10 Elements of Competence for Using Teach-back Effectively
 1. Use a caring tone of voice and attitude.
 2. Display comfortable body language and make eye contact.
 3. Use plain language.
 4. Ask the patient to explain back, using their own words.
 5. Use non-shaming, open-ended questions.
 6. Avoid asking questions that can be answered with a simple yes or no.
 7. Emphasize that the responsibility to explain clearly is on you, the provider.
 8. If the patient is not able to teach back correctly, explain again and re-check.
 9. Use reader-friendly print materials to support learning.
10. Document use of and patient response to teach-back.

What is Teach-back?

l A way to make sure you—the health care provider—explained information clearly. It is not a test or quiz of patients.

l Asking a patient (or family member) to explain in their own words what they need to know or do, in a caring way.

l A way to check for understanding and, if needed, re-explain and check again.

l A research-based health literacy intervention that improves patient-provider communication and patient health outcomes1

.

1
 Schillinger, 2003

Teach-back—a useful technique
Every clinician wants to know the most effective way to communicate with patients and their families. It's the first step to helping someone with a health problem. With the teach-back technique, effective clinician-patient communication is assured because patients are asked to "teach back" what they have learned during their visit. Patients use their own words to explain what they need to know about their health, or what they need to do to get better.

Below are some other advantages of the technique:

Helps your patients remember and understand more information1,2
Raises patient satisfaction and helps patients feel more relaxed
Helps you gain your patients' trust
Is not time consuming to implement and can take as little as 1 to 2 minutes3
How to use the teach-back technique with your patients
Check off the strategies you will try.

What To Say[4]

___ Explain things clearly using plain language and avoid using medical jargon and vague directions.

___ Make sure your patients know your goal is to check how well you explained the health information—not to test their knowledge.

___ Encourage your patients to use their own words, rather than copying you or others on your clinical team.

___ Ask open-ended questions that start with "what" or "how" and avoid questions that result in "yes" or "no" answers.

___ When appropriate, ask your patients to show you how to do something, such as how to check their blood pressure or use their inhaler.

How To Say It[4]

___ Speak slowly and make eye contact.

___ Allow your voice and facial expressions to show genuine interest.

___ Use relaxed body language.

When To Use Teach-Back[4]

___ Use teach-back whenever you explain an important concept—such as treatment options, participation in a clinical trial, weighing benefits and risk, or adherence to a treatment plan.

___ Check for comprehension after main points and repeat these points throughout the visit.

Teach-back questions for shared decisionmaking
Try these examples with your patients

"We talked about two treatment options today: watchful waiting and starting radiation in a few weeks. I want to make sure I explained each option clearly. Would you please tell me how you would explain watchful waiting to your family member?"

"I want to make sure I was clear about the pros and cons of taking this medicine. Could you tell me about the possible side effects of the medicine and how it could lower your chance of a heart attack?"

"I want to check how well I explained the treatment options, benefits, and possible harms outlined in this decision aid on osteoporosis. Please tell me, in your own words, about the options we discussed that could help lower your chance of breaking a bone."

Help your patients to understand

Teach-back allows you to see how well you explained or taught health information to your patients. Patients do not mind being asked about their understanding—according to a patient preferences and assessment study.[5]

If a patient does not understand

At times, teach-back may reveal that a patient does not understand what they need to know, or what they need to do.

Steps To Take

Say, "I must not have done a good job explaining. Let me try again."
Explain the health information a second time using a different approach. Create a simple drawing, show a model, or demonstrate the behavior (such as showing how to empty a Foley catheter urine bag).
Use teach-back again to check for comprehension.
Promote a teach-back environment
Besides asking questions, there are other ways to promote teach-back. You can create an atmosphere that invites your patients to take the lead in using it.

Try These Tips

Give your patients the time and opportunity to talk to you.
Make sure all the staff in your office are trained on the technique and are using teach-back correctly.
Post signs that explain teach-back and encourage your patients to use it.
Using teach-back with decision aids
Teach-back is especially important to use with decision aids, such as written materials, videos, and interactive tools. These aids help your patients learn about and evaluate their options so they can make informed choices. After you offer decision aids to your patients, be sure to follow up at the next visit. Use the teach-back technique to make sure your patients used and understood the decision aids.

Start slowly
Remember, adopting new behaviors can take a little time to master. Be patient with yourself. At first, start out slowly with one or two of your patients a day. Soon you will find teach-back is second nature for you.

Track your progress
It's a good idea to document your use of the teach-back technique to know how well you are using it.4 For a tracking log, visit page 159 in the Health Literacy Universal Precautions Toolkit (Pub. No. 10-0046-EF), from the Agency for Healthcare Research and Quality (AHRQ), at http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthliteracytoolkit.pdf (339 KB).

Learn more about using the teach-back technique
For tips on the teach-back technique, visit:

http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthliteracytoolkit.pdf (page 28) (339 KB).

Learn more about resources for patients
For culturally appropriate interactive decision aids from AHRQ visit:

https://effectivehealthcare.ahrq.gov/products?f%5B0%5D=field_product_type%3Adecision_aid
For consumer research summaries that compare treatment options for health conditions (some in both English and Spanish), visit:

https://effectivehealthcare.ahrq.gov/consumers
This tool is to be used in conjunction with the Agency for Healthcare Research and Quality's SHARE Approach workshop. To learn more about the workshop, visit www.ahrq.gov/shareddecisionmaking.

