4 | Preparing the Workforce

> "As I observed…healthcare provider-patient interactions, it became clear to me that patient education is a habit – the strategy a healthcare provider uses to educate patients is the same strategy they use over and over again. Habits are not changed by education; they are changed by coaching to a new behavior." (Improvement Learning Network Manager, UnityPoint Health)

To be a health literate organization, everyone on the health care team needs to be aware of and trained in clear health communication skills. The importance of effective communication with patients and families cannot be understated since it is central to carrying out the mission of most health care organizations. Fostering skill-building and long-term adoption of clear communication practices is vital.

Knowing is not the same as doing. That is, education and training do not automatically translate into behavior change. Still, both are needed to become a health literate health care organization. Providers and staff must see the connection between what they have learned and what happens in their care setting and put that into action. The ideas and tools in this chapter are designed to help you:

- Make the case for all health care providers and staff to understand health literacy and use clear health communication.
- Identify and use patient and provider experiences as teaching tools, and recruit health literacy champions.
- Build capacity for clear effective health communication among all members of the health care team.

A Health Literate Health Care Organization Prepares Its Workforce

This chapter directly addresses Attribute 3 and will help you prepare all members of the health care team to be health literate, and to monitor progress.

Source: Brach C, Keller D, Hernandez LM, et al. *Ten Attributes of Health Literate Health Care Organizations*. Washington, DC: National Academy of Sciences, 2012.

Clear Communication Is Everyone's Job

Health education and communication are not just one person's or one profession's responsibility. They are the responsibility of all members of the health care team. Everyone must understand:

- What low health literacy is.
- That anyone can experience low health literacy.
- Its adverse impact on health behaviors, outcomes, and costs.
- How low health literacy plays out in their own setting.
- That low health literacy may underlie labels like *non-compliant*.
- That health literacy is both an individual and systems problem.

Note that patients and families may ask questions of staff who do not give direct clinical care. These staff may seem more approachable and talk with patients and families informally. They include workers in administration, registration, housekeeping, transportation, food services, maintenance, and others. So *all* staff need to be able to do the following for *any* patient:

- Give clear answers.
- Assess their own ability to answer and recognize when to go to someone else.
- Convey important questions to the right person for an answer.
- Recognize signs that the questioner needs more help.
- Pass what they observe along the continuum of care.
- Go the extra mile to help out.

It's also important for all staff to recognize that when a patient or family member is confused or does not understand, it may reflect an opportunity to make a systems change that could help all patients.

Health Literacy Training Has Many Benefits

Training to improve health communication can help your organization meet continuing education needs; comply with guidelines, recommendations, requirements, and

regulations; and improve care and outcomes. The transforming health care system also includes financial incentives where better communication can have a positive impact.

Examples include:

- Reducing unplanned readmissions.
- Improving care transitions.
- Enhancing patient experiences.
- Establishing medical homes.
- Chronic disease management.

Also, newly-trained health care professionals enter the workforce knowing more about patient education and communication. Health care organizations can and should build on that foundation.

Your Own Workers May Need Help, Too

Increasing awareness about low literacy and low health literacy can help your organization in unexpected ways. Some of your own workers may struggle with reading. This may interfere with their ability to perform their job well and live their lives fully. They may need to read manuals, directions on hazardous products and equipment, and steps to follow in an emergency like a tornado or fire.

Your workers use health services and benefits, too. Improved understanding of how to care for themselves and their families may help them use these resources better. It may even lead to better job performance. The same may hold true for workers, patients, and families whose first language is not English.

Remember, only 12% of people in the U.S. have proficient health literacy skills.[1] Add to this the fact that almost half of U.S. adults struggle with reading. Chances are that some of these are your patients, and some are your staff and co-workers.

What Does Success Look Like?

What a successful health literacy and clear health communication skills training program for all health care providers and staff looks like:

- An action plan for training with goals and aims is in place.
- Health literacy and the need for clear health communication are part of orientation at all levels: organization, department, unit, and volunteer.
- As part of credentialing, doctors view the American Medical Association (AMA) and AMA Foundation video, *Help Your Patients Understand*.
- Policies are in place to ensure all health care providers and staff are trained and retrained in clear health communication.
- Providers and staff earn continuing education credit for education and training in health literacy, health communication, and patient teaching.
- Competencies are set for key health literacy skills, like using plain language and checking understanding using the teach-back method.
- Storytelling and personal observation and reflection are part of all health literacy and health communication talks, training, and workshops.
- Lay representatives are given a way to provide their important perspective in health literacy and health communication talks, training, and workshops.
- All health literacy and health communication talks, training, and workshops lead to action steps.
- Engaging learning modes (e.g., video, case studies) and outside experts are used for training about health literacy and health communication skills.
- Direct observation and coaching are used to help staff move from long-standing patient education habits toward new health communication habits.

