7 | Verbal Communication

> "Healthcare providers have a duty to provide information in simple, clear, and plain language and to check that patients have understood the information before ending the conversation." (White House Conference on Aging, Mini-Conference on Health Literacy and Health Disparities, 2005)

Using clear communication in interpersonal verbal communication is key to ensuring patients and families have actionable information they need to manage their health. Using health literacy strategies and confirming understanding throughout the care continuum are among the most important attributes of a health literate organization. Care transitions—whether within or between health care settings, or on return to home—are especially important times that carry additional risk. Ensuring understanding in these situations has the potential to bring added safety and improve quality of care.

The ideas and tools in this chapter are designed to help you:

- Explain and demonstrate how to use health literacy tools like teach-back.
- Show how *all* staff can help with communication.
- Get providers started building new communication habits into their routine.
- Set up systems that make checking for understanding standard practice.

A Health Literate Health Care Organization Confirms Understanding

This chapter directly addresses Attributes 6 and 9 which call for using "health literacy strategies in interpersonal communications and confirm[ing] understanding at all points of contact" especially in "high-risk situations, including care transitions and communications about medicines."

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

Why Is Clear Communication So Important?

There is good research linking low health literacy to poor health outcomes. Communication impacts patient safety, adherence, and health equity. Even patients who have good general literacy skills can be confused by medical terms and jargon. More and more attention is being focused on how well providers and health care delivery systems communicate with patients and their families so they know what to do to care for themselves. Directly or indirectly both public and private organizations are incorporating health literacy into education, funding streams, research agendas, and quality initiatives.

Organizations Incorporating Health Literacy into Education, Funding, Research, and Quality Initiatives

- Agency for Healthcare Research and Quality
- American Medical Association
- Centers for Disease Control and Prevention
- Center for Medicare and Medicaid Services
- Health Resources and Services Administration
- Joint Commission
- National Institutes of Health
- National Quality Forum

Communication is at the Heart of Patient Care

Communication is at the heart of patient care. "Patients have the right to understand health care information that is necessary for them to safely care for themselves, and the right to choose among available alternatives."[1] *In Reducing the Risk by Designing a Safer, Shame-free Health Care Environment*,[2] the AMA and AMA Foundation underscore that:

- Patient understanding is the first patient right.
- A lack of understanding limits the patient's ability to exercise all other rights.
- This isn't a right that doctors confer, but one they help their patients to exercise freely.
- It isn't just or fair to expect a patient to make good health decisions without being able to understand the information needed to do so.

This moves us from talking *to* patients toward talking *with* them, keeping in mind that *everyone* appreciates clear communication.

We Need to Make Complex Health Information Clear

Health providers work hard to master complex technical language and concepts. These terms are used to convey accurate information between members of the health care team. But it's also important to convey clear information to patients and families. Patients' care is directed by health care providers a relatively small amount of time; they and their families are the ones who must carry out health care regimens. Those with chronic illnesses may interact with the health care system for a half hour every few months. The rest of the time, they're at home, alone or with family. To stay as healthy as possible, they need to know what to do to care for themselves and how to do it. To make sure of this, the health care team needs to practice and master clear communication techniques:

- Translating technical health care terms and jargon into every day, living room language.
- Using smaller, common words and analogies from the lives of patients rather than medical culture.
- Prioritizing and limiting the amount of information conveyed.
- Checking for understanding, and re-teaching, as needed, through teach-back.
- Supplementing teaching with reader-friendly printed material.

All members of the health care team can expand on, supplement, or reinforce important health information.

The most important hand-off is to the patient.

What Does Success Look Like?

Here's what it might look like in a setting where all members of the health care team use plain language and work to ensure patient understanding:

- All staff are educated and trained in using plain language.
- Plain language is used for all patient- and family-related communication.
- Leaders use and model plain language in their speech and writing.
- All members of the health care team use teach-back every time it is indicated to support patients and families throughout the care continuum, especially during transitions and when discussing medications.
- Order sets call for use of teach-back during patient education.
- Documentation systems include prompts for and places to record use of and patient response to teach-back.
- Teach-back is built into patient care competencies.
- Health professions students learn to use teach-back through instruction, modeling, practice, and evaluation.
- Teaching faculty model effective use of teach-back.
- Patients are invited to include a family member or friend during health care visits to help them ask questions and remember information.
- Tools like *Ask Me 3* are used to help patients and families ask questions and make sure they understand key health information.
- All doctors and staff know when and how to access and work with trained medical interpreters.

