Coaching for Always Using Teach-back

Providing *knowledge* about teach-back and its effectiveness is important but not sufficient to make teach-back an Always Event. It takes coaching to help people change from long-standing habits of explaining and then asking "Do you have any questions?" which can be answered with yes or no, to using teach-back to take responsibility for being clear and to confirm understanding via the patient's own words.

Changing behavior and building new habits takes time and adds value. After Starting a Teach-back Initiative, coaching helps staff be successful by enhancing their skills in helping patients and clients understand what they need to know and do.

Build motivation and confidence.

- Encourage use of the new habit by focusing on improving equity, safety, outcomes, and everyone's desire for service excellence.

- Ask staff to consider what they would want for their own family members or friends. Example organizational mantra: "We deliver the care we wish our loved ones to receive."

- Provide patient or client testimonials about teach-back's usefulness to make sure they understand. See Patient Sharing Appreciation for Teach-back at Hospital Discharge.

Address resistance to change.

- Resistance is natural, comes from skepticism about change, and is a signal to change the response and approach. Accept that change is hard and uncomfortable.

- Connect the new habit to a vision of better care or services to build the will to always do it well. Example team mantra: "Using teach-back will help our patients understand what it is important to know or do to stay safe at home."

- Develop mutually agreed upon SMART[1] (Specific, Measurable, Actionable, Achievable, Relevant, and Time-bound) goals and objectives. See Aims, Goals, and Objectives.

- Relate the need for understanding information to life experiences like needing technical support for computers or phones when people are not tech literate, or helping children with remembering where to be at a certain time.

Address resistance to change. (continued)

- Confront the challenge, not the person. Discover the personal barriers. Do time, lack of confidence, or fear of change get in the way?

- Make a video with your staff using teach-back as a resource for orientation, training, or refreshing knowledge. Seeing their peers doing something new allows people to imagine themselves doing it. A simple video on a phone suffices for this purpose.

- Start small and use stories from successes to build belief that "We can do this!" and "We must find a way to do it." Share success stories widely.

- Use small tests of change to reduce resistance. See PDSA Template and PDSA Example.

Focus on new skill development.

- Promote everyone's belief in their ability to change.

- Share previous change successes.

- Use the Always Use Teach-back! Toolkit learning module and resources.

- Use simulation scenarios or role-play for staff to practice; debrief afterward with those in both teacher and learner roles.

- Observe use of teach-back.

    – Use the 10 Elements of Effective Teach-back and the associated Teach-back Observation Tool.

    – Understand what is working well and what needs coaching. Use what is learned from observations and discussion with staff to identify and begin testing ideas for changes to processes, teaching, and understanding workplace realities. See PDSA Example and PDSA Template.

    – Use active and reflective listening. Listen for barriers in daily work.

    – Use open-ended what and how questions to determine individual barriers. "What worries you about using teach-back?" "Tell me more about…"

    – Ask "How did using teach-back with your patient or client make you feel?"

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Focus on new skill development. (continued)

- Have staff mentally rehearse:

  - "What is the most important thing I want to be sure the person understands?"

  - "How will I ask for teach-back in ways that honor the learner and their experience?"

- Build confidence to integrate the new habit into work patterns. See Conviction, Consistency, and Confidence.

  - Have staff rate their confidence in using teach-back on a scale of 1 to 10... "What might help you increase your confidence from a 5 to a 7?"

  - Gather input or use a short staff survey about perceptions related to using teach-back (e.g., confidence, ability, support for its use, impact on effective teaching, time worries).

> In the blue boxes that follow, we share a 2-part story to illustrate how an organization used the Always Use Teach-back! Toolkit Coaching Tips for changing, building, and sustaining new teach-back habits.

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Story: Getting started

When two units in a large hospital were piloting teach-back implementation, managers recognized the need to assist staff in building the new habit. The two unit managers reached out to another hospital that had already implemented teach-back and consulted the coaching tips in the Always Use Teach-back! Toolkit. They and their instructors completed the Toolkit learning module, read the supporting tips and tools, and embraced lessons learned from their colleagues.

Using the Teach-back Observation Tool, managers and instructors scheduled 15 minutes each day for a week to observe two randomly-selected staff role play using teach-back. Observing these role-plays and receiving input from staff helped managers and instructors discover struggles associated with adopting the new habit. They customized a teach-back job aid to their needs, provided refreshers, and used PDSAs to test staffs' ideas on making the process less time-consuming yet effective.

Next, both managers added a question about staff's struggles with teach-back to daily huddles and shared what they were learning to help build the new habit. Stories emerged about patients commenting on how useful the process was in helping them remember what was vital for them to do at home. Staff confidence grew and a few volunteered to become "super-users" to help new employees and student nurses build the new habit. Observations and role play continued weekly until teach-back was reliably implemented by all staff.

Build reliability.

Even when people have goals, they often need reminders and support to be successful over the long-term. See Reliability and Sustainability.

- Specify work processes with content, sequence, timing, and outcome.

- Offer Job Aids and reminders like badge tags. Include reminders in daily reports or huddles at the start of day. Share successes in these settings.

- Build on pre-existing workflows, processes, and habits.

- Embed cues to use teach-back in already-established habits through order sets and prompts in electronic records, on printed patient teaching materials, or Job Aids.

- Plan ahead for follow-up observations and coaching to reinforce the new habit.

- Use measures to know if your changes are making a difference. See Measures.

- When things don't go as planned:
    - Promote psychological safety and learning by asking, "What did you learn?" Avoid asking "What went wrong?"
    - Consider whether training, the process, or both, need to be improved.
    - Use small tests of change to test staff's ideas about what might make the teach-back process easier or less time-consuming, or improve the experiences of patients, families, or clients, and staff. See PDSA Template and PDSA Example.
    - Indicate how staff can let the manager know that something didn't work this time so improvements can be considered.

- Recognize, reward, and celebrate small wins!

Manage relapses.

- Plan for follow-up observations and coaching to reinforce the new habit.

- Share questions and problems. Develop process improvements.

- Develop, and regularly review, teach-back orientation, training, and annual reviews.

- Share what you are learning using Measures and stories and their contributions to improvement.

> ## Story: Managing Relapses
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> A few months into the initiative, the two nurse managers noticed a decline in their data; the ability of patients to teach back two days after discharge had been improving steadily, and now they both saw decreases on their units. Discussing this with staff, they realized the change coincided with summer vacations and increases in student and registry staff support. Observations for new and temporary staff confirmed these individuals were not able to use teach-back as effectively as regular staff.
>
> Refresher training, observations, and spot checks for verbal descriptions of the teach-back process were implemented. The data on ability of patients to teach back vital information after discharge returned to earlier levels. This lesson led the managers to alert colleagues who were implementing teach-back on other units, and to develop additional policy and procedures for new and temporary staff.

Measure progress.

To know whether a change is an improvement when building effective, reliable, and sustainable use of teach-back, establish measures and collect and review data regularly. Ideally, identify measures that are already being captured and can be easily obtained in a timely fashion (e.g., from electronic health records or simple tabulations). Look for data related to staff and managers (e.g., human resource or learning management training reports), and to patients and clients (e.g., patient experience or client satisfaction surveys). See Measures.

[1.] Doran, G.T. (1981) There's a SMART Way to Write Management's Goals and Objectives. Journal of Management Review, 70, 35-36. https://community.mis.temple.edu/mis0855002fall2015/files/2015/10/S.M.A.R.T-Way-Management-Review.pdf