What success looks like when training leads to all health care providers and staff understanding the importance of health literacy and applying clear health communication skills:

- All health care providers and staff use plain language and confirm patient and family understanding of key information.
- Plain language principles are used in all communication including marketing, public relations, billing, and volunteer services.
- Employee handbooks are written using plain language principles. Supervisors are trained on how to talk workers through the handbooks.
- Plain language principles are used in developing computer-based and other learning modalities so they are user-friendly for intended learners.

- All staff and doctors can readily describe how clear communication and effective patient teaching relate to quality, safety, and patient-centered care.
- Standard order sets and electronic health records call for use of teach-back or other means of checking for and ensuring understanding during patient education.
- Managers and supervisors are equipped to coach and empower staff to always use plain language, teach-back, and other health literacy skills.
- Job descriptions and performance reviews include responsibilities related to clear health communication.
- All departments and units set goals for improving health communication, and managers are responsible and accountable.
- A formal process is in place to share communication-related stories and lessons learned from patient, family, and provider points of view.
- Incidents involving poor communication are considered markers for possible harm; the organization reviews and addresses such communication-related adverse events.[2]
- Leaders publicly praise staff and teams leading health literacy improvement.

The Power of Personal Stories

Raising awareness about health literacy should combine teaching and training with health care providers' own experiences. Providers need to move from abstract knowledge to personal insight, and recognize signs of limited health literacy within their own setting. Overlaying data with stories of patient experiences can be a powerful way to achieve this. This is especially true when stories come from the health care team's own setting. It can be easy for health care providers to dismiss data as not reflecting their own patients. Finding just one or two stories demonstrating a patient's lack of understanding can move the health care team toward action. Providers' experiences as patients or family members can underscore the fact that *anyone* can have low health literacy at times. This holds true even for highly educated health professionals, and shows the importance of better health communication for all patients.[3] When these *a-ha* moments happen, they become tipping points for change. Providers begin to:

- Communicate differently with patients.
- Be more willing to try new approaches.
- Open up to partnering with patients.
- Evolve into being health literacy champions.

What if no one speaks up when you ask them to share a story or personal experience?

This seldom happens if you wait long enough. But in case it does, tell your own stories or use the ones you'll find in this guidebook. These stories should show the harm—real or potential—that can come from poor health communication. Prepare two or three questions to ask after they hear each story. Better yet, ask someone in your audience to read the story aloud and ask the first question. Don't be afraid of silence. Someone will step forward to fill it. Your job is to make it comfortable for them to start talking.

Raising Awareness and Changing Behavior

Keep in mind that principles of changing behavior show that increasing a person's conviction that making a change is important, and their confidence in being able to make a change, make it more likely they will be successful. You can give providers tools to assess their conviction and confidence in using health literacy-related techniques (like teach-back). Their conviction and confidence levels can guide you in focusing training and coaching. If learners are not convinced of the adverse impact of low health literacy and its widespread nature they are less likely to adopt a new way of communicating with patients and families. So you want to be sure they understand the importance of limited health literacy. On the other hand, if they are not confident in how to use a technique like plain language, you want to build their comfort and skill in this area.

Here are three approaches to raising awareness and changing behavior among all members of the health care team:

- Traditional methods
- Marketing strategies
- Coaching to a new habit

Traditional Methods

Traditional ways of conveying knowledge to health providers and staff may be most useful when you are introducing health literacy the first time. They need to come away with an understanding of health literacy, how common low health literacy is, its

relationship to poor health outcomes, and what can be done to improve it and move your organization toward becoming more health literate. Here are tips for how to plan your approach and some tools to help you move forward.

Identify Your Audience. Think about who you want to influence—senior organizational leaders, doctors, department managers, front-line staff, informal leaders—and seek them out.

Find Ways to Reach Them. Look for opportunities to connect with your audience whenever you can. Take advantage of formal and informal ways to talk with them. You may have a one-time opportunity to speak to 100 doctors at a staff meeting, or a 5-minute conversation with one nurse.

Take advantage of these pre-existing educational activities and opportunities and build on what's already in place.

Continuing Education

- Grand rounds
- Conferences
- Lunch and learns
- Educational special events

Employee Training

- Orientation
- Credentialing
- Skills fairs
- Recertification
- Competency assessment
- Computer-based learning
- Performance reviews

Meetings

- Department meetings
- Quality meetings
- Board meetings
- Committee and project meetings (e.g., patient safety, diabetes)
- Planning meetings

Decide on and Prepare Your Message. Think ahead about the most important information you want to convey. There are lots of ideas in this guidebook to help you identify important topics and supporting information to help you feel prepared to deliver your message.

Get to know national data and key health literacy information. Then collect stories about communication-related troubles of patients who struggle with reading *and* patients with strong literacy skills who didn't understand.

