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Alleviating Discharge Confusion for Older Patients Using the Teach-Back Method

Tracey Marie Haire
Walden University

Walden University

College of Health Sciences

This is to certify that the doctoral study by

Tracey Haire

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Mattie Burton, Committee Chairperson, Nursing Faculty
Dr. Donna Weeks, Committee Member, Nursing Faculty
Dr. Tracy Scott, University Reviewer, Nursing Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
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Abstract

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Tracey S Haire

MSN, Walden University, 2010

BSN, Western Carolina University, 2005

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Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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Abstract

Discharge instructions and medication directions can be overwhelming for older adults, which can lead to potential medication errors, noncompliance, readmissions, and patient safety concerns. At a specialty lung clinic, the goal is to improve patient safety and to decrease the chance of errors by standardizing the discharge process via a Teach-Back education policy and protocol. Without consistency, there is a potential for mistakes and misunderstandings. The Agency for Healthcare Research and Quality (AHRQ) and the Institute for Healthcare Improvement (IHI) considers the Teach-Back discharge method as best practice and should be considered universal practice among health care workers. Using the Always Use Teach-Back Toolkit for education and evaluation provided strategies and resources for the project. Five nurse practitioners and a physician assistant, who are responsible for discharge instructions, participated in the study by viewing an online teaching module and completing written surveys. The Conviction and Confidence Tool revealed 100% of the clinicians agreed that Teach-Back education was "10-Very Important" and were "10-Very Confident" in their abilities to apply the Teach-Back methods using a 1-10 Likert scale. Likewise, the practitioners showed significant improvements when comparing the pre-implementation and one-month, post-policy implementation, as indicated in the paired *t* test of the second part of the Conviction and Confidence Teach-Back Tool. Nursing plays a pivotal role in positive social change by using an evidence-based education method, which improves patient care through medication compliance and decreased readmission rates, thus showing significant transformation in chronic health management.

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Dedication

From the moment my husband, Carl, enrolled me in my first college class with the profound statement that he did not care if I ever did anything more than "dust the diploma while it hangs on the wall," he has been my greatest supporter and advocate for pursuing my dreams with never-ending devotion and affection. Likewise, my children, Christian, Abbie, and Colton have encouraged me with humor, love, and patience throughout my educational journeys, which, they probably think are endless. My grandchildren, Ruby, Marcus, Xander, and Rose, have so many resources at their disposal to achieve their goals, but the most valuable assets are the love and strength of family. I dedicate the project to my family, who will always be my greatest accomplishment, joy, and inspiration. I appreciate and love you with all my heart.

Acknowledgments

First and foremost, I give all glory and thanks to my precious savior, Jesus Christ, without whom I could do nothing. He has given me the strength, guidance, and confidence to pursue and continue my dreams even in the bleakest of days. I praise God that He has allowed me to be a part of the DNP journey and use the knowledge for his service.

Thank you to the committee members, Dr. Donna Weeks and Dr. Tracy Scott, for their time, expertise, and support. Dr. Mattie Burton has spent countless hours ensuring my success through her encouragement, patience, and knowledge. I am forever grateful for her dedication to students, nursing, and me, during this pivotal time of learning and growing

As an undergraduate student, many instructors are influential in the lives of new nurses. Dr. Vincent Hall is one of those professors who continues to guide my thinking, professionally and academically. Many years have passed since the pinning ceremony and graduation in the mountains of North Carolina, but Dr. Hall's wisdom resounds through my mind as I care for patients and teach students the importance of research, compassion, and service. Thank you for the solid foundation, Dr. Hall.

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Section 1: Nature of the Project

Introduction

The hospital discharge process has become increasingly difficult with many follow-up appointments, medications, and an overwhelming amount of information, instructions, and paperwork. The material can be especially challenging for older adults who may have physical or cognitive difficulties. The frustrations and safety concerns continue in the specialists' office when the patient arrives for the follow-up appointment, and the medication reconciliation is missing, incomplete, or inaccurate. Additionally, the patient is unclear about the medication regime and, without having thorough information and education, is in danger of taking the wrong medication. Forty-nine percent of patients discharged from a hospital had at least one medication error, and it is estimated by the Institute of Medicine that medication errors cause 1 of 131 outpatient and 1 of 854 inpatient deaths (Jimenzea-Munioz, Munioz et al., 2010; Wittich, Burkle, & Lanier, 2014). Having a standardized discharge method can alleviate many of the discrepancies and ensure patients understand the expectations especially with medication instructions.

