

# Early Adoption of Teach-back by Nurses at a Comprehensive Cancer Center

Carolina Uranga, MSN, AGCNS-BC, OCN, WCC, OMS; Dhruvi Ramchandani, MPH, CHES; Laura Brown, MLS; Angelique Russell, MPH; Monga Abila, MPH, BSN, RN; Annette Mercurio, MPH, MCHES; David Rice, RN, PhD, NP

## BACKGROUND

“Nearly 9 out of 10 US adults have difficulty using the everyday health information that is routinely available in our health care facilities, retail outlets, media and communities.” – National Action Plan to Improve Health Literacy, 2010

Cancer information is complex and difficult to retain. Patients are expected to understand and apply education to improve their health outcomes and quality of life. Therefore, it is imperative that hospitals impact health literacy by using teach-back, a proven and effective method, to validate comprehension of critical education.

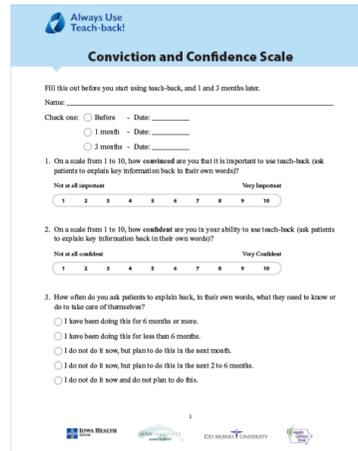
## METHODS

1. A quality improvement teach-back pilot project was started by a clinical nurse educator, health educator and clinical librarian, with contribution from leaders and professionals throughout the institution.
2. Teach-back training was developed, refined and incorporated into existing professional training programs, including the RN Residency program.
3. The Conviction and Confidence Scale© (a validated quantitative tool from the Teach-back Toolkit <http://www.teachbacktraining.org/using-the-teach-back-toolkit>) was used to evaluate how nurses felt about the use of the teach-back method for patient education.
4. An online training module was added for nurses to access on their own, and may be made mandatory.
5. Hospital policy is being modified to integrate the use of teach back into patient teaching practice.

## GOALS

-  Nurse comfort with use of teach-back in daily health education of patients and families.
-  Nurse commitment to the use of teach-back in daily health education of patients and families.

## RESULTS



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 convinced Very Convinced

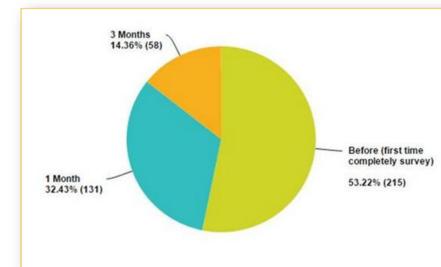
1 2 3 4 5 6 7 8 9 10

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 did 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.

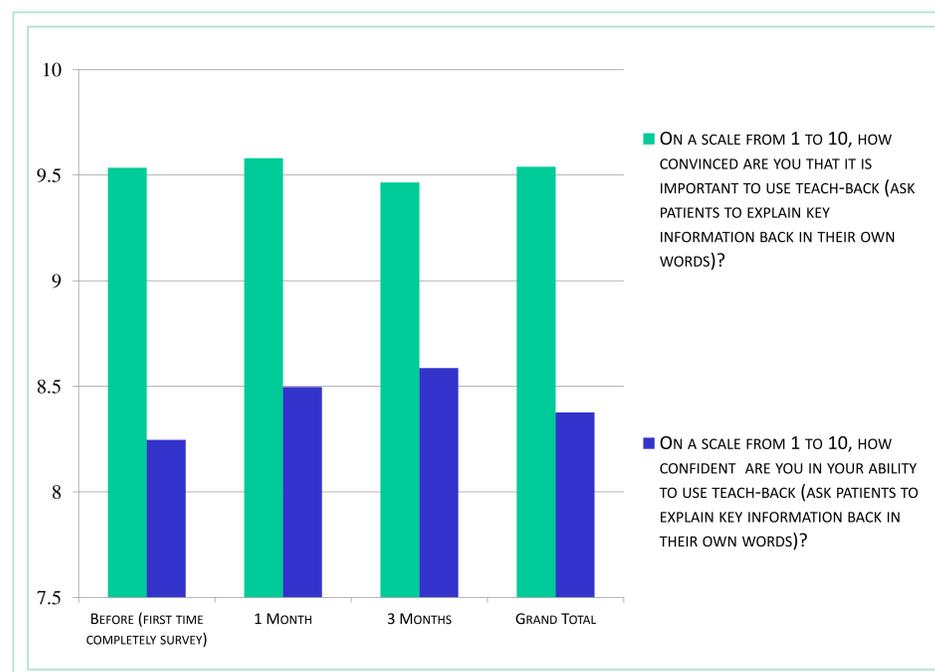
Page 1 of Conviction and Confidence Scale