Choose what information and which stories will mean the most to your audience. If you can, invite a patient to share his or her story. Make sure this person feels all right sharing his or her experience in a group setting with health care professionals. Many people find this daunting, not just those who struggle with reading.

My Father's Story: Diagnosed with Lung Cancer

"One week ago my father was diagnosed with lung cancer. Today we met with the oncologist to discuss the treatment plan. During our visit we were told the cancer previously thought to be non-small cell was small cell. The nurse said she would give us some information on this new diagnosis. She handed us a computer printout titled *Pathobiology and staging of small cell carcinoma of the lung*. It is 11 pages of single-spaced text written at a level that even I, as a health professional, have *no idea* how to interpret. I was so appalled at the fact that this was it—this was all the education he was going to get—I spoke up. I asked the nurse how she thought a patient would ever understand this information. How can a patient, specifically my 63-year-old father who is an intelligent man, make out anything from this document? The nurse simply answered that this was the patient-friendly version they use all the time…"

Nurse Director, 2007

Questions

- What are some things the nurse could do to help this patient and his daughter?
- What do you do when the only patient education materials you have are hard to read and understand?

Have Tools Ready. It's good to give your audience something to look at or use later. This can illustrate a point, reinforce your message, and give you a reason to check back later.

Health Literacy Tools for Teaching and Training

Resource	Description
AMA Foundation and AMA (2007). *Health Literacy Kit* http://www.ama-assn.org/ama/pub/about-ama/ama-foundation/our-programs/public-health/health-literacy-program/health-literacy-kit.page?	Includes a 22-minute instructional video with facts, strategies, patient testimonials, and manual for clinicians
American Academy of Pediatrics (2007). *Putting Health Literacy Into Practice: A Pediatric Approach* http://www2.aap.org/commpeds/presentations/2007/health-literacy.html	Presentation slides, recordings, and video clips that illustrate the challenges of limited health literacy from a parent's perspective
American College of Physicians Foundation. *Health Literacy Video* http://www.acponline.org/multimedia/?bclid=782539368001&bctid=790962260001	6-minute video features physicians interacting with patients challenged by low health literacy
Centers for Disease Control and Prevention. *Health Literacy Training for Public Health Professionals* http://www2a.cdc.gov/TCEOnline/registration/detailpage.asp?res_id=2074	Free web-based training offers continuing education credit targeted for public health professionals
DeWalt DA, Callahan LF, Hawk VH, et al. (2012). *Health Literacy Universal Precautions Toolkit* http://www.ahrq.gov/qual/literacy/healthliteracytoolkit.pdf	Describes and links to an assortment of health literacy teaching tools.
Health Literacy Studies (2004). *In Plain Language* http://www.hsph.harvard.edu/healthliteracy/overview/#Video	15-minute video developed to raise awareness about low health literacy for medical and public health professionals
Health Resources and Services Administration. *Effective Healthcare Communication 100 and 101* http://www.hrsa.gov/healthliteracy/	Free online training on low health literacy, limited English proficiency, and working with interpreters
Iowa Geriatric Education Center (2013). *Geriasims, Health Literacy* http://www.healthcare.uiowa.edu/igec/resources-educators-professionals/geriasims/acadMenu.asp	Free online health literacy training for clinicians working with older adults; includes an interactive virtual patient simulation, decision tasks, and mentor guidance
Ohio State University AHEC. *Health Literacy Distance Education Modules* http://healthliteracy.osu.edu/modules	Eight online modules providing instruction on health literacy
UnityPoint Health (2013). *Always Use Teach-back! Toolkit* http://www.teachbacktraining.org/	Online toolkit includes introduction to teach-back, interactive learning module, and tools
World Education (2004). *Health Literacy: A New Field with New Opportunities* http://www.healthliteracy.worlded.org/docs/tutorial/SWF/flashcheck/main.htm	Online tutorial for heath and literacy educators includes stories and successful strategies

Deliver Your Message.

- Briefly present national data and evidence about low health literacy. Put it in the context of a system that is hard to use for almost 90% of the people it is supposed to help.
- Follow with local literacy data. You can get estimates from the 1993 National Adult Literacy Survey data using the tool at http://nces.ed.gov/naal/estimates/.
- Explain the stigma and shame of low literacy. Build empathy using a backward reading exercise, and invite them to share how it made them feel.
- Share one or more stories about poor communication from your own health care setting. Then invite your audience to share their own stories.
- If you have patients willing to do so, ask them to share their experiences.
- If you do not have a partnership with patients or adult learners, you can use short videos as a good way to share patients' points of view.
- Emphasize that even people with strong literacy skills can struggle to understand in some circumstances.

Backward Reading Exercise

This training exercise simulates what readers with low literacy experience with the printed page. Ask participants to read the paragraph out loud and together. Hint: The words are written backward. For example, the word "wercsnu" is read "unscrew." As you discuss the questions, point out that the feelings of frustration they may have felt are similar to how patients with limited literacy may feel.

