Appendix C – Teach-Back Implementation Guidance

each-Back	
Review intervention and training n	naterials
 Understand the purpose, use, and benefits of teach-back. 	Review the training toolkit. Complete the interactive learning module
Make decisions for your implemen	
 Set scope Who will use teach-back? 	Establish workflow • Where will you document teach-back in
 If you're not ready to use teach-back with all patients, who will your initial 	the EHR?
focus be? Patients with new medications? Patients with necessary followup? Patients with creatin diagnoses, such as asthma or diabetes?	 Identify champions Who will champion the strategy within each role on the team?
Customize training for your practic	
	e • Select and/or customize role play scenario
· Customize the training materials to reflect	
Customize the training materials to reflect your decisions. Train team members Use suff meetings and huddles.	Select and/or customize role play scenario Encourage the review of the interactive
Customize the training materials to reflect your decisions. Train team members	 Select and/or customize role play scenario
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To help you plan and design your Teach-Back implementation, a Quick Start Guide (QSG) is available. The Teach-Back QSG has six stages.

1. Review the Intervention and Training Materials

Before you implement teach-back, the practice champion needs to understand teach-back, its intended use, and strategies for success. Because teach-back is a communication strategy used by individual team members, the available materials are all training materials.

Teach-Back Interactive Module

The Teach-back interactive module is a self-directed, self-paced learning activity that provides an overview of teach-back, case presentations of how to effectively use teach-back, and information on how to address the communication needs of different patient populations using teach-back.

Teach-Back Training Toolkit

The training toolkit provides slides, role play scenarios to practice teachback, and a training guide ("How To Use the Training Toolkit") to help training and adoption. In addition, a Teach-Back Tips job aid can be used as a training handout. The training toolkit should be used by the practice champion and would be most successfully used in collaboration with a clinical and staff champion.

2. Make Decisions for Your Implementation

You will need to make several decisions to support the design of your teach-back implementation. These are listed in the Quick Start Guide and include decisions on the scope of your implementation, how you will document the use of teach-back, and who will champion the implementation.

3. Customize the Training for Your Practice

The teach-back strategy includes a training guide, slides, role play scenarios, an interactive learning module, and a clinician job aid for you to use for team training. You will need to customize the slides to reflect the decisions you make on how to implement the strategy in your practice.



Teach-Back		
How To Use the Training Tool		
What is the teach-back strate	egy?	
and their families understand what yo	ar you have explained information clearly so that patients as have odd them. In teach back, you add patients or faint do what they need to know or do, it is more than emperation	
What is the training toolkit?		
The training toolkit: • Helps you understand the teach • Gives you the nools no help you • • Include: • Training slides with speal • An interactive learning m • A handout with teach bac • Role play scenarios for pro-	train your practice to adopt neach-back. ker notes, sodula: ck tips,	
How should I train my practic		
 how you will implement the stra Decide who within the practice is recommended. 	will receive training. For teach-back, training for clinicia several meetings). If possible, try to schedule training	

4. Train Team Members

You should organize initial training sessions to inform staff and clinical teams of the implementation, its goals, and the processes that will be piloted during the initial adoption.

Ideally, trainings should be between 15 and 30 minutes and leverage existing meetings to minimize disruption. Allow time to engage in role play scenarios so your team can practice (or observe each other practice) and feel comfortable with the strategy. Provide enough time to answer questions and discuss any concerns.

Practicing through role play is very important. Try to find opportunities to practice, such as staff meetings, huddles, and "Lunch & Learns."

5. Go Live With Implementation

Once your team is trained, it is time to go live with the teach-back strategy.

- Inform staff and clinical teams of the go live date and timelines for initial adoption and evaluation.
- Reinforce the training by using staff meetings and huddles to discuss challenges to implementation and share success stories. These discussions should be held at least weekly during the initial implementation period. This will promote the teach-back strategy and encourage its sustained adoption.
- Identify good implementors and use them as peer coaches or mentors. Share stories of "Safety Catches" revealed through using the strategy.

6. Evaluate Your Progress

In addition to the practicewide evaluation of patient safety, it is important to select one or two evaluation measures or metrics specific to the teach-back strategy. Examples of these are provided in the Quick Start Guide.

A publicly available assessment tool to evaluate the implementation success of teach-back is the *Conviction and Confidence Scale*. This self-assessment tool can be used by clinicians to evaluate their own use of teach-back and is available for download at <u>http://www.teachbacktraining.org/assets/files/PDFS/Teach%20Back%20-%20Conviction%20and%20Confidence%20Scale.pdf</u>. The tool can be used periodically (e.g., quarterly) initially. Once clinicians are more comfortable with the use of teach-back, it can be used less frequently (e.g., annually) as a reminder.