Teach-Back Method

Using a nursing education intervention to improve discharge instructions on an adult oncology unit

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BACKGROUND: Transitions from acute clinical care to the outpatient setting can be daunting. Clear explanations of discharge instructions from nurses and assessment of the patient's understanding can have a positive impact.

OBJECTIVES: The purpose of this study was to assess the effect of an education intervention on nurses' use of the teach-back method, as well as the effects on patient satisfaction at discharge.

METHODS: The setting was a 20-bed adult oncology unit. Nurses' understanding of the teach-back method pre- and posteducation intervention was assessed using the Conviction and Confidence Scale. The effect of the intervention on patient satisfaction was assessed using the Press Ganey survey three months before and after teach-back education.

FINDINGS: The results of this study indicated that nurses were more confident in their ability to use the teach-back method and integrated many teach-back competencies into clinical practice. Although few follow-up surveys were received, longer-term data indicated continued improvement in patient satisfaction and understanding of discharge instructions.

ABOUT 89 MILLION AMERICAN ADULTS HAVE DIFFICULTY understanding the medical information provided to them by their healthcare team (Weiss, 2007). Transitions of care, particularly for those with low health literacy, can make discharge to home care from the hospital confusing and overwhelming (Kornburger, Gibson, Sadowski, Maletta, & Klingbeil, 2013). Patients and caregivers can misunderstand instructions, which can potentially cause nonadherence with home care. In addition, a lack of understanding regarding discharge instructions can lead to an increased risk of complications, medication errors, and readmissions.

According to the Centers for Disease Control and Prevention (2016), health literacy is the degree to which individuals have the capacity to obtain, process, and understand the basic health information needed to make informed health decisions. Lower health literacy leads to increased economic costs of health services, higher rates of chronic disease, and decreased use of preventive services (U.S. Department of Health and Human Services, 2010). It is estimated that individuals with low health literacy are as much as three times more likely to experience an adverse health outcome (Johnson, 2015). A meta-analysis by Miller (2016) indicated that interventions related to health literacy can be successful in clinical practice. In Miller's (2016) study, patients who received a variety of interventions, such as the teach-back method, were 16% more adherent to treatment than those who did not receive an intervention.

The teach-back method is an evidence-based approach to patient education (Agency for Healthcare Research and Quality, 2015). This method asks learners to repeat what has been explained or taught to them by their healthcare providers in their own words. Teach-back is not a health literacy test; it is a learning strategy that can help to mitigate low health literacy issues. Teach-back allows healthcare providers to confirm comprehension and reeducate the patient, if needed, and it reduces the risk of patient misunderstanding. Any member of the healthcare team can use the method, which encourages the use of open-ended questions, decreases fear and discomfort for the patient, and can be used in all patient education situations (Tamura-Lis, 2013). In addition to promoting health literacy and stronger communication, the teach-back method allows patients to directly participate in their learning and care.

According to a study by Haney and Shepherd (2014), using the teach-back method with patients with congestive heart failure reduced readmission rates from 18% to 13%. In a randomized study by Griffey et al. (2015), researchers