Wercsnu eht dehcton gnirkcol no eht dnah-tfel edis fo eht mottob tekcarb eno nrut. Gnisu eht nip hcnerw fo eht mottob tekcarb sloot, nethgit eht dnah-tfel gniraeb puc. Nethgit eht gnirkcol ylmrif, gnikam erus eht gniraeb puc seod ton nrut htiw ti.

Questions

- How did you feel trying to read the passage?
- What did you remember from reading the passage?

Source: Van der Plas, R. *Simple Bicycle Repair*. Cycle Publishing/Van der Plas Publications. San Francisco, CA, 2004.

Help Your Audience Connect the Dots. Your audience will care most about things that hold meaning for them. To carry your message home, answer "What's In It For Me?" Help your audience see the relationship between health literacy and what *they* are focusing on. Talk about how health literacy affects their specific clinical area, like diabetes, heart failure, or patient safety, or how it can help them by increasing patient adherence, improving the informed consent process, decreasing cancelled procedures, or preventing interruptions. Get them to ask what is the health literacy impact on everything.

Mr. G.'s Story: Too Many Pills

Mr. G. is a 45-year-old Hispanic immigrant. He has a health screening for a new job. He is told his blood pressure is very high… He goes to the local public hospital and gets a prescription for a beta-blocker and diuretic… The providers choose 2 drugs known to work well and be simple for adherence because they each are supposed to be taken once a day. Mr. G. comes to the emergency room one week later with dizziness. His blood pressure is very low. He says he has been taking the medicine just like it says on the bottle. Several doctors discuss the case, but can't figure out what happened. Finally, a doctor who speaks Spanish asks Mr. G. how many pills he took each day. "Twenty-two," Mr. G. replies. The doctor explains to his colleagues that "once" means "11" in Spanish.

Questions

- What could providers have done during Mr. G.'s first visit to be sure he understood how to take his medicine?
- If the Spanish-speaking doctor had not been there, how else could providers have uncovered the problem?

Source: Institute of Medicine Committee on Health Literacy. *Health Literacy: A Prescription to End Confusion*. The National Academies Press. Washington, DC, 2004.

My Son's Story: Anti-Convulsant Drug Overdose

"My son had a brain concussion. He was going in and out of convulsions. I called the doctor. I was giving him, I think, 3 teaspoons 3 times a day and the doctor told me to give him one more teaspoon. Well, I was confused. So, I was giving him 4 teaspoons, 3 times a day. The poor little thing was walking into doors and into walls. And here was a chair, and he'd sit down over there. I couldn't figure out what was wrong with him, so I brought him in to see the doctor. He wasn't having any more convulsions. So the doctor asked me how much medicine I gave him. I told him, and he said, 'No, no. Just one more extra teaspoon.' Well, I didn't understand and I should have asked questions. But I didn't. It's a wonder I didn't harm him worse than I did; but he's fine now."

New Reader

View video of My Son's Story:
http://vimeo.com/48471644

Questions

- What do you think about the conversations that took place between the doctor and the mother? What do you think about her feelings about what happened?
- What can be done to check that patients understand instructions given over the telephone?

Show Them What They Can Do. Describe how using health literacy tools and techniques with all patients and families can help them obtain and understand the information they need to take care of themselves. Emphasize how important it is to create a shame-free care environment that makes it comfortable for patients and family members to ask questions and fosters dialogue; and use plain language for verbal and written communication, and teach-back to assess whether key information was understood. Highlight the special importance of using these techniques, tools, and strategies during critical times, like a new diagnosis, change in treatment, or hospital discharge or other care transition. Show how these help people feel less embarrassed about asking questions, and identify areas of misunderstanding.

Call to Action. Close by asking your audience to commit to *doing* something specific. Here are some questions you can ask to get them started:

- What can you do by Tuesday to improve one aspect of health communication or patient education in your setting?
- Do you think you could try using this plain language hand-out during discharge education for one patient?
- Would you be willing to try teach-back with your last patient tomorrow?
- Could you ask a patient or family member for feedback to help you improve your check-in process?
- …and can I call or email you next week to find out how it went?

Engaging Doctors

Doctors are a key audience for addressing health literacy. They are leaders of the health care team and influence what other people think, say, and do. But, there are tremendous demands on their time, and you are asking them to change their behavior, which is hard to do. Remember, change happens best when perceived benefit outweighs perceived discomfort. Make sure you address: "What's in it for me — how will this help me provide better care for my patients?"

Marketing Strategies

Seeking out busy health providers–especially doctors–may mean taking a non-traditional approach. So try these lessons learned from the marketing industry on how to develop a successful sales pitch to promote use of health literacy-based interventions and tools. (Frank Burns, personal communication, 2012)

Pre-call Planning

- Set a specific goal or goals.
- Think ahead to objections the provider may make.
- Prepare and practice.

