

A Collaborative Approach to Teach-back: Bringing Together a Patient Partner, Patient Education and Clinical Expertise

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Background

A new teach-back model was developed in 2016 to build staff capacity in the teach-back technique at Toronto Western Hospital, University Health Network (UHN) in Toronto, Ontario Canada. This was a partnership between the Patient & Family Education program, a UHN Patient Partner and the Krembil Neurovascular Stroke program. The value of this collaboration was the engagement with a patient from the target population who co-facilitated the in-services with the Advance Practice Nurse Educator from the Neurovascular unit and the Patient and Family Education Coordinator. Eight teach-back sessions were facilitated with 80 inter-professional clinicians between November to December 2016 and February to March 2017.

Purpose

The teach-back in-service aimed to

- 1 address patient safety;
- 2 ensure patients understand the information they receive;
- 3 support implementation of a newly developed Patient Education Record (PER) on the Neurovascular unit and
- 4 integrate a patient partner as a co-facilitator.

The learning objectives of the sessions were to:

- Define health literacy and its direct impact on health and wellness
- Articulate strategies to address the impact of low health literacy in practice
- Apply the teach-back technique in a clinical scenario
- Document patient education effectively

Method

A pre- and post-test assessment was given to clinicians before and after the in-service to rate their conviction and confidence to use teach-back on a 10 point scale. In addition an evaluation was given after the in-service to assess the following variables on a 5 point scale:

- 1 learning objectives met;
- 2 clarity and relevance of content;
- 3 usefulness of handouts/materials;
- 4 effectiveness of including a patient partner as a co-facilitator and
- 5 increase in knowledge of teach-back.



Conclusion

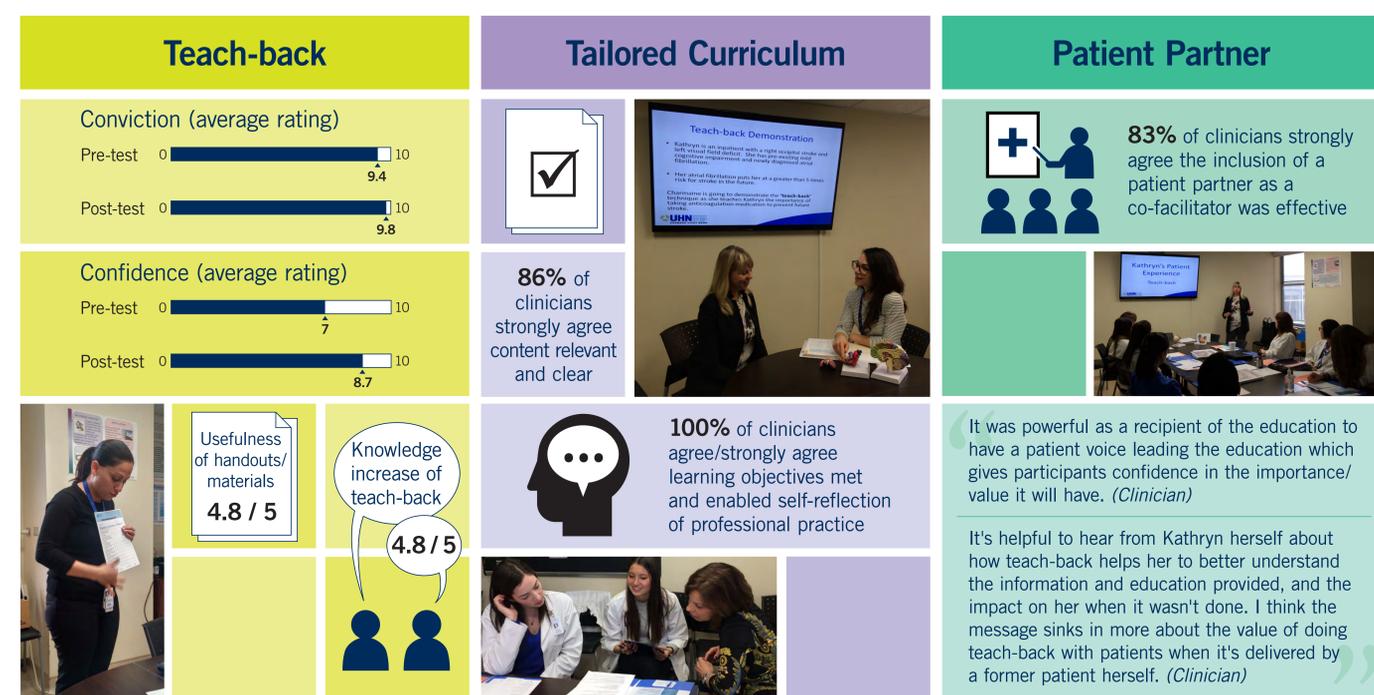
Based on the success of this collaborative approach to teach-back, it was determined to be a valuable practice to integrate a patient co-facilitator with a condition specific to the unit into in-services across UHN. This teach-back model has already been recognized as a recipient of a Nursing & Health Professions Staff Award. Much evidence suggests that patient engagement promotes shared decision making as patients and families become more active, informed and influential. Engagement can lead to better health outcomes, contribute to improvement in quality and patient safety and help control health care costs (Carmen et al., 2013).



Results

The response rate for completed evaluations was 88% (n=70). The teach-back content, tailored curriculum and engagement of a patient in the in-service were all rated as effective. Clinicians were already convinced of the importance of teach-back but their confidence and knowledge of teach-back increased significantly after the in-service. In addition, customization of the demonstration and practice scenario to the clinician's primary medical domain enhanced uptake of the content. Lastly, having a former patient from the unit share her experience and views on teach-back served to powerfully bridge the theory-practice gap that is encountered by many clinicians when attempting to integrate evidence-based techniques into their practice.

Teaching with Kathryn has been collaborative and insightful. Her experience demonstrated the value of the 'teach-back' technique and enhanced the overall curriculum in promoting best practices for patient-centered care. Also her feedback as a former patient of the unit provided an opportunity for staff to reflect on their professional practice and identify areas for improvement. (Co-facilitator)



This collaborative approach to education exemplified UHN's commitment to true patient-centered care, and as a sustained approach will continue to break down traditional barriers between patients and staff. These teach-back sessions created learning opportunities on both sides, and as a patient, I gained greater insight into some of the challenges faced by front-line staff that aren't always visible to us as patients. (Patient Partner)

A future consideration for sustainability and continued elevation of the teach-back technique on the unit will be to conduct a 3 month follow-up assessment of clinicians' conviction and confidence to use teach-back and audit use of the PER to assess if teach-back is being completed with patients. Also, recommended are annual refresher in-services and integration of the teach-back technique into new hire orientations on the unit.

Acknowledgements

Charmaine Arulvarathan, BScN, RN, CNN(c), MN
Anne Cayley, RN (EC) MN NP-Adult CNN(c)
Sylvia Chan, BSc, PT
Fatima Quraishi, BSc, OT
Kristin Foster, BAA, Graphic Artist, UHN Patient & Family Education Program

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