- Policies are in place so any member of the health care team can *stop the line* if they sense a patient or family member doesn't understand or is confused by what they're told.
- Clinical and non-clinical members of the health care team use SBAR[3] to pass along the need for clearer communication with a patient or family member.
- Patient strengths and limitations in teach-back are included as part of the hand over to providers in community settings.

How Do You Move Toward Clear Communication?

Start by showing how people are vulnerable when they come to the health care setting. They may be ill, worried, distracted, or in pain. They may be suffering from medication effects or lack of sleep. Or perhaps they just can't follow and remember the technical information and jargon used in health care.

Underscore that the health care team is responsible for making sure patients and families have what they need to care for themselves or their family member. Show what can happen when patients or family members don't understand.

What Can Happen When Patients Do Not Understand

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

Model and Use Plain Language

Plain language means using clear language that conveys exactly what the audience needs to know "without unnecessary words or expression." Key elements include use of everyday words, active voice, logical organization, and easy-to-read design features. "It is not 'unprofessional writing' or a method of 'dumbing down' or 'talking down' to the reader."[4]

Plain language helps everyone, not just those with limited literacy skills. Few patients understand health care terms any more than a surgeon might understand the language of an engineer or lawyer. Using plain language can help bridge the communication gap between patients and health care providers by presenting information in ways that make it easier for everyone to understand.[5]

The following plain language principles can help improve understanding when used in interpersonal and written communication with patients and families.[2]

- Focus on need-to-know rather than nice-to-know information. Nice-to-know may get in the way of need-to-know information.
- Use examples and analogies to explain uncommon words. For example, saying "your heart is like a pump, moving the blood all through your body" helps the patient create a mental image.
- Limit the amount of information you give at one time. Research shows patients remember less than half of what clinicians explain to them.[6,7] Focus on the three to five most important things you want the patient to remember.
- Use non-medical language and avoid jargon. Speaking with patients in non-medical, conversational language—living room language—facilitates understanding and creates opportunities for dialogue.
- Chunk your information and review important points. Chunk and Check refers to clearly explaining one concept and confirming understanding before moving on to the next one.
- Encourage questions and interaction. Use a positive tone. Let patients and caregivers know who they can contact later for answers to their questions.

Plain Language

Writers of plain English let their audience concentrate on the message instead of being distracted by complicated language. They make sure that their audience understands the message easily.

Source: Plain Language Action Information Network (PLAIN). What is Plain Language? Definition of plain language defined by Professor Robert Eagleson. Australia, 1996.

Teach Staff to Use Teach-Back

Teach-back is a way to make sure you—the health care provider—explained information clearly; it is not a test or quiz of patients. It involves asking a patient (or family member) to explain—in their own words—what they need to know or do, in a caring way. It is a way to check for understanding and, if needed, re-explain and check again. And it is a research-based health literacy intervention that promotes adherence, quality, and patient safety.[8]

Using teach-back creates the opportunity for dialogue in which the provider gives information, and then asks the patient to respond and confirm understanding before adding any new information.

Here are some examples of how to ask patients to demonstrate understanding, using their own words:

- "I want to be sure I explained everything clearly. Can you please explain it back to me so I can be sure I did?"
- "What will you tell your child care provider about how to give the medicine to your baby?"
- "We've talked a lot about how you can increase your physical activity. Please go over what we talked about. How will you make it work at home?"
- "Can you tell me in your own words how often and when you will use these inhalers? And show me how you will you use them."
- "These instructions for preparing for your procedure can be confusing. Can you go over what you're going to do to get ready for your surgery?"
- "It can be really hard to find the x-ray department from our office. I don't want you to get lost, so can you tell me what landmarks you will watch for?"

- "We want to be sure you understand what your insurance will and will not cover. Can you go over it for me using your own words? This will help me know if I explained it well."

If the patient does not teach back correctly: rephrase and re-explain the information; ask the patient to teach back the information again, using their own words, until comfortable they really understand it; and consider using handouts, pictures, models, demonstration, and other teaching strategies if they still do not understand.

Sometimes a patient will not be able to teach back, despite more than one attempt to explain the information. If that happens, consider these ideas:

- Be sure they are using their eyeglasses, hearing aids, or other assistive devices, if needed.
- Ask if they would like to include a family member or friend.
- Ask another person on the health care team to help with teaching and explaining.
- Schedule another visit or call.
- Check for language, literacy, or cultural barriers. Get additional help or support, as needed.
- Pass along the need for extra help to other staff and providers.