The Teach-Back discharge method is an evidence-based technique for educating patients and receiving immediate feedback (Kornburger, Gibson, Sadowski, Malta, & Klingbeil, 2013). By enhancing patients' knowledge, Teach-Back increases their adherence to disease management protocols and makes them more accountable for their own health. Effective self-management increases patients' confidence in health management, especially in performing specific tasks, such as monitoring symptom and adjusting medications (Maniaci, Heckman, & Dawson, 2008). The medical providers at a local pulmonary clinic, the setting of the project, did not have a standardized discharge policy in place for giving patient instructions, which often led

to confusion and the potential for errors. By establishing a Teach-Back education policy and procedure for the practice, the healthcare team has an evidence-based guideline to use for patient instructions.

Ensuring communication between provider, patient, and/or caregivers is accurate depends on the being able to assess the understanding of the conversation. An improvement in structured and patient education is necessary to combat current medication discrepancies and adverse drug events. This is especially true for patients with low health literacy or those prescribed high-risk or complex medication regimes. Improvement in structured and patient education increases the likelihood of clear understanding during a time of fragmented discharge care. With 59% of patients having misunderstandings of purpose, dose, or frequency of medication, older adults (65 years and older) potentially having lower cognitive function, 20 to 30% of prescriptions never being filled, and 50% of the medications not being continued as prescribed, implementing evidence-based education method of discharge could prove to improve medication compliance thus affecting chronic health management for individuals and society (Centers for Disease Control and Prevention, 2012).

Problem Statement

Patients released from the hospital receive verbal and written medication instructions from the nursing staff as part discharge teaching. However, inadequate instructions account for 20% of adults age 65 and older being readmitted within 30 days after being released from acute care centers, along with an estimated outpatient preventable medication error cost of $4.2 billion per year (Ashbrook, Mourad, & Sehgal, 2013; Send et al., 2014). With an average of 2 million of the readmissions being Medicare patients, it costs Medicare an additional $17. 5 billion dollars (Rau, 2012). Poor patient outcomes and increased healthcare costs result from errors occurring

during transitions in care and noncompliance of medication use (Agency for Healthcare Research and Quality [AHRQ], 2014; Institute for Healthcare Improvement [IHI], 2015).

As patients are transitioning from the acute care setting, the responsibility of giving the instructions usually falls to the nursing staff. Medication information between the patient and physician at follow-up is usually verbal and tends to be incomplete due to a busy clinical routine. Researchers have indicated drug events are the cause for 700,000 emergency department visits with 120,000 patients needing hospitalization (Center for Disease Control [CDC], 2012). Adults 65 years and older are seven times more likely to be part of those admitted as a result of a medication incident (CDC, 2012). However, the basic information, such as the specification of dosing, timing and administration is often lacking, which may result in nonadherence, treatment failure, serious adverse events or even death (Ashbrook et al., 2013; Jager, & Wynia, 2012). Therefore, the specifics of medication instructions must be covered at discharge. Because over 75% of patients have three or more medication alterations, it is essential there is proper communication between the providers and patients (Bobay, Jerofke, Weiss, & Yakusheva, 2010). Continuity of care and effective discharge planning is essential to positive outcomes with those with chronic illness, and especially if the patient has other vulnerabilities, which is usually the case with older adults (Olde-Rikkert, Long, & Philip, 2013).

During any type of discharge process, medication, care instructions, and continued plan of care should be addressed with all patients. The Teach-Back education method, which is endorsed as best practice by the Joint Commission (TJC), IHI, and the AHRQ), is an evidence-based discharge teaching strategy that focuses on the patient, repeating back the instructions to ensure the information is correct (Kornburger, Gibson, Sadowski, Malta, & Klingbeil, 2013; Mahramus, Penoyer, Frewin, Chamberlain, & Sole, 2014). Like the acute care facilities, the

clinical site, did not have a standardized discharge policy and had some of the same problems with medication reconciliation, noncompliance, and misunderstandings. Nurses are often limited by the information given to them in the multitude of instructions and may feel powerless and overwhelmed when teaching patients. Having the ability to give information, receive immediate feedback, correct mistakes, and complete the last piece of the nursing process, evaluating the understanding of patient care instructions, will give the staff a sense of security as well as the patient. Specifically, the Teach-Back method assesses a learner's understanding of information by repeating the educational material back in their own words (Mahramus et al., 2014). Using the Teach-Back strategies can detect and correct any miscommunication during the discharge process making it a safer transition and consistent education method for the field of nursing practice to adopt in the quest for best patient outcomes.

