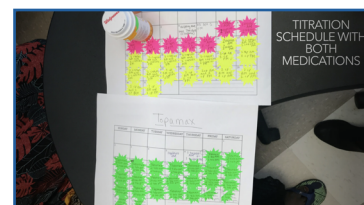
Informed Consent

Consent cannot be truly informed if people do not understand key information, including the need for a procedure or course of treatment; what it entails; associated risks and benefits; and alternative options. They should also understand estimated time for recovery and cost. People must be able to ask questions and raise concerns. Using teach-back during informed consent discussions can assess understanding, prompt additional or different ways to share information, enhance the physician-patient relationship, and reduce liability. Various organizations are incorporating teach-back into their consent processes. AHRQ offers resources and training modules for health care leaders and professionals for [Making Informed Consent an Informed Choice](#). See [The Leapfrog Group Informed Consent Standard](#).

Language Discordance

Those whose primary language is not English experience more harm than English-speakers in health care settings. It is vital to work with trained health interpreters when caring for people who do not speak English well or who are deaf. It is also important to address cultural differences and to consider the needs of those who may have experienced trauma as an immigrant or refugee. All these factors impact people's ability to understand and remember important information. Using teach-back when working with trained interpreters can ensure mutual understanding, and clarify confusing concepts or words (e.g., “once a day” in English vs “once” [“on-say”], meaning 11, in Spanish). See [The National Standards for Culturally and Linguistically Appropriate Services \(CLAS\)](#). See [Working with Interpreters](#).

Listen to how plain language, teach-back, trained interpreters, and supporting materials led to improved outcomes for a child with seizures: [Complex Medication Schedules](#)



Reducing Reincarceration through Improved Understanding of Community Supports

Since reentry into society is a time of higher risk for relapse or recidivism, a county justice system focused on what those preparing for release understand about what is happening and what will come next. The justice team developed a transition plan and used plain language and teach-back throughout incarceration to support success upon release. Results showed increases in the number of those leaving the system who reported agreement that they:

- know what they need to do to receive vivitrol shots after release.
- have resources to support recovery (e.g., transportation, housing, identification, insurance, food).
- have clear goals to help them stay in recovery.
- know who to call or where to go to find help.

Increasing Knowledge of, and Access to, Healthy Food

An organization that works to create healthy communities through food education, access, and advocacy is working to use plain language and teach-back at food distribution sites to reduce food insecurity by helping people find and use healthy foods. They are learning that when teach-back and plain language are used with clients, they may be more likely to choose nutritious foods and take recipes to help them remember how best to prepare them at home.