



Teach Back 2.0

From Health Literacy to Healthy Living

To truly improve patients' abilities and confidence in managing their care, teach back alone will not suffice. This new era of patient and family engagement requires Teach Back 2.0.

What is Teach Back?

In the standard teach back technique, patients' comprehension of information communicated to them is validated by having them restate in their own words what they heard their caregivers convey to them. It may sound something like:

Provider: "I want to be sure I've done my job and explained things clearly. To make sure I did, can you tell me in your own words what you'll need to do when you go home today?"

This example demonstrates some key attributes of the teach-back approach:

- 1 Use of **open-ended questions**.
- 2 Framing the query as a "test" of the provider versus a "test" of the patient. Language is used to **minimize any feelings of shame or embarrassment** should the patient not understand and require additional explanation.
- 3 Use of **plain language**. Avoid using any medical jargon, acronyms or complicated terminology when a simple term can be used just as effectively.

This approach guards against patients leaving a care encounter having agreed to understanding instructions or indicating they have no questions when, in fact, they may be struggling to make sense of what was communicated to them. Questions such as "Do you understand?" or "Do you have any questions for me?" that can be answered with a simple yes or no provide no insight into the patient's actual comprehension. They leave patients (and providers) vulnerable to the first indication of misunderstanding being an error or oversight in how the patient manages their care on their own.

From Teach Back to Teach Back 2.0

Teach back 2.0 personalizes this practice, validating not only a patient's comprehension of information but also *their ability to apply the knowledge to their life*. In other words, rather than merely restating an instruction in their own words, patients are asked to describe how adhering to the guidelines or instructions will look in their day-to-day life. So, it may go something like this:



Provider: “I want to be sure I’ve done my job and explained things clearly. To make sure I did, what is your understanding of how you’ll need to take this new medication?”

Patient: “Yes, I’ll need to take this new prescription every six hours, with food. So, my next pill will be at about 5 p.m. You said it may make me pretty drowsy.”

Provider (Teach Back 2.0): What are you typically doing around 5 p.m.? How will taking this medication affect your late afternoon routines?

Patient: I usually pick up my kids from the afterschool program about that time. I don’t want to be driving if I’m falling asleep from the medication, so I will pick them up and take it once I get home.

As you can see, Teach Back 2.0 goes beyond evaluating a patient’s understanding of the care instructions provided to them to evaluating how those instructions fit into their real life. It is not just a restatement of information, but relating that information to their personal circumstances, values and lifestyle. It is implemented according to these six steps:

- 1 Communicate** healthcare information and instructions in plain language. Provide it in small information doses to avoid information overload.
- 2 Validate the patient’s comprehension through Teach Back.** Invite the patient to restate what they have heard in their own words.
- 3 Inquire of any concerns or questions.** Use open-ended questions to inquire of the patient (and family members, if present) what concerns they have about their ability to complete the activities or follow the instructions.
- 4 Validate the provider’s understanding of the patient’s reality.** The provider restates in his/her own words their understanding of any concerns the patient or family has expressed. “What I hear you saying is...”
- 5 Evaluate the patient’s understanding of how they will apply the knowledge in practical terms.** With a better understanding of the patient’s personal reality, invite them to describe how they will integrate the needed self-management activities into their lifestyle. “What will this look like in your daily life?”
- 6 Create a safe space for additional questions and conversation.** Engage family members who are present. Reassure them you have the time to answer their questions. As appropriate, write things down, and provide visual images and diagrams to reinforce verbal communication.

Implemented together, these communication techniques diminish the likelihood of misunderstanding, promote heightened levels of patient and family engagement, and position patients to manage their care more effectively within the realities of their daily lives.