References
1. Johnson J.L., Moser L., Garwood C.L. Health literacy: a primer for pharmacists. Am J Health Syst Pharm 2013 Jun 1;70(11):949-55. PMID: 23686601.

2. Roett M.A., Coleman M.T. Practice improvement, part II: health literacy. FP Essent 2013 Nov; 414:19-24. PMID: 24261434.

3. Schillinger D., Piette J., Grumbach K., et al. Closing the loop. Physician communication with diabetic patients who have low health literacy. Arch Intern Med 2003 Jan 13;163(1):83–90. PMID: 12523921.

4. DeWalt D.A., Callahan L.F., Hawk V.H., et al. Health Literacy Universal Precautions Toolkit. Prepared by North Carolina Network Consortium, The Cecil G. Sheps Center for Health Services Research, The University of North Carolina at Chapel Hill, under Contract No. HHSA290200710014. AHRQ Publication No. 10-0046-EF. Rockville, MD. Agency for Healthcare Research and Quality. April 2010.

5. Kemp E.C., Floyd M.R., McCord-Duncan E., et al. Patients prefer the method of "tell back-collaborative inquiry" to assess understanding of medical information. J Am Board Fam Med 2008 Jan-Feb;21(1):24-30. PMID: 18178699.

http://teachback.org/wp-content/uploads/2022/02/Teach-Back-Toolkit_for-website_Sept-2021.pdf
1

The Teach-Back Toolkit
A Guide to the Use and Implementation of the
Teach-Back Method
Talevski J, Beauchamp A, Wong Shee A, Rasmussen B, Hilbers J.
September 2021
2
What is Teach-back?

Teach-back is a simple and effective way of checking that you have clearly explained information to your patients by confirming that they understand it.

Teach-back involves asking patients to explain back what you have just told them in their own words. Any misunderstandings are then clarified by the health provider, and patient understanding is checked again.

FACT: Studies have shown that up to 80% of medical information patients are given is forgotten immediately, and almost half of the information retained is incorrect[1,2]

Why use teach-back?

Use of teach-back enhances communication between patients and healthcare providers, helping ensure that information is clearly understood

Teach-back can improve learning-related outcomes (e.g. self-care practice), patient satisfaction, and health outcomes (e.g. hospital re-admissions)[3-5]

Teach-back is endorsed as a health literacy communication approach by the Australian Commission on Safety and Quality in Health Care (ACSQHC), the American Heart Association and the American Diabetes Association

How to use teach-back

The goal of teach-back is to ensure that the patient understands what you have just communicated to them. The steps of teach-back are:

This process can be repeated up to three times - if the patient still misunderstands at this point, it is time to try other approaches. See http://teachback.org for more information.

Step 1
Use plain language
to explain
information.

Step 2
Ask the patient to
explain what you
just told them in
their own words.

Step 3
Re-explain anything
that is
misunderstood.

Step 4
Repeat steps 2 & 3
until the
information is
understood.

3

Using teach-back in practice

Teach-back should be used in any situation where it is important that the information given by a health worker is understood by a patient or their carer.

Outpatient clinic

Emergency department

Where you can use teach-back

Hospital Community health centre

How teach-back can be delivered

One-on-One Telephone In a group session

Who can use teach-back

Any health worker who provides patients with information

In case I've missed something, could you just go through what you need to do?

Example phrases for using teach-back

Demonstrating how to do something

Techniques for using teach-back

Using written or visual materials

Verbal information

Your inhaler is important for your health. Can you show me how you would use it at home?

Just so I'm sure I explained your medication correctly, can you tell me when and how much you are going to take?

4

Making teach-back part of routine practice

Implementing teach-back throughout a healthcare service may be a significant workflow change, therefore simply educating staff on how to use teach-back is not enough to ensure it is integrated into routine practice successfully. Multiple strategies are needed to effect ongoing change and support continued use of a new intervention[6]. These strategies will depend on the type of practice setting, but may include:

See http://teachback.org for more information

Training and education for staff

Techniques include development and distribution of education pamphlets; use of online education modules; and face-to-face training seminars with or without role-playing scenarios.

Building a culture of teach-back

This may involve designating "Teach-Back Champions" to guide and

motivate staff to use teach-back; or holding regular team meetings to gain feedback about using teach-back.

Prompts and reminders

Developing clinical reminders for use of teach-back can involve hanging posters; leaving notes on whiteboards in patient rooms; or via electronic prompting (e.g. reminder emails or in patient management systems.

Using evaluation strategies

Developing a quality monitoring system to ensure teach-back is implemented correctly; introducing an audit system for teach-back; or providing progress reports.

Tips for integrating teach-back into practice

Include teach-back in standard orientation programs for new staff

Start by using teach-back with topics that are relatively 'contained'

Allow team members to share experiences using teach-back at team meetings

Let patients know teach-back is available and encourage them to use it.