Teach-back should be used for all important patient education, specific to the condition. Hospital-to-home transitions and communication about medications are especially high-risk. Discharges are busy, associated with multiple exchanges of information and materials, and can be anxiety-provoking since patients and families are being asked to assume or resume care after one or more significant health events that led to hospitalization. Confusion, declines in health status, and changes to medication and care regimens can result in misunderstanding that leads to non-adherence and errors.

Observations of a Family Physician Who Introduced Teach-back into His Practice

"There were surprising misconceptions of patients' understanding of instructions [before using teach-back]. Nonverbal cues do not seem reliable. In [the] absence of teach-back, the only indicator of misunderstanding may be [a] medication mistake or patient error, which could be harmful."

Use interactive learning modules and videos like those in the *Always Use Teach-back!* Toolkit[9] www.teachbacktraining.org to teach and show how teach-back is used correctly.

Teach-back in Action

Here is a good example of teach-back in action. Watch how the doctor shows empathy and effectively uses a hand-out. To watch the video click on the picture or go to http://www.screencast.com/t/VFrb3ysN5.

Overcoming Concerns about Time

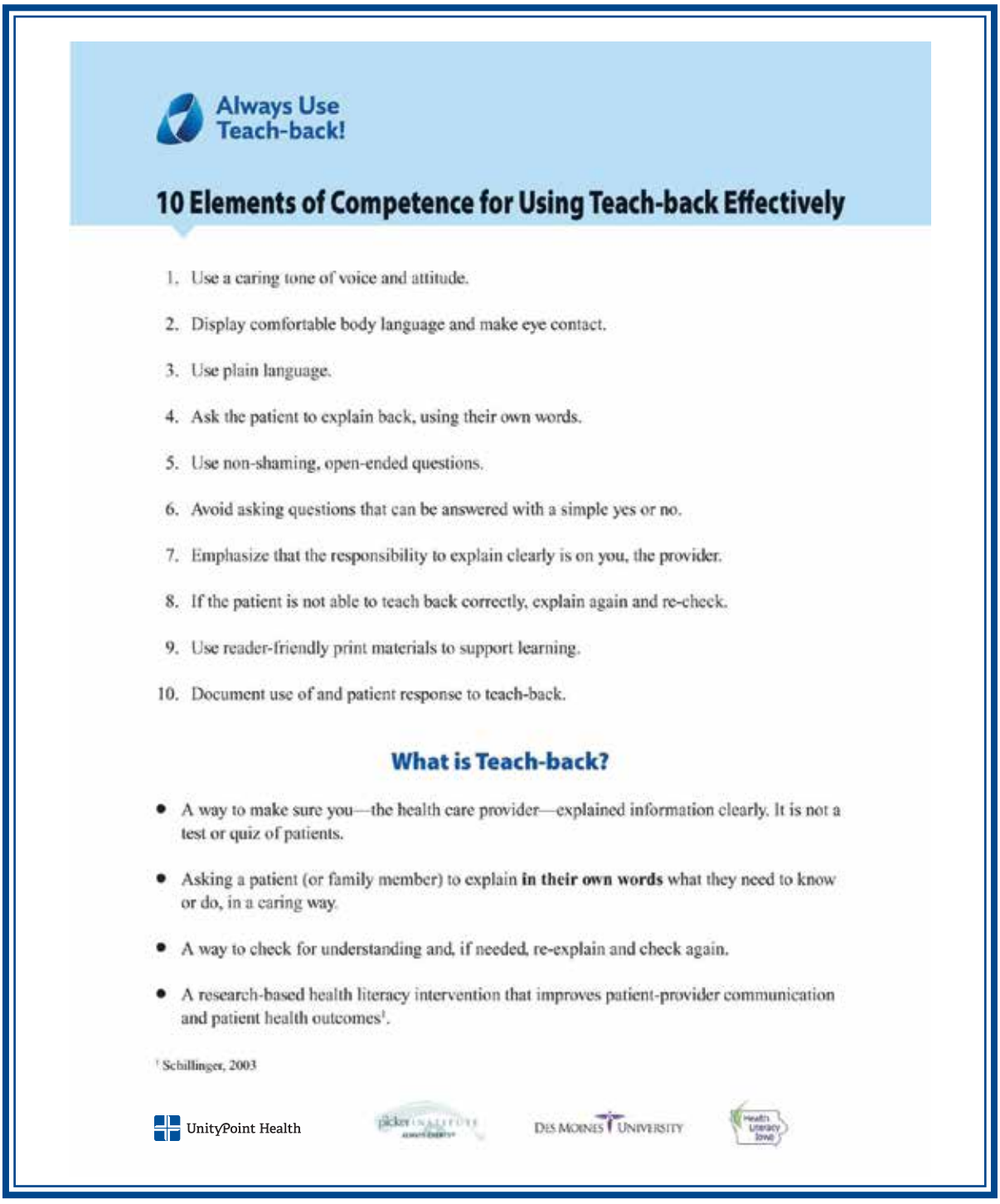
Providers often worry about how much time teach-back will take. Studies show that using teach-back does not significantly increase the length of a visit. On average it takes 1.8 minutes more (Schillinger 2003). But, doctors can *lose* time looking for missing information; trying to figure out why a patient is not responding to therapy even though the patient answers yes when asked if they are taking their medicines according to the prescription labels; and responding to interruptions to answer questions and give clarifications for staff on behalf of patients who didn't understand. The same is true for nurses who handle telephone calls and other patient questions.