The Pitch

Opening. Get the provider's attention and guide the conversation toward what you want to talk about. State the problem and offer your solution.

Explain benefits. Give the *benefits* of your solution:

- Use short, convincing sentences. Don't talk fast; talk briefly.
- Limit yourself to 3 key points. That's all most people can absorb at one time.
- Use visual aids like a hand-out or brochure to open a conversation, illustrate a point, handle an objection, or as a reminder of your conversation.

Ask questions. What does the listener think, feel, or need? Try to find out what his or her objections are. Then wait for their answers and listen. Silence can be powerful.

- How do you feel when patients don't keep their follow-up appointments?
- Where do you see using teach-back as being most helpful?
- Is there something you don't like about using plain language hand-outs?
- How do you see yourself using this reader-friendly diabetes guide?

Handle objections.

- Don't be defensive or take objections personally.
- Objections mean they are interested enough to listen and think about what you said.
- Believe body language and tone of voice over words.
- Restate the objection to ensure you understand each other. Clarify your own points if needed.
- Address the provider's issues.
- Provide guidelines or research to support your point.

Handling Possible Objections	
Objection	**Response**
There isn't enough time.	Ask for a few minutes to show them how: – Plain language and teach-back may save time in the long run by making sure patients understand. – Providers find that once they get the hang of it, they use teach-back throughout the visit and it doesn't take longer. – Plain language and teach-back may also improve quality of care and patient satisfaction.
That isn't my job.	Acknowledge that they are busy, with many demands placed on their time. – Underscore how making sure patients and families understand is the responsibility of all members of the health care team. – Suggest approaches that invite other members of the health care team to help with plain language explanations and teach-back. – Offer to help train the health care team in these techniques.
This isn't a problem in my practice.	Emphasize that health literacy can be a problem for any patient. – Note it can be hard to recognize when someone doesn't understand—you can't tell by looking. – Even highly educated people can experience low health literacy, especially if they are sick, worried, sleep-deprived, or in a lot of pain. – Invite them to consider a time when they did not understand what they were being told by an engineer, attorney, or physician in another specialty. – Research show that people often do not admit that they don't understand (Parikh 1996). Show the provider the reference.
No one can really do anything about it anyway.	Highlight that while addressing health literacy is a challenge, the rewards are great. – Plain language and asking people to review what you said in their own words can go a long way in helping them understand, remember, and use the information you gave them to care for themselves. – Research shows using teach-back among patients with diabetes is associated with improved outcomes (Schillinger 2003). Show the provider the reference.

Source: Parikh NS, Parker RM, Nurss JR, et al. Shame and Health Literacy: The Unspoken Connection. Patient *Educ Couns*. 1996. Schillinger D, Piette J, Grumbach K, et al. Closing the loop: physician communication with diabetic patients who have low health literacy. *Arch Intern Med*. 2003.

Closing. Always close with a call to action. Try to gain a specific commitment. For example, you might say:

- Would you be willing to use this plain language hand-out tomorrow when you talk with a parent about fever and safe use of over-the-counter medicines?
- Would you be willing to talk to your colleagues about the problem of low health literacy and how poor communication affects patients?
- ... and can I follow up with you on this in ____ days/weeks?

Post-call Notes

- Did you meet your goals for this conversation?
- What is your plan for following up?
- Be sure to follow up on objections.
- Continue to build your case with other supporting concepts or documents. If you tell them you will give them more information or resources, note when you will deliver what you promised. Be specific.

Follow Up

When you follow up, check on the action plan you discussed—what was done and how it went. If things went well, encourage another step. If things didn't go well, help figure out how to make it go better, and encourage the health care provider to try again.

- Don't expect too much at first. It can take eight calls to create buy-in.
- Remember WIFM. (What's In it For Me?)
- Show how your health literacy solution is a win-win.
- Use the power of brand recognition; reinforce key words and techniques, like *plain language* and *teach-back*.
- Watch body language to see how they are reacting to what you say.
- Paint a picture. Give real-life examples that reflect the provider's setting.
- Confidence and enthusiasm make a lot of sales. The way you convey your message can create success.
- Remember, *you* are the health literacy expert!

Early Adopters and Physician Champions

One way to speed improvement and adoption of evidence-based or best practices is to work with early adopters (those willing to try new ideas early on). Often we spend a lot of energy trying to convince those most resistant to change or most invested in traditional patterns. Trying to make change happen this way can be frustrating.

Instead, focus your energy on early adopters—those open to new ideas and willing to try them.

- Give them the data and stories.
- Elicit their experiences or observations that show the importance of understanding.
- Invite them to try a new health communication skill with just one patient. From one patient, they can build to a few more patients on a few more days with a few more conditions. Eventually, the skill is built into their practice patterns.
- Then invite and encourage them to share their experience with colleagues, thus evolving into champions.