5

Healthcare workers' experiences of using teach-back

"It might have taken more time on that initial phone call, but you definitely wouldn't have had the frequent phone calls again and again. Now I feel they have a better understanding, so I don't have those return phone calls"

- Occupational Therapist

"People benefit from us trying to check in with them and seeing their understanding"

- Social Worker

"I probably do it with everyone now because for me it highlights to not assume knowledge. Don't assume that they understand"

- Physiotherapist

"There's that 'now I get it' moment that happens, but there's also a level of equality that comes with it. Clients feel they are with you on the journey rather than you teaching them"

- Team Leader

Examples of using teach-back3

Management of chronic health conditions including medication use, demonstration of inhaler techniques and self-care practices

Explaining discharge information for post-surgical procedures

Self-management strategies for post-partum depression

Understanding medical diagnoses and follow-up in the Emergency Department

6

Training resources for teach-back

7
How to measure if teach-back is effective
Although teach-back has been found to be effective across a wide range of settings, populations and outcome measures[3]
; your organisation may still wish to perform their own
evaluation.
An evaluation may help you learn as much as possible about how best to implement teachback; collect information about the conditions in which teach-back worked well and where it didn't; and whether teach-back sufficiently improved outcomes to justify the effort. It may also be valuable to collect some information about the acceptability of teach-back with different kinds of patients.
Some examples of how outcomes can be measured are given in the following table:

8
Things to remember
1. Teach-back is NOT a test: Teach-back is a technique to determine a patient's understanding, not a test of their knowledge.
2. Plan your approach: Think about how you will ask your patients to teach-back the information you have just explained to them.
3. Encourage patients to use their own words: If patients parrot your words back to you, they may not have understood the information correctly.
4. Practice makes perfect: It will take some time, but once it is part of your routine, teach-back can be done without awkwardness and does not lengthen a visit.
5. Take advantage of educational handouts: Use handouts along with teach-back and write down key information to help patients remember instructions at home.
6. Share teach-back stories: Ask one person at each staff meeting to share a teachback story.
7. Start with one patient a day: Try the teach-back method with one patient a day and reflect on what worked/didn't work. Try to increase to two patients a day and so-on.

References
1. Richard C et al. Communication and patient participation influencing patient recall of treatment
discussions. Health Expectations. 2017;20(4):760-70
2. Kessels P. Patients memory for medical information. J Soc Med. 2003;96(5):219-22
3. Talevski J et al. Teach-back: A systematic review of implementation and impacts. PlosOne. 2020
4. Ha Dinh TT et al. The effectiveness of the teach‑back method on adherence and self‑management
in health education for people with chronic disease: a systematic review. JBI Database of Systematic
Reviews and Implementation Reports. 2016;14(1):210-47
5. Dantic DE. A critical review of the effectiveness of 'teach-back' technique in teaching COPD patients. 2018

6. Sullivan G, et al.. Translating clinical training into practice in complex mental health systems: Toward opening the 'Black Box' of implementation. Implement Sci. 2008;3.

https://www.ahrq.gov/health-literacy/improve/precautions/tool5.html

Overview

It is important to confirm that you have explained things in a manner your patients understand. The teach-back method is a way of checking understanding by asking patients to state in their own words what they need to know or do about their health. The related show-me method allows you to confirm that patients are able to follow specific instructions, such as how to use an inhaler.

The teach-back and show-me methods are valuable tools for everyone in the practice to use with all patients. These methods can help you:

Improve patient understanding and adherence.
Decrease call backs and cancelled appointments.
Improve patient satisfaction and outcomes.

Practice Experiences

"One of our residents decided to do her QI [quality improvement] project on using teach-back. Since people were worried that teach-back would take more time, she collected data that showed her average visit length decreased as she practiced teach-back, and was shorter than other residents who were not using teach-back. She also gathered data showing that patients who got teach-back were more satisfied than patients who did not. Then she spread teach-back to her colleagues."

—Pediatric residency practice

Action

Learn the teach-back method.

AHRQ's Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families has resources for learning and teaching the teach-back method, including Implementation Guidance and a Teach-Back Training Toolkit with a PowerPoint slide deck, role play scenarios, and a 10-minute interactive training module.

The Always Use Teach-Back! Toolkit External Link Disclaimer describes principles of plain language, teach-back, coaching, and system changes necessary to promote consistent use of teach-back. Its Interactive Teach-Back Learning Module and supporting materials include key content and videos of clinicians and others using teach-back. The module can be used by clinicians and other staff members, in a group setting or as a self-directed tutorial, and by nonclinical health organizations like public health agencies.

Try the teach-back method.

Plan how you will ask non-shaming questions. Remember, you are checking how well you explained something, not testing the patient. For example, you could say,

"We've gone over a lot of information, and I want to make sure I explained things clearly. So tell me, what do you think are the three most important things to know about diabetes?"

"When you get home, what will you tell your partner about this visit?"

"I want to make sure I've done my job well and explained things clearly. If you will tell me back the plan we've made, I'll type it up and send it home with you."

TIP

Clinicians are often worried that they do not have time to use clear communication strategies. Invite skeptics to watch this video of Dr. Clifford Coleman using many of these strategies in a 15-minute visit. Do not ask questions that can be answered with a "yes" or "no." "Do you understand?" and "Does that make sense?" are NOT teach-back questions. Patients are likely to answer "yes" whether they understand or not.

Use the show-me method. When prescribing new medicines or changing a dose, research shows that even when patients correctly say when and how much medicine they will take, many will make mistakes when asked to demonstrate the dose. You could say, for example: "I've noticed that many people have trouble remembering how to take their blood thinner. Using these pills, can you show me how you are going to take them?"

Remember teach-back is not a test of patients' memory. You can allow patients to refer to handouts when asking for a teach-back, but make sure they use their own words and are not reading the material back verbatim. Refer to Tool 12: Use Health Education Material Effectively for more information on reviewing written materials to reinforcing patients' understanding.

Clarify and check again. If teach-back uncovers a misunderstanding, explain things using a different approach, and ask patients to teach-back again. Repeat the cycle of reteaching and asking for a teach-back until they are able to describe the information in their own words correctly. If they parrot your words back to you, they may not have understood.