The clinic has many effective visual aids and handouts to assist when giving discharge instructions especially for metered-dose inhaler usage. However, even with all the interventions, patients continue to experience exacerbations and readmissions due to the inability to use the devices properly. Many of the patients have multiple inhalers, medications, and home equipment that require specific instructions and demonstration. Having the Teach-Back method in place ensures patients receive the care instructions by using plain language. It also creates the opportunity for return validation, and a chance for questions, reinforcements, and corrections.

Purpose

The purpose of the Teach-Back project was to design a new model of care in the form of a discharge policy, protocol, and tool for the providers at the specialty clinic to use when discharging chronic lung disease patients for improved outcomes through decreased medication errors and increased medication compliance. The patients' reactions, responses, and the

medication reconciliation paperwork indicated the potential for many errors and the lack of understanding of the intended medication regime due to the lack of discharge education. The gap-in-practice was the education during discharge and the development of the DNP project was meant to fill the gap. The practice-focused question for the project was: "Does using the Teach-Back education method increase medication compliance among outpatient senior citizens?" Having the Teach-Back procedure and policy in place for the providers to consistently use during discharge will promote the engagement, understanding, and adherence to instructions by the patients thus increasing patient safety and quality and decreasing the likelihood of medication errors. The majority of the specialty clinic's patients either are referred from another physician or visit after being discharged from an acute-care facility. Upon review, the providers find major discrepancies in the medication from the other facilities, and the patients do not have a clear understanding of the discharge instructions. However, the specialty clinic did not have a standardized policy for discharge, and the patients were having the same difficulty at the clinic. Because of the nature of the clinic, the patients receive medications that require the ability to administer via an inhaler or nebulizer, which adds another level of instruction beyond the prescription.

By implementing the Teach-Back policy and protocol, the clinic's providers have an evidence-based education method to address the gap-in-practice by consistently providing information to patients and receiving immediate feedback that enables the healthcare team to verifying understanding, which may prevent errors in medication or care instructions while increasing medication compliance.

Nature of the Doctoral Project

Using peer-based literature obtained from EBSCO host, CINAHL, and MEDLINE obtained through the Walden University Library, with an understanding of previous studies and research provided information about the background and design of the purpose of the Teach-Back policy for the clinic. The ACE STAR model was an effective model used to organize and present the data to key stakeholders using the five points of discovery, evidence summary, translation into guidelines, practice integration, and process/outcome evaluation (Stevens, 2012). Using the Always Use Teach-Back Toolkit obtained through the IHI website, the knowledge and skill of the providers was assessed, a new teaching method was provided, and the outcomes were evaluated (IHI, 2015).

The purpose of the project was to develop and implement the Teach-Back method of education for the staff as the standard protocol for the lung clinic as researchers have indicated it is best practice for improved patient outcome to close the indicated gap-in-practice. The new policy ensures everyone who does any discharge teaching follows the Teach-Back method so the patient has an opportunity to present the information, ask specific questions, and the staff has the assurance that patients have a clear comprehension of the instructions.

By using the Always Teach-Back Interactive Learning Modules, Always Teach- Back power point presentation, Conviction and Confidence Scale, and the Observation Tool, the healthcare providers had an opportunity to receive education, coaching tips, and evaluate the Teach-Back education method before, during, and after its use to determine the effectiveness and review for ongoing modifications as needed by the clinic. The clinicians received education about the Teach-Back method with case-based scenarios, key terms, and strategies followed by a post evaluation. The practitioners used Conviction and Confidence Scale before, at one month,

and will evaluate at three months from the initiation of the Teach-Back policy to assess and measure the effectiveness and the ease using the method. Likewise, the Teach-Back Observation tool was used to monitor and evaluate the clinicians' use of the policy during the discharge process.

Significance

The chief executive officer (CEO), nurse practitioners, physicians, nurse managers, registered nurses, and patients are the stakeholders for the project. The CEO, who oversees the operation of the clinic and nurse practitioners, the nurse practitioners, a physician assistant, and the physicians evaluated the program content. The nurse practitioner, a physician assistant, and the physicians are the clinicians who provide the discharge teaching for the specialty practice. Currently, the staff nurses do not do the discharge teaching. The CEO approves all practice policies.

