**Always Use Teach-back!**

## Set–up

- **Identify** key "need-to-know" concepts and "need-to-do" tasks for teach–back.
  - Focus on what is most important for the person to know or do.

- **Include** family members/caregivers or other support persons when present and appropriate.
  - Determine which person(s) to include in discussion and teach–back, depending on circumstances.

## Teach–back

- **Be respectful** and address cultural and communication needs.
  - Use a caring tone, respectful attitude and body language, and appropriate eye contact.
  - Use the person's preferred name. Speak clearly and not too fast.
  - Show interest by focusing on the person, not on a computer, chart, or paperwork.
  - Demonstrate cultural humility. Don't make assumptions. Ask about health beliefs and practices.
  - Use qualified interpreters with people whose preferred language is not English.
  - Address neurosensory (e.g., hearing, vision, cognitive) needs.

- **Use** plain language.
  - Explain with simple words and/or demonstrations.
  - Do not use unexplained or unnecessary technical terms or jargon.

- **Use** words that show you are taking responsibility for being clear.
  - Express your request as an assessment of how well you explained information, not as a test of the person.
  - Focusing on your communication effectiveness may calm the person's anxiety and reduce concerns about making people feel uncomfortable.

Advancing Health Literacy FRANKLIN COUNTY

IHA Institute for Healthcare Advancement
Advancing Health Literacy toward Health Equity

Always Use
Teach-back!

- **Ask** the person, in a caring way, to explain back (or show back), using their own words. Do this after each "need-to-know" concept or "need-to-do" task (Chunk and Check).
  - There are various ways to ask someone to teach back. Examples:
    - o "I want to be sure I explained this clearly. To be sure I did, can you explain it back to me using your own words?"
    - o "I want to make sure I... so can you tell me...?"
    - o "Can you please tell me what you will tell your spouse about what we covered?"
    - o "To be sure I did a good job, could you please show me how you're going to use your glucose meter?"
    - o "Now that we've gone through everything, to be sure your babysitter knows how to help Juan use his inhaler, could you show me what you will teach her to do?"
  - Do not ask the person to "repeat back."
  - Using their own words helps reveal what they understand or remember. If they parrot what you said, you don't know if they understood.

- **If the person is not able** to teach back accurately, explain in a different way and re–check.
  - Take responsibility for being clear again when you re–explain and re–check, e.g., "I see I wasn't clear when I went over..."
  - Explain again using different wording or methods.
  - Multiple attempts may be needed.
  - If the person is unable to teach back after several attempts, consider alternative approaches.

Advancing
Health Literacy
FRANKLIN COUNTY

IHA Institute for
Healthcare Advancement
Advancing Health Literacy toward Health Equity

- **Use** non–shaming open–ended questions.
  - Demonstrate that questions are expected and encouraged. Examples:
    - o "Many people have questions. What would you like to know more about?"
    - o "That's a lot to take in. What—if anything—would you like me to go over again?"
    - o "We have covered a lot of information. What questions do you have?"
  - Avoid questions that can be answered with only "yes" or "no."
  - Do not ask "Do you understand?"
  - Do not ask "Do you have any questions?" since, for various reasons (e.g., embarrassment, understanding something else, real or perceived time constraints), they may answer "no."
  - Open–ended questions reveal more about the person's understanding, confidence, ability, or challenges.

## Support

- **Use** reader–friendly plain language materials to support learning, sharing, and finding information.
  - Personalize materials during your interaction and help people find information later by pointing to, underlining, marking, circling, and filling in key information.
  - Consider supplemental approaches, like pictures, models, audiovisuals, or drawings, to overcome communication barriers.
  - Tools help reinforce information after the discussion, serve as reminders, and can be shared with others.

- **Document** use of and the person's response to teach–back.
  - Documentation can be used for purposes like continuity of care, follow–up education, care coordination, interprofessional collaboration, quality indicators, and performance improvement.
  - Noting concepts the person found difficult to teach back can guide future education or care.

Advancing Health Literacy FRANKLIN COUNTY

IHA Institute for Healthcare Advancement
Advancing Health Literacy toward Health Equity

**Always Use
Teach-back!**

## What is Teach–back?

- Asking a person, in a caring way, to explain **in their own words** what they need to know or do.

- An evidence–based health literacy intervention to improve patient–provider communication and health outcomes[1] by:

  – Making sure you explain information clearly. It is not a test or quiz of people.

  – Checking for understanding and, if needed, explaining in a different way, and checking again.

  – Identifying those who may need more help with understanding and remembering.

- A way to promote health equity through health literacy.

> Teach–back can be used by anyone sharing important information in clinical and non–clinical settings. "Person" refers to the one being asked to teach back (patient, client, family member, caregiver, other supporting individual).

1 Schillinger, 2003

Advancing
Health Literacy
FRANKLIN COUNTY

IHA
Institute *for*
Healthcare Advancement
Advancing Health Literacy toward Health Equity