"Chunk and Check." Do not wait until the end of the visit to initiate teach-back. Chunk out information into small segments and have your patient teach it back. Then move on to the next segment and repeat as needed throughout the visit.

Start slowly and use consistently. At first, you may want to try teach-back with the last patient of the day. Once you are comfortable with the technique, use teach-back with everyone, every time.

Practice. It will take a little time, but once it is part of your routine, teach-back can be done without awkwardness and does not lengthen a visit.

Practice Experiences

"I decided to do teach-back on five patients. With one mother and her child, I concluded the visit by saying 'So tell me what you are going to do when you get home.' … She could not tell me what instructions I had just given her. I explained the instructions again and then she was able to teach them back to me…. I had no idea she did not understand…. I was so wrapped up in delivering the message that I did not realize it wasn't being received."

—Pediatric office

Promote the use of teach-back.

Train clinical and nonclinical staff. All staff who interact with patients should use teach-back. For example, staff making appointments may use it to ensure that patients understand what is required of them at the next visit, such as arrival time, insurance documentation, bringing medicines, fasting, and details about referrals to other clinicians.

Share teach-back stories. Ask one person at each staff meeting to share a teach-back "Aha!" moment. This serves as a reminder of the importance of using teach-back consistently.

Post the Teach-Back Poster from the appendix where clinicians and staff can see it.

Make teach-back a required part of obtaining informed consent. The National Quality Forum, the Joint Commission, and the Leapfrog Group all recommend using teach-back during informed consent discussions as a safety practice. You can use the teach-back questions that were developed as part of AHRQ's Making Informed Consent and Informed Choice: Training Module for Health Care Professionals.

Recruit teach-back champions. Get people who use teach-back consistently to coach those who are not asking patients to teach back.

Track Your Progress

Ask staff to fill out anonymously the Conviction and Confidence Scale External Link Disclaimer before you start using teach-back and then 1 and 3 months later. Track changes in the responses to see if people increasingly believe that teach-back is important and have confidence in using the method.

The Teach-Back Observation Tool External Link Disclaimer should be used by a designated observer as clinicians build their skills and confidence with teach-back. There is also a teach-back question on the Communication Observation Form. Use the findings to guide evaluation, coaching, and additional learning to establish consistent habits.

Before implementing this tool and 2, 6, and 12 months later, collect patient feedback on a selection of questions about this tool from the Health Literacy Patient Feedback Questions.

Go to Tool 2: Assess Organizational Health Literacy and Create an Improvement Plan to learn how to use data in the improvement process.

https://www.ahrq.gov/health-literacy/improve/precautions/tool10.html

Culture—including customs, beliefs, and values—can influence how people understand health concepts, how they take care of their health, and how they receive medical advice and make health decisions. People can be part of more than one culture, based on their racial, ethnic, religious, political, gender, or sexual identity, as well as their age, family composition, what language they speak, where they were born, where they live, what their occupation is, and other factors. Clinicians can learn to develop treatment plans with patients that are consistent with and respectful of their cultures.

TIP

Here are some examples of how culture can influence how your patients interact with you.

Health beliefs: In some cultures, people believe that talking about a possible poor health outcome will cause that outcome to occur.

Family customs: In some cultures, family members play a large role in healthcare decision making.

Healing customs: Traditional healers and herbal or other remedies can augment or substitute for Western medicine in some cultures.

Religious beliefs: Religious, faith, or spiritual beliefs may affect healthcare-seeking behavior and people's willingness to accept specific treatments or behavior changes.

Dietary customs: Disease-related dietary advice will be difficult to follow if it does not conform to the foods or cooking methods used by the patient.

Interpersonal customs: Eye contact or physical touch will be expected in some cultures and inappropriate or offensive in others.

Actions

Learn from patients.

Respectfully ask patients about their health beliefs and customs and note their responses in their medical records. Address patients' cultural values specifically in the context of their healthcare. For example:

"I would like to be respectful—what do you like to be called and what pronouns do you use?"
"Tell me about things that are important to you. What should I know that would help us work together on your health?"
"Lots of people visit providers outside the clinic. Who else do you visit about your health?"
"Tell me about the foods you eat at home so we can develop a plan together to help you reach your goal of losing weight."
"Your condition is very serious. Some people like to know everything that is going on with their illness, whereas others may want to know what is most important but not necessarily all the details. How much do you want to know? Is there anyone else you would like me to talk to about your condition?"
"What do you call your problem? What do you think caused it? How do you think it should be treated?"

Do not stereotype. Understand that each person is an individual and may or may not adhere to certain cultural beliefs or practices common in his or her culture. Do not make assumptions based on group affiliations or how people look or sound. Asking patients themselves is the best way to be sure you know how their culture may impact their care.

Learn from other sources.

High-quality online resources provide education on how to provide culturally appropriate services.

TIP
Remember that culture is not limited to religious, racial, or ethnic groups. For example, the Deaf and LGBTQI+ (lesbian, gay, bisexual, transgender, queer/questioning, intersex, and others) communities have distinct cultures.