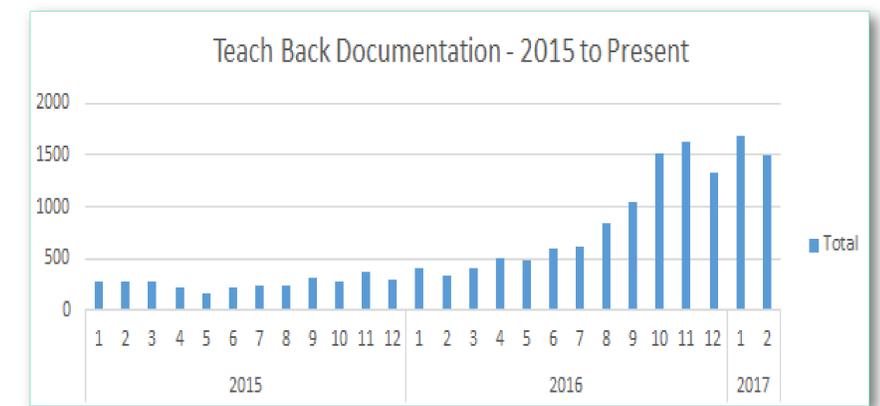
Breakdown of Pre and Post Surveys

A total of 404 pre- and post-training surveys were completed.

- Survey results showed an overall mean of 9.54, on a scale from 1 to 10, indicating they are convinced that it is important to use teach-back.
- Survey results also showed an overall mean of 8.38, on a scale of 1 to 10, indicating confidence in their ability to use teach-back.



After training sessions, teach-back documentation in the inpatient electronic medical record improved dramatically from 24.2% in 2015 to 75.7% in 2016.



## SUSTAINABILITY

Continue training during existing professional training courses, all new RN residents, and potentially during new hire orientation for all employees.

Proposed changes are pending and include standardized use of teach back within institutional patient education policies.



## REFERENCES

1. AHRQ, 2001, *Making Health Care Safer* “Asking that patients recall and restate what they have been told” one of 11 top patient safety practices based on strength of scientific evidence
2. Schillinger, et al., 2003, *Closing the Loop*, Physician use of TB associated with better glycemic control for diabetic patients.
3. Bennett, et al., 2009, *J Am Coll Radiol* (Humorous) diagram (6.8”) & TB (8.1”) better recall & recognition than standard consent (5.8”) for spinal injections
4. Fink, et al., 2010, *Annals of Surgery* Addition of repeat-back to standardized computer-based consent program significantly improved patient comprehension.
5. Press, et al., 2012, *J Gen Intern Med* Use of TB associated with lower MDI misuse among hospitalized adults w/ asthma or COPD. (NS reduction for Diskus®) & fewer 30-day acute health events.
6. Kaphingst, 2013, *HARC*, Use of TB improved understanding of post-ED meds, self-care, & f/u compared to standard discharge among adult patients w/ low HL discharged from ED.