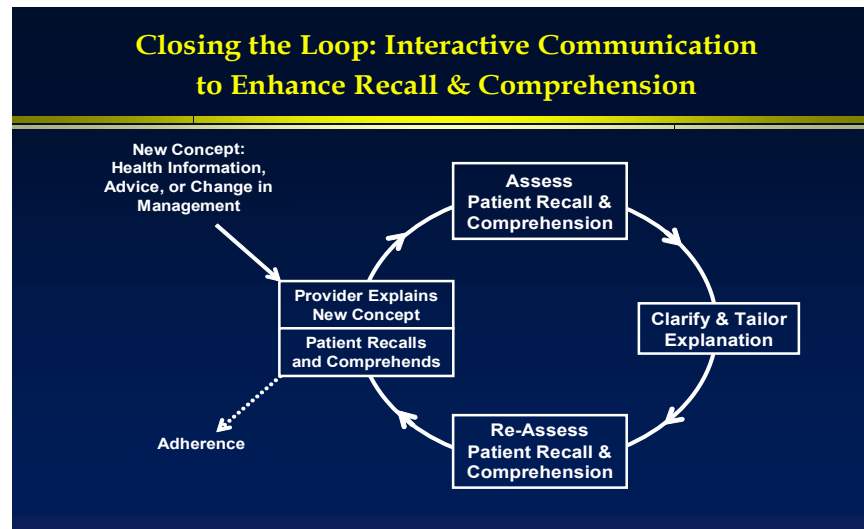


What Can Clinicians Do in the 15-minute Patient Encounter?
Making the Case for Using the “Teach Back Method” (a.k.a. “Closing the Loop”)

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WHAT?

I employ the “teach-back method” in all of my encounters with patients, particularly those with chronic disease, for whom self-management is a central component. In this interactive technique, the clinician prioritizes amongst the information exchange that has occurred in a visit and **explicitly** asks the patient to “teach-back” what he/she has *recalled and understood* from the discussion in those high-priority domains. Similarly, clinicians can use the strategy to assess patient’s *perceptions* of the information or advice given. The technique can be used toward the end of a visit or during the course of the visit, so as to tailor communication earlier.

SO WHAT?

In the context of a busy office visit, clinicians frequently overwhelm patients with information and advice, and patients only recall or comprehend as much as half of what was said. In addition, physician’s advice and instruction is often delivered out of context, is based on assumptions of shared meaning, and rarely is tailored to the individual patient’s needs. I have found that the “teach-back” method, if used early and often, can -

- Ensure information is **understood/integrated** into memory
- Check for **lapses** in communication
- Open dialogue re **health beliefs** and unanticipated **barriers** to “action plans,” and self-mgmt
- Reinforce and **tailor** health messages
- Promote a common understanding or “**shared meaning**”
- Elicit **patient participation/activation**
- Maintain your curiosity in the patient as a **unique person**, with unique stories to tell- thereby promoting a genuine **alliance**

HOW?

Here are some examples of how to initiate a “teach-back”:

Example 1 (*medication change*):

Doctor (to patient): “ *I want to make sure I did a good job explaining your blood pressure medications, because this can sometimes be confusing. Can you tell me what changes we decided to make and how you now will take the medications?* “

Note especially how the physician places the onus of any possible mis-communication on him/herself. In other words, the “teach-back” task is conveyed **not as a test of the patient**, but of how well the physician explained the concept.

Example 2:

Nurse Educator (to patient): “ *We’ve spent the last few minutes discussing how you are going to exercise and how you are going to change what you eat. Can you repeat back to me these new plans on exercise and eating, and can you tell me how easy or difficult these will be for you to do and what problems you might have in doing them? This will help me give you the best advice?* “

Note again how the nurse normalizes any possible dis-agreement re the plan or future non-adherence to the agreed-upon plan by framing such disclosures as one means to improve on the nature of any advice. It is also important to give the patient time and space to respond; avoid interrupting the patient before he/she has a chance to respond.

Here are some examples of how NOT to initiate a “teach-back”:

Example 3:

Doctor (to patient): “*Do you understand what we just talked about?* “ or “*Do you understand the plan regarding your blood pressure medications?* “ or “*Did that makes sense?*”

These routine queries, which do not require explicit articulation of recall, comprehension, or perceptions on the part of the patient, will universally be met with an uninformative (and possibly falsely reassuring) “Yes, doctor”.

WHAT NEXT?

I would very much like to see the routine incorporation of this technique across health disciplines and across modes of communication, e.g. telephone advice; interactive computer instruction/tailoring. Teach-back is currently being rolled out as NQF Safe Practice #10 for informed consent discussions

TAKE HOME

A simple communication tool – the “teach-back method”, a.k.a. “Closing the Loop” - if used early, often, and at strategic moments, can help promote more effective two-way discourse between clinicians and patients without lengthening the chronic care visit.