Help staff learn from each other.
To increase understanding about cultural diversity:

Hire clinical and other staff who reflect the demographics of your patient population. They can help contribute to creating a comfortable environment for patients and can share insights with others in the practice regarding the customs of their cultural groups.
Have staff take cross-cultural skills trainings and set aside time for them to share what they learned.
Practice cultural humility.
Reflect on your own values, beliefs, and cultural heritage; how that affects your personal health practices; and how you interact with the healthcare system.
Analyze the ways the dominant and medical cultures shape how your practice delivers healthcare and consider changes to make it more inclusive of the patient populations you serve.
Do not make assumptions. You cannot tell a person's race, ethnicity, gender, or other cultural identities by looking at them. Treat everyone as an individual and ask people to tell you about themselves.
Reduce the power differential between healthcare professionals and patients by:
Being humble and respectful.
Recognizing patients' expertise about themselves and what they want for their health.
Adopting a more open, less authoritarian style.
Commit to being a lifelong learner who values diversity and seeks to make healthcare more equitable.
Track Your Progress
Before implementing this Tool, count the number of staff members who have completed a cultural competence training session. Repeat after 2, 6, and 12 months.

On a regular basis, randomly select some medical records and see what percentage have notes on the patient's culture, customs, or health beliefs.

Before implementing this tool and 2, 6, and 12 months later, collect patient feedback on a selection of questions about this tool from the Health Literacy Patient Feedback Questions.

Refer to Tool 2: Assess Organizational Health Literacy and Create an Improvement Plan to learn how to use data in the improvement process.

Patients sometimes do not ask questions because they are afraid of seeming ignorant or difficult. In some cultures, questioning the doctor is considered rude. The key to encouraging questions is letting patients know you expect and really want them to ask questions. Creating an environment that encourages patients to ask questions is an important way to engage patients as active partners in their healthcare and promotes patient safety, good health outcomes, and patient satisfaction.

Patient Experiences
"Some patients are reluctant to ask questions. I used to be like that myself. A doctor would tell me something and I'd say, 'Okay, thanks.'…. When I ask questions, I'm more likely to follow through with the advice from the doctor….. If I hadn't started to ask my doctors questions, I honestly think I would be dead today."

—Bill Lee

Action
Invite questions.
Ask "What questions do you have?" This open-ended wording signals that you have time and are interested in their questions.
Ask several times during an office visit. Do not wait until the end.
Do not ask, "Do you have any questions?" Most patients will respond by saying "no," even if they have questions.
Create the expectation that they have questions. For example, you could say:
"We covered a lot of information. What questions can I answer for you?"
"This is the first time you're hearing about this condition, and I expect you have questions. What would you like to know more about?"
"Many people have questions. I'd like to hear what questions you have."
"Thanks for those question. What else would you like to know?"
Use body language to invite questions.
Sit, don't stand: Sit at the same level as your patient.
Look and listen: Look at patients when talking and listening, not at the chart or computer.
Show that you have the time: Let them know you have time and want to listen to their questions. Do not interrupt or stand by the door.
Encourage all staff to make sure questions are asked and answered.
Check-in and rooming staff can encourage patients to ask their clinicians any questions they have during the visit. Offer paper and pens to write down questions and take notes.
Check-out staff can ask patients whether all their questions were answered. Make sure you have a plan for how to respond if a patient says "no."
Remind patients to bring questions with them.

Appointment reminders can suggest patients bring a written list of questions with them or use the QuestionBuilder, available online and as an App, in English and Spanish, in the AppStore and Google Play.

Display posters with encouraging messages like, "Ask more questions!" or "What do you want to know? Ask us!"

Encourage patients to ask questions in other health settings.

For example, when giving a patient a new prescription, you might say, "Be sure to ask the pharmacist if you think of any additional questions about your medicine."

Track Your Progress

Ask clinicians to keep a log for 1 day of the number of patients they encouraged to ask questions using opened-ended phrases like, "What questions do you have?" Repeat after 2 months, 6 months, and 12 months.

Over the course of a week, record the percentage of patients who call or email the practice with questions within 48 hours after their office visit. Check before implementing this tool and again after 2 months, 6 months, and 12 months.

Before implementing this tool and 2, 6, and 12 months later, collect patient feedback on a selection of questions about this tool from the Health Literacy Patient Feedback Questions.

Refer to Tool 2: Assess Organizational Health Literacy and Create an Improvement Plan to learn how to use data in the improvement process.

https://www.ahrq.gov/health-literacy/improve/precautions/tool16.html

Research has shown that patients often have difficulty knowing how and when to take their medicines, especially if their regimens are complex. It is a safety issue if patients take their medicines incorrectly or not at all. Helping patients understand and remember their medicines increases the chances they will take the medicines they need to get and stay healthy and can reduce errors.

Actions

Prevent errors.

Use evidence-based instructions, which are available in English, Chinese, Korean, Russian, Spanish, and Vietnamese. Add these instructions to your electronic health record (EHR) for eprescribing.

These instructions are precise, minimizing confusion. For example, "Take 1 pill in the morning and 1 pill at bedtime" is unambiguous, whereas "Take twice daily" could lead to errors if patients do not know to spread out the doses.

These instructions simplify complex medicine regimens by using standard time periods (i.e., morning, noon, evening, and bedtime). They make it easier for patients to take their medicines correctly by clustering medicines and reducing the number of times a day patients take medicine.

Be explicit if any medicines should not be taken together, or if there is anything they should not eat or drink near the time they take the medicine.

Include in your prescription a plain language description of what the medicine is for (e.g., "for high blood pressure").

Discuss and resolve patients' concerns. Ask patients if anything makes it difficult or prevents them from taking their medicines.

Pay attention to reports of side effects; otherwise, patients may stop taking medicines without telling you.

If the difficulty is financial, use Tool 19: Help Patients Pay Less for Medicine.