Teach-back is an *investment* in improving care. Doctors have reported that once they got the hang of it, teach-back didn't lengthen the visit because they didn't add it on at the end. Instead, they changed the way the visit flowed, with little teach-backs throughout.

As understanding increases, there may be fewer call backs and cancellations, better adherence, and smoother transitions in care. Then providers can focus more on ensuring the information they convey to patients is understood and gives them what they need to care for themselves later.

Source: 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;163(1):83-90.

When working with staff, use the *10 Elements of Effective Use of Teach-back*[9] to guide training and assess skills.



Always Use Teach-back!

10 Elements of Competence for Using Teach-back Effectively

1. Use a caring tone of voice and attitude.
2. Display comfortable body language and make eye contact.
3. Use plain language.
4. Ask the patient to explain back, using their own words.
5. Use non-shaming, open-ended questions.
6. Avoid asking questions that can be answered with a simple yes or no.
7. Emphasize that the responsibility to explain clearly is on you, the provider.
8. If the patient is not able to teach back correctly, explain again and re-check.
9. Use reader-friendly print materials to support learning.
10. Document use of and patient response to teach-back.

What is Teach-back?

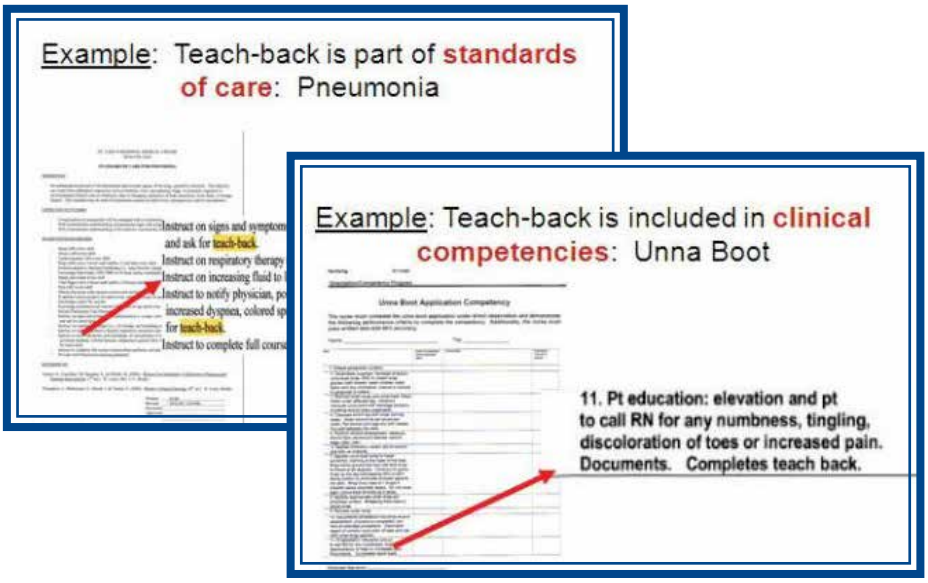
- A way to make sure you—the health care provider—explained information clearly. It is not a test or quiz of patients.
- Asking a patient (or family member) to explain **in their own words** what they need to know or do, in a caring way.
- A way to check for understanding and, if needed, re-explain and check again.
- A research-based health literacy intervention that improves patient-provider communication and patient health outcomes[1].