Your goal should be to identify and engage early adopters—those willing to try using improved communication techniques, who may become champions and help advance your work.

Coaching to a New Habit

Giving staff knowledge of health literacy interventions is important. But, to change from long-standing patient communication and education habits to routinely using plain language principles and checking for understanding by using teach-back takes coaching. Coaching can help staff be successful by enhancing their skills in moving away from long-standing habits and integrating new ones. Here are tips to help you coach staff to new health communication habits.[4,5,6]

Build motivation.

- Encourage use of the new habit by focusing on patient-centered/ideal care.

Honor the current work through acceptance.

- Establish relationships by observing those seeking to build the new habit (teach-back).

Understand that change is hard and uncomfortable.

- Use active and reflective listening.
- Use open-ended *what* and *how* questions to determine individual barriers:
  - What worries you about using teach-back?
  - How did using teach-back with your patient make you feel?
  - Tell me more about…

Resistance to change is natural.

- Resistance comes from fear of change.
- Confront the problem, not the person.
- Resistance is a signal to change the response and approach.

Promote new skill development.

- Promote each individual's belief in their ability to change.
- Focus on previous successes.
- Focus on skill development.
  - Set goals: I will use teach-back with each patient.
  - Develop a change plan: Habit change happens with conscious planning.
  - Mentally rehearse:
    - What is the most important thing I want to be sure the patient understands?
    - How would I ask this question?
  - Embed cues to use teach-back in established habits:
    - After each interaction, I will ask open-ended questions to elicit understanding.

Build confidence to integrate the new habit into work patterns.

- Rate your confidence in using teach-back on a scale of 1 to 5…
- What might help you increase your confidence from a 3 to a 4?

Coaching Tips Handout

http://teachbacktraining.org/assets/files/PDFS/Teach%20Back%20-%20Coaching.pdf

Source: Abrams MA, Rita S, Nielsen GA. *Always Use Teach-back! Toolkit*, 2012. http://www.teachbacktraining.org/.

Build reliability.

- Even when people have goals, they often need reminders and support to be successful.
  - Create standard work: content, sequence, timing, and outcome.
  - Build in job aides and reminders.
  - Take advantage of pre-existing work and habits.
  - Make the desired action the default rather than the exception.
  - Create redundancy to reduce risk or enhance safety.
  - Group related tasks.

Manage relapses.

- Make a plan for follow-up coaching to reinforce the new habit.
- Share questions and problems. Develop program improvements.
- Recognize, reward, and celebrate!

Always Use Teach-back!

Conviction and Confidence Scale

Fill this out before you start using teach-back, and 1 and 3 months later.

Name: _____

Check one: ◯ Before - Date: _____

◯ 1 month - Date: _____

◯ 3 months - Date: _____

1. On a scale from 1 to 10, how **convinced** are you that it is important to use teach-back (ask patients to explain key information back in their own words)?

Not at all important Very Important

1	2	3	4	5	6	7	8	9	10

2. On a scale from 1 to 10, how **confident** are you in your ability to use teach-back (ask patients to explain key information back in their own words)?

Not at all confident Very Confident

1	2	3	4	5	6	7	8	9	10

3. How often do you ask patients to explain back, in their own words, what they need to know or do to take care of themselves?

◯ I have been doing this for 6 months or more.

◯ I have been doing this for less than 6 months.

◯ I do not do it now, but plan to do this in the next month.

◯ I do not do it now, but plan to do this in the next 2 to 6 months.

◯ I do not do it now and do not plan to do this.

1

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Conviction and Confidence Scale continued

4. Check all the elements of effective teach-back you have used **more than half the time in the past work week.**

- ◯ Use a caring tone of voice and attitude.
- ◯ Display comfortable body language, make eye contact, and sit down.
- ◯ Use plain language.
- ◯ Ask the patient to explain, in their own words, what they were told.
- ◯ Use non-shaming, open-ended questions.
- ◯ Avoid asking questions that can be answered with a yes or no.
- ◯ Take responsibility for making sure you were clear.
- ◯ Explain and check again if the patient is unable to teach back.
- ◯ Use reader-friendly print materials to support learning.
- ◯ Document use of and patient's response to teach-back.
- ◯ Include family members/caregivers if they were present.

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For a downloadable copy:
http://teachbacktraining.org/assets/files/PDFS/Teach%20Back%20-%20Conviction%20and%20Confidence%20Scale.pdf

Always Use Teach-back!