If the difficulty is physical (e.g., cannot open containers) or cognitive (e.g., gets medicines confused), you can work with pharmacies that will presort medicines so patients have an easy-open packet of everything they need to take for each time of day. Also, see the strategies below to help patients remember to take their medicines.

If the difficulty is logistical, use the strategies in the below section, Make it easy to get medicines.

Consider prescribing options.

Blister packs can make it easier to take medicines that require tapering off.

Combination medicines or medicines requiring fewer doses (e.g., extended release) can mean fewer pills to take. However, these medicines can be more expensive. Tool 19: Help Patients Pay Less for Medicine may be helpful.

Suggest patients always check medicine labels. Refills can come in different colors, shapes, and sizes. Tell patients that if the name of the medicine and the dose are the same as what they are used to taking, their medicine will work the same way and should be taken as directed.

Encourage patients to talk with their pharmacist if they have questions or concerns about what they received.

Provide patients with a list of medicines.

Include all prescription and over-the-counter medicines, as well as supplements.

Figure out how your EHR can produce a medicine list that clearly shows when and how to take medicines. The list should be organized so it is easy to see when to take medicines over the course of a day.

Representation of the cover of My Medicines List form.Alternatively, provide patients with one of these lists that clearly show what medicine to take at each time of day and how much to take: My Medicines List.

Medicine Reminder Form.

You can fill in the list on paper or electronically with patients during Brown Bag Medicine Reviews. Include blank sheets so patients can add to it.

Make it easy to get medicines.

Simplify refills.

Reduce how frequently patients need refills. Many prescriptions can be reasonably prescribed with a 90-day supply.

Prescribe refills for a year whenever it is reasonable. At a minimum, ensure that there are enough refills to last until they next need to check in with a clinician.

Synchronize the dates medicines need to be refilled whenever possible, so patients can make fewer trips to the pharmacy.

Find out if patients would like medicines mailed to them instead of having to pick them up at the pharmacy.

Help patients remember to take their medicines.

Ask patients if they would like help remembering to take their medicines. You might say, "Everyone forgets to take their medicine from time to time. Would you like to talk about ways to make it easier to remember to take your medicine?"

Suggest they create a routine to take medicines with activities they do at the same time each day (e.g., meals, brushing teeth).

Provide pill organizers, and teach patients and caregivers how to fill them using their medicine list as a guide.

Enlist help from family members. Family members can play an important role in reminding patients to take medicines, filling pill boxes, or setting up electronic reminders.

Review options for electronic medicine reminders. Offer help in choosing and setting up technologies that can remind patients to take medicines. These include:

Setting alarms on phones, watches, timers, tablets, voice assistants, or talking clocks.

Medicine reminder apps. Offer assistance in selecting an app and downloading or entering their medicine information into it. If your EHR has an easy-to-use medicine reminder app, using it will reduce the chance of errors being introduced when entering information.

Smart pill bottles and pill boxes that sound an alarm, flash lights, or send a message when it is time to take pills. These are available online and at some pharmacies.

Publicize ways you can help. Hang the Help with Medicine Poster in your exam room or waiting rooms.

Document reminder strategies, so everyone can reinforce them or suggest new strategies if needed. If you have an EHR, coordinate across the practice so everyone documents reminder strategies in the same location—one that you can query.

Track Progress

One month after implementing this tool, ask for volunteers at a staff meeting to use Role Play 2 in the appendix. See how well they do and whether others can identify possible improvements.

Before implementing this tool, randomly select at least 20 medical records of patients who regularly take medicines and were seen in the last week. Identify the percentage of patients who take medicine and had a medicine reminder strategy documented in their medical record. Check again in 2, 6, and 12 months.

Before implementing this tool and 2, 6, and 12 months later, collect patient feedback on a selection of questions about this tool from the Health Literacy Patient Feedback Questions.

Refer to Tool 2: Assess Organizational Health Literacy and Create an Improvement Plan to learn how to use data in the improvement process.

Frequently, practices are unaware of how hard patients find reading and completing forms, understanding health information, and navigating the healthcare system. Patients are in the best position to help you identify areas for health literacy improvement.

Action
Use multiple ways of gathering patient feedback.

Shadow patients.
Have someone (like a nurse or patient educator) quietly observe a patient throughout a visit. Shadowing can provide valuable insight into how a patient experiences your practice. The presentation Navigating the Health Care System describes the kinds of information you can obtain by shadowing a patient.
Decide how many patients to shadow and the timeframe within which you would like to complete the shadowing.
Select diverse patients to shadow who represent the range of patients your practice sees. Consider age, gender identity, race, ethnicity, language, and health issues. A mix of new patients and patients who have been with your practice for years is ideal.
Before their appointments, tell selected patients about your goal of improving patients' experiences in the practice and ask if an observer can go along with them during the visit. Be aware that not all patients will want to be observed.
When shadowing patients:
Stay with them from the time they arrive until they leave. Try to arrange to meet new patients outside your building to see how easy it is to find your practice's entrance and check-in desk.
At the end of the visit, ask the patient what went well and what was difficult about the visit.
Complete a Communication Observation Form after each visit observed. This form focuses on the quality of communication with the patient. You can add questions to the form to address other topics your practice is interested in.
Conduct a walk through.
Have a person unfamiliar with the practice walk through it with a staff member and give feedback on the signage and the physical environment.
Be sure that anyone who conducts a walk through will not observe any private or confidential interactions.
Consider recruiting a student from a local adult education program to conduct a walk through.
The Health Literacy Environment Activity Packet External Link Disclaimer (PDF, 142 KB) provides detailed guidance on the sorts of questions you can ask.
Observe patients using your patient portal.
If you have a patient portal, ask several patients if you may observe while they use the portal. Try to include patients who are not very experienced using computers.
Watch patients log in. Ask what they would do if they forgot their user id or password to make sure instructions on the home page are clear.
After you let them explore the portal, ask them to complete a specific task (e.g., find information on a particular topic, look up their lab results, request a prescription refill), and ask them to

describe what they are doing. Observing how patients use the portal will help you know where changes in appearance, wording, organization, or navigation of the portal may be needed.

