

Introducing Teach-Back into an Advanced Heart Failure Clinic— A Case Study

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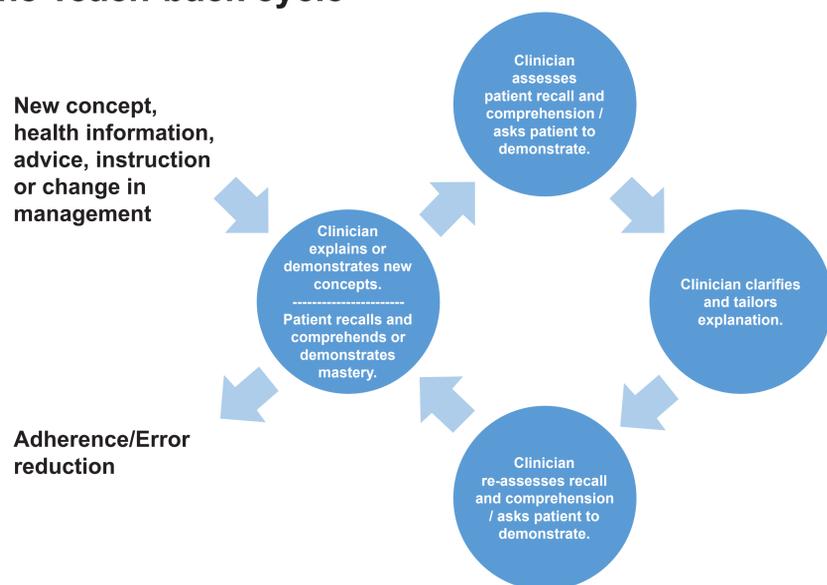
Patients at the heart of progress

Introduction

Heart failure (HF) affects approximately 900,000 people in the UK. Treatment focuses on symptom management and strengthening the heart to reduce risk of the condition deteriorating. National guidelines specify effective communication between healthcare professionals, patients and carers as essential for the best management of HF (1, 2).

Teach-back is an interactive teaching method that focuses on key learning outcomes and asks patients to restate information in their own words (3). This allows the educator to evaluate patient understanding and to reinforce and personalise concepts in an open discussion with the patient.

The Teach-back cycle



Aim

The project aimed to evaluate the feasibility of introducing teach-back as a means of ensuring quality communication and patient education during a cardiologist led Advanced HF clinic, specifically to determine if it changes:

- the quality of staff communication;
- patients' experience of the consultation;
- patient knowledge; and
- staff confidence in their communication.

Methods

Pre-training – Clinical psychology and cardiology staff collaborated to obtain baseline observational and self-report measures of: use of teach-back skills, patient experience, patient knowledge, and staff confidence. This was taken from 13 patient consultations over three cardiologist-led Advanced HF clinics.

Training – The participating cardiologist completed the online teach-back training module (4).

Post-training – Measures continued at 14 further patient consultations over two clinics. The cardiologist then completed a semi-structured debriefing interview.

Results

Introducing teach-back increased staff confidence and use of good communication indicators (Figure 1), patient knowledge also increased without detrimentally impacting on patient experience (Figure 2).

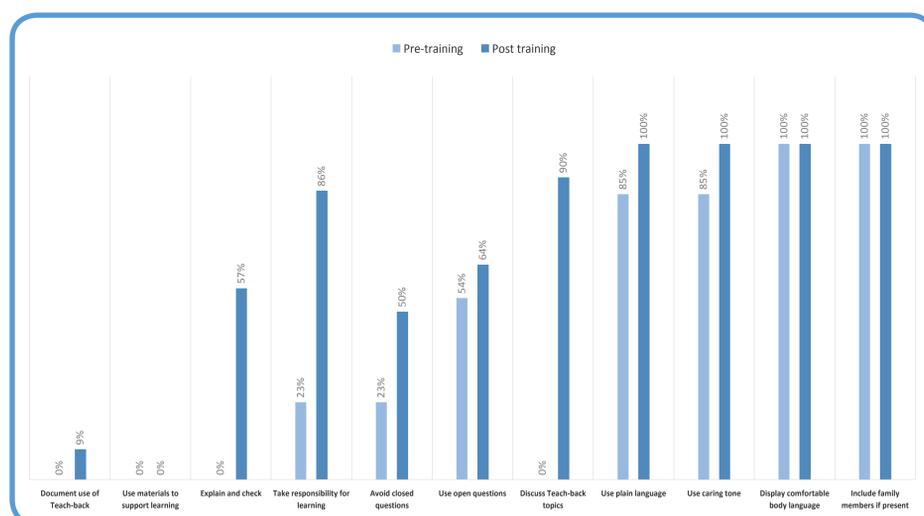


Figure 1: Percentage of teach-back skills used by Cardiologist during consultations.

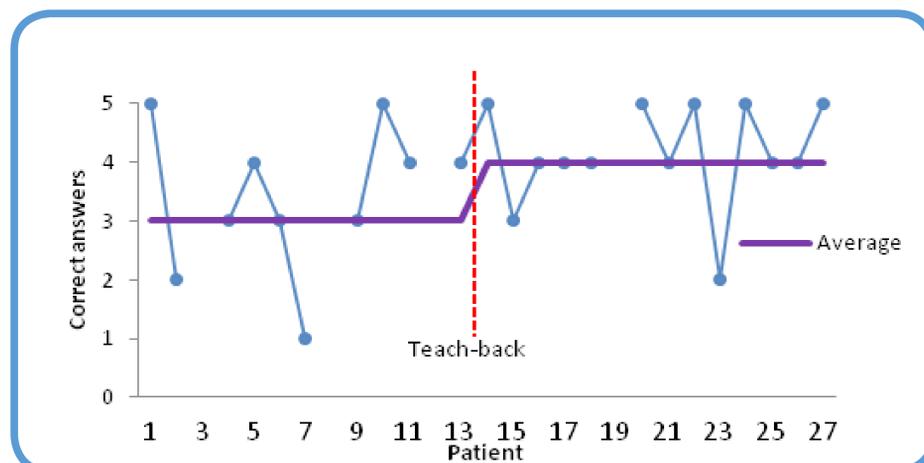


Figure 2: Number of correctly answered self-care knowledge questions before and after introduction of teach-back.

Conclusion

In addition to refreshing and enhancing existing communication skills, the element of patients restating information in their own words was the most beneficial aspect of teach-back for both practitioner and patient.

By demonstrating that teach-back is a simple and cost effective means of achieving improvements in patient knowledge, staff confidence and communication, we hope that NHS colleagues will be encouraged to embark on similar improvement projects.

References

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4. Always used teach-back! [On-line information accessed 09/10/15]. www.teachbacktraining.org/interactive-teach-back-learning-module