[1] Schillinger, 2003

UnityPoint Health · Des Moines University

For a downloadable copy:
http://teachbacktraining.org/assets/files/PDFS/Teach%20Back%20-%2010%20Elements%20of%20Competence.pdf

Include teach-back in skills fairs, and patient care and education competencies.



Finally, providers should document use of and the patient's or family member's response to teach-back after each encounter.

Teach Staff to Encourage Patients to Ask Questions

In addition to encouraging patients and families to ask questions, *Ask Me 3* can guide providers in identifying key messages and using plain language to ensure patients know the answers to these questions—the need-to-know information—before concluding the health care encounter. Here is an example:

Patient: Ramon, 4-year-old boy with cavities	
***Ask Me 3* Questions**	**What the parent should understand at the end of the visit**
What is my child's main problem?	• Ramon has cavities, or holes in his teeth.
What do I need to do?	• I should stop his bottle. • I should brush his teeth two times every day. • I should stop giving him sugary drinks, including juice. • I should get him a dentist appointment as soon as possible.
Why is it important for me to do this?	• If Ramon's cavities get worse, he will have pain and might even need a big operation to fix them. They might even hurt his health later in his life.

Changing the Way I Talk with Parents

One pediatric resident noted, "Using *Ask Me 3* changed the way I talk with parents." It helped her highlight what parents *needed to know* to care for their child. She said, "The three questions helped me make sure I gave them the answers to these important questions in a way they could understand."

Tools to Encourage Patients to Ask Questions

Information Rx http://www.informationrx.org/ helps guide patients to MedlinePlus http://www.nlm.nih.gov/medlineplus/, a reliable online consumer health information resource. Providers can use Information Rx to write a prescription for information that can be used to find information on MedlinePlus, in English, Spanish, or other languages. People can do this themselves, or take it to a librarian for help. MedLinePlus has accurate, up-to-date information, and features that make it easier to use, like various reading levels, multiple languages, and interactive tools.

Questions Are the Answer http://www.ahrq.gov/patients-consumers/patient-involvement/ask-your-doctor/ an Agency for Healthcare Research and Quality campaign, has videos and tools to help patients and families prepare for health visits and procedures. It gives people ideas for questions to ask before, during, and after appointments and procedures. *Questions Are the Answer* tells patients they have an important role to play to ensure they get the best quality healthcare.

Ask Me 3 http://www.npsf.org/for-healthcare-professionals/programs/ask-me-3/ is a program of the National Patient Safety Foundation. It was developed by communication and health literacy experts as a tool to improve communication between providers and patients. It encourages the asking and answering of three questions to focus patient-provider communication.

Reducing Parent Anxiety: Health Information and the Internet

"My grandson was diagnosed with strep throat which then got worse. His doctor referred him to a specialist who described his diagnosis in language that left his parents in total terror by the time they left the office. They called me and I decided to do a little research on my own.

A friend had been using a medical website she was very comfortable with and shared it with me – MedlinePlus.gov. I went into this site very skeptical. I found the medical term was very easy to pull up and the language level was easy to understand. This site explained the symptoms, diagnosis, and treatment, answering many of my questions and concerns.

I would recommend this website to anyone who has questions on health-related topics and concerns. I shared it and my findings with my daughter and she was very impressed with the simplicity and information you could get your hands on right away. The best diagnosis to this story is that my grandson is a very healthy 5-year old again."

Patient Caregiver, Buena Vista Regional Medical Center

Teach Staff to Use SBAR

SBAR (Situation-Background-Assessment-Recommendation) is a standard, objective format that streamlines communication and ensures no crucial information is left out.[3] Staff members, clinical and nonclinical, can also use SBAR to *stop the line* if they think a patient or family member has not understood what they were told by someone on the health care team.

This is especially important in settings where it might otherwise be awkward to raise such a concern. For example, if a staff member sees a problem arising from how a nurse gave information to a patient or family member, SBAR gives that person a way to ask the nurse to clarify when there are concerns about understanding. This could take the form of additional discharge education, talking with the family member, delaying a procedure until a patient shows their questions have been answered, or using teach-back to confirm understanding before a test or procedure.

SBAR can be used to pull in the entire care team. For example, a housekeeper may hear a family member say they didn't understand anything the doctor told them. With SBAR as a standard communication tool for all staff, the housekeeper could tell a nurse that based on what she heard, it sounds like the patient and family have questions. The nurse can then follow up appropriately.