The Patient Portal Feedback Form contains a list of questions you can ask to gather feedback from patients about their experience using the portal.

Discuss the feedback you collect with your patient portal vendor, and explore ways to address problems patients are experiencing.

Engage patient and family advisors.

Having patient and family advisors (PFAs) provides opportunities to:

Learn from patients and families.

Get feedback on patient education materials.

Receive input on policies that affect patients and families.

Connect with the community you serve.

Integrate patient and family perspectives into improvement teams.

Larger practices may want to establish a standing patient and family advisory council (PFAC). Having virtual and hybrid meetings may help you recruit and retain diverse members.

You can find information on recruiting and working with PFAs and forming a PFAC from the Institute for Patient- and Family-Centered Care External Link Disclaimer.

TIPS: Getting feedback on materials

Find out what patients think of your materials by asking neutral, open-ended questions, such as:

"What do you think the key points are?"

"Which parts are easy to understand and which parts are hard to understand?"

"What questions do you have after reading/watching this?"

"What, if anything, would you do anything differently after reading/watching this?"

"What was helpful and what was not helpful?"

"Does it seem friendly and supportive?"

"Is there anything offensive?"

"Do you have any other reactions you would like to share?"

You can also get patient feedback using other methods, such as asking them to "think aloud" while reading or watching the material or asking them to demonstrate how to follow the instructions in the material.

Have a suggestion box.

Let patients and family know you want to hear about any difficulties they have understanding information they have been given or getting the help they need. Use this poster to encourage patients to suggest ways your practice can improve.

Survey your patients.

Conduct quick, informal surveys to help you asses your health literacy improvement efforts. Learn more about the Plan-Do-Study-Act (PDSA) method to refine the changes you make in Tool 2: Assess Organizational Health Literacy and Create an Improvement Plan. You can also use data your practice already collects from formal patient experience surveys, such as the CAHPS® Clinician & Group Survey.

Choose survey questions. Chose a few questions that will supply feedback on the changes you are planning or have made. Keep surveys short. Sources of questions include the following.

The Health Literacy Patient Feedback Questions contains questions on spoken and written communication, self-management support, and other supportive systems. Note that these questions were designed to collect information informally for quality improvement work on tools in this Toolkit and are not validated.

The CAHPS health literacy and interpreter services questions were designed to be used with the CAHPS Clinician & Group Survey. Learn more about the CAHPS Health Literacy Item Sets for Addressing Health.

Choose which patients to survey. Your goal is to get feedback from diverse patients in terms of demographics and health conditions.

Make sure that the patients you ask to complete the survey are able to observe and report on changes you have made. For example, if you have implemented action planning only with patients with certain conditions, you will want to survey patients who have those conditions.

You can use a convenience sample of patients instead of choosing patients randomly. Be aware that a convenience sample will not be representative of your patient population. You can add a few demographic questions to your survey to check that your sample is diverse. Pursue responses from patient populations that are not represented.

Choose how many patients to survey. Small samples can give you quick feedback as you refine improvements. The larger the number of patients who respond to your survey, the more confident you can be in the results. If you want more reliable information, try to obtain 50 completed surveys.

Choose how to administer the survey. Surveys can be conducted in-person, by phone, on the web, or by mail. There are pros and cons to each approach.

In-person surveys are convenient. Check-in staff can ask each patient if they would be interested in providing feedback to improve care. If they say yes, ask patients to complete the survey at the end of their visit, before they leave.

Be aware there will be bias in your sample. In addition to having more people who make frequent visits, your sample will probably include fewer patients with Medicaid or Medicare, patients who are Black, and patients with incomes below $25,000, since they are all more likely to use telehealth.

Having someone ask the questions rather than filling out a paper makes participating easier for patients with limited literacy skills. However, patients may be concerned about providing negative feedback to staff they know. Try to identify a volunteer from outside the practice who can collect survey data. Talking tablets is another option.

Phone surveys can reach a more representative sample of patients, but because few people respond to phone surveys there may be other biases. Phone surveys overcome literacy barriers and are sometimes used as a followup to a mail survey.

Mail surveys are less expensive than phone surveys but typically have lower response rates. Use a plain language cover letter to introduce and explain the purpose of the survey.

Web-based surveys can make it easier to collect and analyze data but are less likely to get responses from people who do not use computers much.

Consider providing an audio option to address literacy barriers.

Using your patient portal to survey patients creates a bias, since portal users are more likely to be younger, white, privately insured, and have a higher income than patients who do not use portals.

