



Teach-Back

The Challenge

Patients rarely share if they understand the information given to them during a visit. Even when directly asked, many patients will not mention when they have questions. Research shows clinicians underestimate patients' needs for information and overestimate their effective communication with patients.^{1,2,3} Poor patient understanding can lead to poor treatment plan adherence, lack of follow-through, and sub-optimal health outcomes.

The Idea

One way to ensure patients understand information is to use the teach-back method. This low-cost, health literacy intervention involves the patient explaining new information in their own words to a care team member who assesses the explanation for comprehension. Teach-back is not a test, rather it is a strategy that enables any member of the care team to validate a patient's understanding of information. By improving health literacy through teach-back, care teams are also addressing cultural and linguistic differences which reduce health disparities.

Steps for Implementation

1. Obtain leadership support.
2. Identify a champion.
3. Train all care team members on the teach-back method.
4. Determine when and how teach-back will be used.
5. Let patients and families know that teach-back is being used and explain its importance.
6. Evaluate your process and outcomes for continuous improvement.

Tips for Success

- Start with one care team member, one patient and one topic area.
- Discuss the process with the larger team to share tips and successful approaches.
- Use a non-judgmental tone and simple terms or phrases.
- Use an interpreter if English is not their primary language.
- Use various learning tools to accompany your conversation (pictures, large print, videos) and ensure that materials are no higher than a fifth-grade reading level.
- Involve a family member, if needed.

Resources

[Teachback.org](https://teachback.org)

[Home - TeachBackTraining](#)

[Teach-Back: Intervention | Agency for Healthcare Research and Quality \(ahrq.gov\)](#)

[AHRQ Implementation Quick Start Guide: Teach-back](#)

[Use the Teach-Back Method: Tool #5 | Agency for Healthcare Research and Quality](#)

[The SHARE Approach—Using the Teach-Back Technique: A Reference Guide for Health Care Providers | Agency for Healthcare Research and Quality \(ahrq.gov\)](#)

[Teach-back: Interactive Module Slides | Agency for Healthcare Research and Quality](#)

[Health literacy – Using teach-back via an interpreter - Centre for Culture, Ethnicity & Health](#)

[Health Coaching: Help Patients Take Charge of Their Health | Patient Care | AMA STEPS Forward | AMA Ed Hub](#)

Put new ideas to work in your community:

Teach-Back is just one of several care transition interventions highlighted in HQI's [Ideas That Work](#) series. To explore other strategies for strengthening care coordination activities in your community, check out our [YouTube Playlist](#) and the [HQIN Resource Center](#).

1. Hancock K, Clayton JM, Parker SM, et al. Discrepant perceptions about end-of-life communication: a systematic review. *J Pain Symptom Manag* 2007 Aug 31;34(2):190-200. <http://dx.doi.org/10.1016/j.jpainsymman.2006.11.009>.
2. Coran JJ, Koropecjy-Cox T, Arnold CL. Are physicians and patients in agreement? Exploring dyadic concordance. *Health Educ Behav* 2013;40(5):603-11. <http://dx.doi.org/10.1177/1090198112473102>.
3. Calkins DR, Davis RB, Reiley P, et al. Patient-physician communication at hospital discharge and patients' understanding of the post-discharge treatment plan. *Arch Intern Med* 1997 May 12;157(9):1026-30. <http://dx.doi.org/10.1001/archinte.1997.00440300148014>

This material was prepared by Health Quality Innovators (HQI), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW/HQI/QIN-QIO-0711-01/17/24