SBAR Example - Housekeeper to Nurse

Situation: I think Mrs. Juarez's family has a lot of questions.

Background: She's the patient in Room 3237 who just got back from surgery.

Assessment: I heard her family talking after Dr. Kunan left. They sounded very confused and they thought they were getting mixed messages.

Recommendation: Can you make sure someone goes in to answer all their questions? Her daughter is the main person everybody talks to but she's not always there, so I think an interpreter should come too.

SBAR Example - Dietitian to Nurse

Situation: I'm concerned that Mr. Jones isn't ready for discharge.

Background: He's a 65-year old man with COPD and is supposed to go home with oxygen for the first time.

Assessment: When I went in to see him, he seemed very upset. I think he may be worried about how his home oxygen is going to work. Or there may be something else upsetting him.

Recommendation: I recommend you talk with him about his concerns and go over what will happen with his oxygen when he gets home.

SBAR Example - Resident to Resident

Situation: Mr. Sutter's scan isn't back yet and his wife wants to be with him when he gets the results. She can only be here in the evening so you'll need to talk with her about the results.

Background: The scan will determine what we do next and he might need surgery. They just moved and are trying to find a place to live, start their jobs, and get their kids in school. They are pretty stressed.

Assessment: I'm worried they aren't going to be able to take everything in and will be overwhelmed.

Recommendation: Be sure to use teach-back to make sure they really understand—not only about the results but possible next steps. And let them know Dr. Powell and I will be here tomorrow to go over everything again.

Teach Staff to Work with Interpreters

All providers should know how to access and work with a competent medical interpreter. Asking a family member or using staff who speak the language but are not skilled to interpret medical information can result in omissions, additions, opinions, and errors. Asking a child to interpret for a parent is especially problematic due to confidentiality issues and the stress it puts on roles and responsibilities within a family. TeamSTEPPS® Enhancing Safety for Patients with Limited English Proficiency Module http://www.ahrq.gov/legacy/teamsteppstools/lep/ is a good resource for staff to help them work as a team with interpreters to improve safety.

The enhanced *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (CLAS Standards) give guidance for responding to diversity in health and health care.[10] The Principal Standard explicitly recognizes the issue of health literacy and calls on health professionals to be "responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs." The standards are designed to provide a common understanding and structure for advancing health equity, improving quality, and eliminating health disparities by specifically addressing three areas:

- Governance, Leadership, and Workforce
- Communication and Language Access
- Engagement, Continuous Improvement, and Accountability

Language access services are generally provided through translation of written materials and direct interpreting of verbal language. In health care, interpreting is consecutive. The provider speaks, then pauses for the interpreter to interpret. The patient speaks and again there is a pause so the interpreter can interpret. When working with an interpreter there are some key elements the provider should know:

- The provider faces and speaks directly to the patient.
- The patient should face the provider and interact directly with the provider.
- The interpreter uses first person speech and interprets everything that is said. Transparency is critical.

Sometimes the interpreter may intervene to clarify or to explain a cultural practice. If so, the interpreter is playing a cultural broker role. It is important that everyone knows what role the interpreter is playing, whether it be direct message converter, message clarifier, or cultural broker.

Be sure your interpreters know how teach-back works. Also be sure your providers are trained in how to work effectively with an interpreter. The Health Resources and Services Administration (HRSA) on-line course, *Effective Communication Tools for Healthcare Professionals: Addressing Health Literacy, Cultural Competency, and Limited English Proficiency*, http://www.hrsa.gov/publichealth/healthliteracy/uhcregistrationinstructions.pdf is an excellent resource that combines health literacy and cultural competency training to improve health communication.

Effective Communication Tools for Healthcare Professionals: Addressing Health Literacy, Cultural Competency, and Limited English Proficiency

- Module 1: Introduction to Health Communication
- Module 2: Health Literacy
- Module 3: Cultural Competency
- Module 4: Limited English Proficiency
- Module 5: Capstone Activity

http://www.hrsa.gov/publichealth/healthliteracy/

Communicate Across Settings

Clear communication techniques should be used in the hospital, primary care, and home health settings where patient education, especially for self-care after going home, is vital. Patients may have gotten a new diagnosis, undergone a major procedure, or had big changes in their health management regimen. When they leave the hospital, they must care for themselves or be cared for by family members. This means bringing new medications, routines, and behaviors into their lives. And all this has to be done while recovering from whatever led to their hospital stay.