Teach-back Observation Tool

Care Team Member: _____ Date: _____

Observer: _____ Time: _____

Did the care team member…	Yes	No	N/A	Comments
Use a caring tone of voice and attitude?				
Display comfortable body language, make eye contact, and sit down?				
Use plain language?				
Ask the patient to explain in their own words what they were told to do about: • Signs and symptoms they should call the doctor for? • Key medicines? • Critical self-care activities? • Follow-up appointments?				
Use non-shaming, open-ended questions?				
Avoid asking questions that can be answered with a yes or no?				
Take responsibility for making sure they were clear?				
Explain and check again if the patient is unable to use teach-back?				
Use reader-friendly print materials to support learning?				
Document use of and patient's response to teach-back?				
Include family members/caregivers if they were present?				

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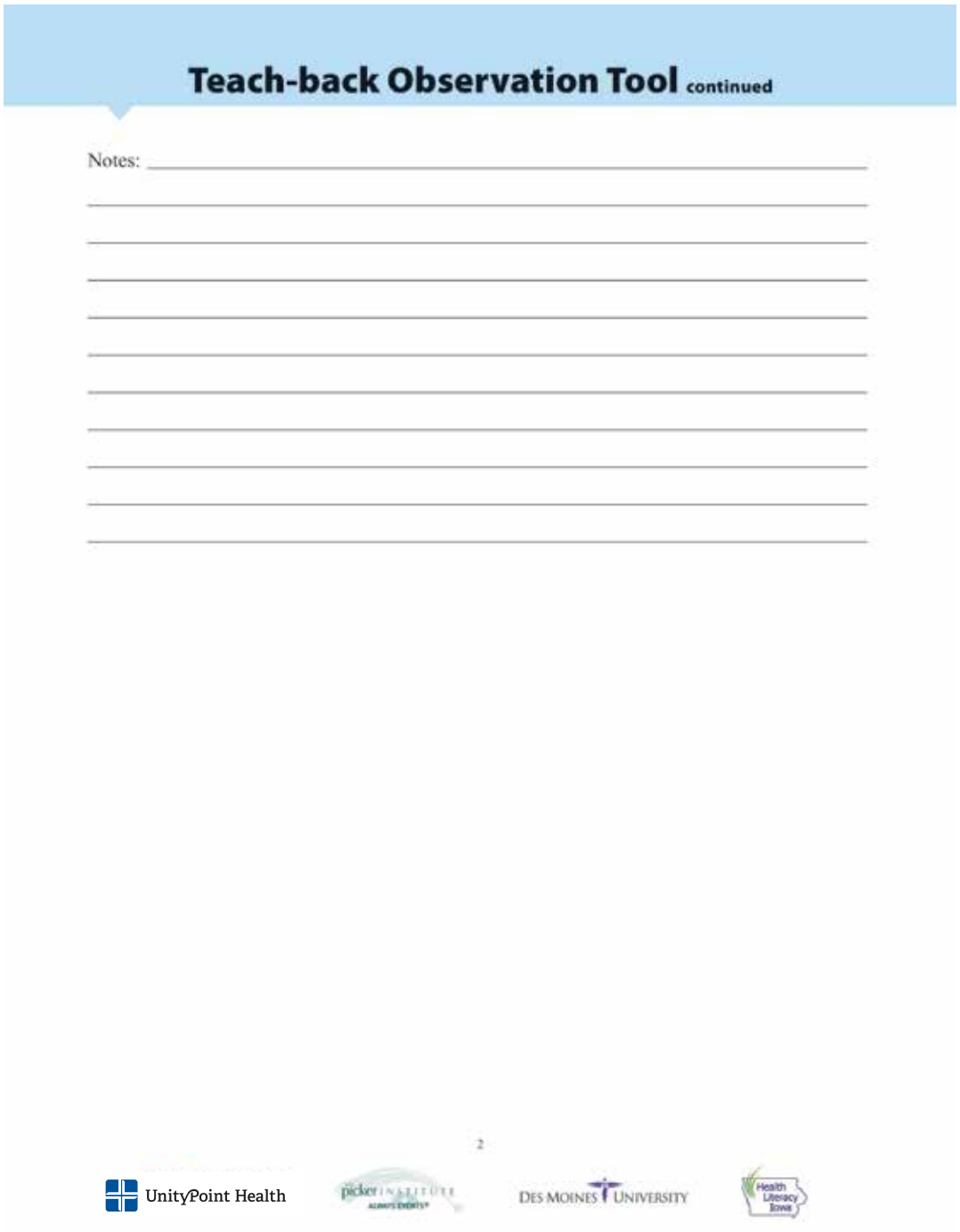
UnityPoint Health picker INSTITUTE DES MOINES UNIVERSITY Health Literacy Iowa



Teach-back Observation Tool continued

Notes: _____

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Health Literacy Iowa

For a downloadable copy:
http://teachbacktraining.org/assets/files/PDFS/Teach%20Back%20-%20Observation%20Tool.pdf

Move From Awareness to Action

All the education and training in the world can't bring about sustained behavior change. Get people started by challenging everyone in your health literacy training to find *one* small change they can make in *one* aspect of their work by next Tuesday to improve health communication. This shifts their thinking toward action. It also decreases the perceived risk of making a change, and builds confidence to try it again.