Give patients a choice and assure confidentiality. Regardless of how you collect data:
Make it clear that whether a patient provides feedback or not is their choice, and their care will not change if they say no.
Let patients know that their responses will remain private—their providers will not see their responses or even know that they completed the survey.
Act on your results.
Bring aggregated results back to the Health Literacy Team.
Devise a system for ensuring that patients' individual responses are not linked to them in an identifiable way, and only aggregate results are shared.
Identify areas for improvement.
Use Tool 2: Assess Organizational Health Literacy and Create an Improvement Plan to identify tools that can address areas identified for improvement. Plan, implement, and test changes to see if they addressed the concerns identified.
Collect patient feedback as a routine part of your quality improvement activities. Obtaining patient feedback is not a one-time activity; it should be done on a routine basis. Consider obtaining feedback from a sample of patients every quarter.
Track Your Progress
The Health Literacy Team should examine efforts to obtain patient feedback. Ask yourselves:

Have you carried out plans to obtain patient feedback? For example, were you able to shadow the number of patients you wanted to, and did you complete the process in your allotted time?
Have you used multiple methods to obtain patient feedback?
Have you obtained feedback from a sample of patients who are of varying ages, racial/ethnic/language groups, health conditions, and genders?
Have you identified improvement goals based on feedback?
Have you implemented improvement plans?

https://www.ahrq.gov/health-literacy/improve/precautions/tool15.html
An action plan outlines one or more easy steps a patient can take to attain a health goal, such as losing weight or improving self-management of a chronic condition. Patients and health professionals create action plans together. This tool describes the process of creating and following up on action plans.

TIP
Use action plans to help patients:

Change their diet.
Cut down or stop smoking, drinking, or drugs.
Increase physical activity.
Manage stress or emotions.
Sleep better.
Take medicines correctly.
Action

Train clinicians and staff to work with patients on action planning.

Successful action planning requires working collaboratively with patients.

Decide who will be responsible for action planning and make sure they have the skills they need. Many people can engage patients in action planning, including clinicians, nurses, medical assistants, diabetes educators, health coaches, and others.

The University of California at San Francisco Center for Excellence in Primary Care External Link Disclaimer has resources on health coaching and produced this 6-minute video External Link Disclaimer that shows ineffective and effective ways to engage patients in action planning. A longer version of the video External Link Disclaimer explains the steps for creating action plans with patients.

You can find short videos and action planning resources at the Centre for Collaboration, Motivation, and Innovation External Link Disclaimer.

The resources in the AMA Steps Forward's Health Coaching Module External Link Disclaimer can get your practice started with action planning.

Create action plans with patients.

Ask permission to talk about health behaviors. For example,

"Would you like to talk about ways you could improve your health now?"

"Shall we discuss whether there is anything you would like to do for your health in the next week or two?"

A representation of My Action Plan form.Use an action plan form to guide and record the conversation. This simple Action Plan Form, with an example of a completed form, can be modified to fit your needs using this Word template. This visually appealing Action Plan Form is available in English and Spanish.

Find out what patients want to work on. Ask patients, "What matters to you?" You may have a different opinion about what is most important, but always start with the topic the patient chooses.

Ask patients to choose a goal. For the plan to be successful, the goal must be important to the patient.

Help patients break down goals into manageable steps. Have patients pick one specific step they want to try. Steps should be small and realistic to do over a short time (e.g., 1 week). If they get stuck you could ask, "Would you like me to share some ideas that others have used?"

Assess confidence. Assess the patient's confidence by asking, "On a scale of 1 to 10, with 1 being not sure at all and 10 being very sure, how sure are you that you can follow this action plan?" Research shows that a confidence level of 7 or above increases the likelihood that the patient will carry out the plan.

If they are below 7, explore what barriers might stand in their way and revise the plan so the patient feels more confident.

Ask patients who can help them succeed with their action plan. Support at home is key to success.

Ask when they'll start the action plan. Set a concrete start date.

Confirm the action plan with teach-back. For example, you could say, "Just to make sure we're on the same page, what are you going to start next Monday?"

Set a time for followup. Following up lets patients know that you are interested in helping them achieve behavior change. Ask patients when and how they'd like to check in and set a date and time. Go to Tool 6: Follow Up with Patients to learn about different ways to follow up.

Make a copy of the action plan. Give a copy to the patient and document the plan in their medical record. If your electronic health record does not have dedicated action plan fields, determine how the practice will standardize documentation so everyone can find it easily.

Follow up after the visit.

At the appointed date and time, contact the patient.

When patients have not stuck to their action plan, reassure them that this is common and help them develop a plan that they can achieve.

When patients have followed their action plan, congratulate them! Work with patients to plan the next step. Each small step gets patients closer to the ultimate goal of improving their health-related behaviors.

Update the medical record to reflect the current plan the patient is working on.

TIP

It can be tempting to make suggestions, but action plans need to come from patients. Try having a menu of options (e.g., lists of exercises, foods to cut down on) that can give patients ideas for specific steps they can take. MyHealthfinder.gov has many suggestions for making healthy changes.

Track Your Progress

Randomly select the records of at least 20 patients slated to have action plans who were seen in the past week, and calculate the percentage who have an action plan. Check again in 2 months, 6 months, and 12 months to see if there has been an increase in that percentage.

Look at the records of at least 20 patients with action plans. See how many have notes on whether: (1) there was followup, (2) initial steps have been completed, (3) additional steps have been added, and (4) goals have been achieved. Repeat in 2 months, 6 months, and 12 months to see if there has been an increase in the percentages.

Before implementing this tool and 2, 6, and 12 months later, collect patient feedback on a selection of questions about this tool from the Health Literacy Patient Feedback Questions.

Refer to Tool 2: Assess Organizational Health Literacy and Create an Improvement Plan to learn how to use data in the improvement process.