Begin Discharge Education at Admission

Education should begin at admission, not wait until the day of discharge. Starting right away makes it possible to cover multiple topics, reinforce critical information, and identify issues that are unclear. Confusing areas may need different teaching techniques or approaches. Teach-back should be used especially to go over: self-care regimens; what signs or symptoms to look for; when to call the doctor; and when, where, and how to follow up.

Confusion after Discharge

- "When I was in the hospital all I was focused on was getting home. And then I got home and realized I didn't know what I needed to do."
- "I wasn't clear on what medicines I needed to stop taking."
- "There are some symptoms that I've been having, but I wasn't sure if I should just wait for my appointment in three weeks."

The research-based Re-Engineered Discharge (RED) Toolkit http://www.ahrq.gov/professionals/systems/hospital/toolkit/ is a good resource for improving the discharge process. It includes actions the hospital can take during and after the hospital stay to ensure a smooth and effective transition at discharge.

Use Follow-up Calls

Follow-up phone calls are useful since questions often arise after patients return home. The volume and complexity of information at discharge can be overwhelming, so timely follow-up call(s) to review key information and ensure understanding can help prevent adverse outcomes. Be sure to use plain language and teach-back during these calls to be sure patients really do understand.

Comparison of Follow-up Calls Using Yes/No versus Teach-back Questions

Yes/No Questions	Teach-back Questions
Do you have your follow-up doctor appointment scheduled?	Please tell me when your next appointment with your doctor is.
Do you understand your medications and how you are to take them?	Sometimes medicines can be confusing. Let's talk about some of the key medications you are taking. Please tell me what you know about your medications. Tell me about when you take them.
Do you have any pain?	How are you handling your pain?
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? What questions do you have about what we went over today?

Revealing Other Issues

"Using teach-back during follow-up phone calls reveals other issues that impact patient care and have not come up in the past when we were asking the yes/no questions. For example, we have discovered several patients with issues related to buying groceries and having access to healthy food. With the open-ended format the approach is more conversational, which allows the patient to share more information and not be held to a quick yes/no answer. This has resulted in other issues being identified that need to be addressed. I think this is a positive outcome of changing the approach to the questions and has allowed us to take a holistic approach to the patient."

Director of Population Management
UnityPoint Health

Use Teach-back at Home Health Visits

Use home health referrals, even if only for a few visits. The stress of being in the hospital can make learning difficult. Also, questions may not arise until patients and families are back home and actually dealing with self-management in their usual setting. Using teach-back at home health visits can:

- Identify and clarify areas of uncertainty or confusion.
- Answer questions.
- Review and reinforce key information.
- Assess for ongoing risk.
- Reveal information that should be relayed to doctors by either the home health team or patients themselves.

Teach-back in Action

Watch how the home health nurse re-explains, uses handouts, and re-asks for teach-back. To watch the video click on the picture or go to http://www.screencast.com/t/KcmJFvmQK.

Build Teach-back into Your Documentation Systems

Build teach-back into electronic medical records and patient care documentation systems. Include prompts for using teach-back in electronic health record systems and paper-based order sets, and document its use and patients' responses to teach-back. Electronic systems can be used to periodically track the percentage of patients with whom teach-back was used and their ability to teach back. Use these measures to drive improvement over time.

As providers get better at using teach-back, patients should be able to teach back with fewer tries.

Changing Behavior and Making It Last

To change from long-standing patient education habits to reliably using plain language and teach-back to confirm understanding via the patient's own words takes time. Use small tests of change and coaching to help providers change how they communicate with patients and sustain those improvements over time.

Small Tests of Change

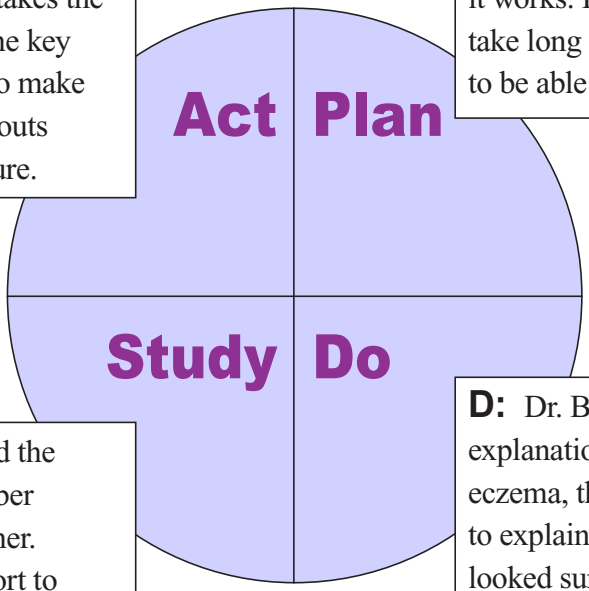
Small tests of change can help doctors and other health care team members adopt plain language and build teach-back into their routines gradually.