Repeated small tests by one person, followed with more testing by others, spreads experience and acceptance of new ways of communicating with patients. This process can also lead to creative problem-solving as people work to figure out what might have been done differently to make the test go better, and it helps you work out the bugs, build support, and figure out how to make improvements last and spread.

Work with staff to set short- and long-term goals to drive and assess progress toward improving health communication. A long-term vision gives guidance and motivation. Starting with one or two key areas provides focus and allows people to see progress, for example, using teach-back for patients who have diabetes, making paperwork simpler, or offering help with forms.

Then use small tests of change to help adapt interventions and tools quickly and easily for their settings. This works better than trying to introduce blanket policies all at once because improving health communication practices calls for:

- A cultural shift and continuous improvement.
- Making sure improvements last by hard-wiring changes into normal operating procedures and systems.
- Spreading change throughout the system.

Combining small tests with short- and long-term measures and goals moves people toward action, with timelines and measures to gauge success. This underscores the importance of working together and across disciplines, and with patients and families. And it builds confidence among team members that they can succeed.[7]

Make It Stick

For permanent change, embed improvements in standard operating procedures, and use systems to support and sustain those improvements.

Set Up Policies and Procedures

Use operating guidelines like these to make sure your improvements last.

- Add clear communication responsibilities to all job descriptions and performance reviews.
- Address health literacy during orientation and be sure staff understand they will be responsible for effective communication.
- Build in policies that ensure new staff and those changing jobs or roles are trained in health literacy activities they are responsible for in their new situation.
- Hospitals and clinic systems may include clear health communication education as part of physician credentialing. For example, require doctors to watch the AMA and AMA Foundation video *Help Your Patients Understand*.

Take Advantage of Systems

- Create or use computer-based or on-line learning modules to meet continuing education, certification, and credentialing requirements. Assign these and make sure they are completed.
- Also be sure that everyone gets periodic review and reinforcement. Use opportunities like recertification and skills fairs. Use observation and feedback to keep skills and techniques from eroding. This provides opportunity for improvement and a chance to celebrate progress and success.

- Don't miss chances to build plain language skills and teach-back into all care guidance and processes. For example:
  - A standard of care for pneumonia calls for use of plain language and teach-back during patient education about the condition.
  - A home health nursing competency for a dressing change includes plain language teaching and teach-back.
- Use incentive and bonus strategies. Some clinics include health literacy as an area in which managers can apply for a quality improvement bonus.

Keep It In Front of Everyone

Here are ways to keep health literacy as a guiding principle for your organization:

- Include health literacy-related topics as a standing agenda item for quality and board meetings.
- Include health communication in your organizational performance scorecards. This can help direct more attention and resources for sustaining improvements in patient communication.
- Develop ways to identify, examine, and address communication-related adverse events.
- Include lay reader review as a standard part of developing written materials.
- Faculty for health professions students should teach, model, and evaluate use of clear communication skills (especially teach-back) for their learners.
- Include teach-back in evaluations for all health care professional training rotations.
- Recognize those who show leadership and demonstrate successes in health literacy and health communication. Highlight their work.
- Use opportunities like Health Literacy Month (October) to feature projects and successes. Invite the community to join you by addressing health literacy in events like health fairs and talks to community groups.

Involve Patients

Create ways to involve patients in your work. It may be simplest to set up or draw upon a Patient and Family Advisory Council. These councils work with members of the hospital staff to provide valuable feedback and personal insight on the patient care experience.

If your setting is already involving patients, find how to involve them on health literacy teams and invite their feedback in more ways. These could include navigation interviews, written materials reviews, and presentations to health care providers and other staff.

Base your efforts in patient-centered care principles. Patient- and family-centered care is an innovative approach to planning, delivery, and evaluation of health care that is based on mutually beneficial partnerships among health care providers, patients, and families. The core concepts of patient- and family-centered care are dignity and respect, information sharing, participation, and collaboration.[8]

Summary of Key Points

- Anyone can experience low health literacy.
- Health care providers and staff need to understand the role of health literacy in general, and in their setting in particular.
- It's easy to think that communication is not a problem in your setting. But the statistics say otherwise.
- Learning good communication and education skills is ongoing. It needs to be reinforced, repeated, recognized, and rewarded.
- Awareness, education, training, and personal connection are needed to change behavior. But they won't bring about behavior change on their own. You need to prompt members of the health care team to action.
- Use small tests and cultivate coaching skills to support lasting changes in providers' use of health literacy interventions.
- To make changes long-term, build clear health communication into policies, procedures, job descriptions, daily routines, and organizational priorities.

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