A doctor can begin with the last patient of the day. This removes the burden of getting behind schedule. If this small test goes well, the doctor can expand to three to five patients, or all patients with a certain condition. He or she can gradually share successes with colleagues, and work the change into his or her practice patterns. If the small test does not go well, the doctor can study the test, figure out why it didn't go well, modify the plan, and try it again. This way, they can build their experience and confidence, work out the bugs, and then expand use of teach-back into routine practice patterns.

Example PDSA Cycle: Using Plain Language and Teach-back

A: Tomorrow Dr. B. will work to use plain language, emphasize the main points, and ask for a teach-back with 2 patients. He will track time and how many times it takes the patients to teach back the key information. He plans to make his most common handouts easier to read in the future.

P: Dr. B. tries hard to explain things clearly, completely, and in a friendly way to patients. He's heard about teach-back and is willing to try it once, to see how it works. He doesn't think it will take long and expects the patient to be able to explain back easily.



D: Dr. B. provided his usual explanation for managing eczema, then asked the patient to explain back. The patient looked surprised and confused, attempted to explain back, then stopped. Dr. B. then went over the main points more slowly, making an effort to use non-technical terms.

S: Dr. B. was surprised the patient couldn't remember everything he had told her. He felt it took more effort to slow down and use non-technical words. But also felt it was worth it, to be sure the patient really knew what to do.

Coaching

Coaching is a next step beyond giving staff knowledge on teach-back and its effectiveness; it's providing ongoing motivation, encouragement, understanding, and reinforcement. The on-line *Always Use Teach-back!* Toolkit[9] http://teachbacktraining.org has an interactive case-based training module enabling learners to identify and use key aspects of plain language and teach-back throughout the care continuum, by following a patient's experience during hospital discharge through the home health and primary care settings; coaching tips and tools to help managers and supervisors empower staff to use teach-back whenever it is indicated; and readings, resources, and videos to learn more.

Always Use Teach-back! Toolkit

Helping health care providers learn to use teach-back—every time it is indicated—to support patients and families throughout the care continuum, especially during transitions in care

- Interactive Teach-back Learning Module
- Coaching to Always Use Teach-back tips and tools
- Readings, resources, and videos

http://teachbacktraining.org/

Help Patients Learn to Teach Back

Since not all providers will use teach-back, introduce teach-back at talks and classes for the community. Help patients and families practice how to ask for teach-back by using phrases like these:

- "Let me be sure I understand. This is what I heard you say..."
- "I want to go over this because it's complicated..."
- "Can you write that down for me...?"

Explain this in the context of their role as partners in their care:

- They are checking to be sure they understand the information they need.
- They are making sure they get the highest quality care.

The following videos show how a patient or family member can elicit teach-back.

Watch how this mother asks for a re-explanation for her son and the provider responds with a teach-back approach. To watch the video, click on the picture or go to http://www.screencast.com/t/ohX4RNYW2xpW.

Watch how this teen asks his doctor to re-explain issues related to social media safety and health. To watch the video, click on the picture or go to http://www.screencast.com/t/tolv4kzfDXFz.

Summary of Key Points

- Communication is at the heart of patient care. Without understanding, patients can't become partners in their care.
- Providers have a responsibility to make sure patients and families have the needed information and can use it.
- *All* members of the health care team should use plain language and reinforce and supplement important health information, either themselves or by getting another person to help.
- Without teach-back, you may only learn that a patient didn't understand when an adverse event has occurred.
- Teach-back should always be used to support patients and families throughout the care continuum, especially during transitions between health care settings and discussion of medications.
- Small tests of change and coaching can help providers build methods like teach-back into their routines. Cues to providers, staff, and patients, like *Ask Me 3*, can help promote use of plain language and identify key actionable messages.
- Using plain language and teach-back take extra time at the beginning. But they can soon become second-nature.
- Investing time to communicate clearly up-front may lead to time saved in problem-solving later.
- All providers should know how to access and work effectively with a competent medical interpreter.

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