One way to confirm patients understand instructions is to have them repeat them back in their own words. The Teach-Back education method is used for that purpose. It is an opportunity and a benefit for patients and clinicians to ensure everyone is communicating clearly and comprehends what is being said. Because the lung clinic did not have any type of policy or set protocol, the new education method provides an opportunity to apply the Teach-Back principles. The staff sees the many errors, and the providers were frustrated by the mistakes. The clinicians know the potential dangers to the patients and were ready to act. Implementing the Teach-Back method and establishing a policy and protocol provided the staff with a guideline to follow as they give important instructions to patients. Likewise, the protocol benefited the patient by having a method that gives them a chance to hear or see information, process, and communicate it back to the clinician.

Not only does the Teach-Back method benefit the patient, but also it is advantageous for the clinicians by providing them with an appropriate guide to follow when teaching patients about medication and health-care instructions. Providers have the ability to assess and address any gaps, barriers, or misinformation, immediately. Effective communication promotes greater satisfaction and helps ensure better adherence to treatment plans with better health outcomes for patients (Jager & Wynia, 2012). Ultimately, the Teach-Back method benefits nursing practice by providing providers with a consistent way to educate patient using plain language, receive immediate feedback resulting in increased patient satisfaction and outcomes (Ashbrook, Mourad, & Schgal, 2013).

The clinicians provide services to the local acute care facilities in the intensive care units, step-down units, and the medical-surgical floors. Ultimately, the goal is to see the Teach-Back method used as standard discharge teaching for all facilities in the area. The research supports its use as best practice for better patient outcomes, fewer medication errors, and decreased readmissions (Jager & Wynia, 2012).

Having the Teach-Back method in place will affect social change by improving chronic illness management by providing a tool for clinicians to use with patients during discharge that gives clear instructions with opportunities for immediate feedback and correction. Patients restate the instructions and ask questions for clarification to reduce the chances for errors and increase the possibility of medication adherence due to the one-on-one interaction with clear communication (Kornburger et al., 2013).

Summary

Reviewing the literature, along with recommendations from TJC, IHI, and AHRQ indicated the best practice for discharge teaching is the Teach-Back method. A significant gap-

in-practice for the specialty clinic revealed the need for a discharge procedure and policy. Due to these findings and the support of the stakeholders of the practice, with the use of theories and models a new Teach Back discharge policy and procedure was developed for the benefit of the clinicians, and the patients increased communication during medication and self-care techniques following discharge.

The problem, purpose, nature, and significance of the problem surround the needs of the patients and practitioners. In the next section, the background and context outlined the development of the project. To have a solid foundation for the project, nursing theories and models provide frameworks and strategies for the current Teach-Back project and relevance to practice. Likewise, aligning the development to current problems and the expected role of the DNP student focuses the task on accomplishing the intended goals and objectives for the clinic and the healthcare team.

Section 2: Background and Context

Introduction

The purpose of the Teach-Back project was to design a new model of care in the form of a discharge policy, protocol, and tool for the providers at the specialty clinic to use when discharging chronic lung disease patients for improved outcomes through decreased medication errors. Older adults have high incidents of medication errors and readmissions, but having a clear understanding of the discharge instructions promotes the possibility of preventing incidents. In the following section the nursing theories and models and their relevance to nursing practice will be examined. Likewise, focusing on the background and context and role of the DNP student in the development of the project will be considered.

Concepts, Models, and Theories

Lewin's theory of planned change (TPC) focuses on the stages of unfreezing, changing, and refreezing (Shirey, 2013). Lewin explained organizational change as moving through these three distinct stages (Shirey, 2013). Through each stage, communication is vital for success.

The first stage is unfreezing, which is the motivation to change. At this point, the initial problem is identified, communication is initiated, and there is a recognition of needed change (NHS North West, 2011.) At the project site, the clinic staff knew there was a problem with medication knowledge at many different levels, and that education was one of the problems and could also be a solution.

The second stage is changing, which is the development of new thinking, attitudes, and behaviors with the implementation of the change. Focusing on more data collection, the problem diagnosis, action planning, project implementation, follow up/stabilization, and the assessment of consequences were the intended goals of the project (NHS North West, 2011; Shirey, 2013). The

detailed plan of action was implemented where the staff was participating in the new teaching process.

Lastly, the re-freezing stage, where the project has reached a new level of reinforcement with supporting materials, policies, and it has become the clinic's standard of practice. The third level includes the ongoing monitoring, assessments, and learning process (NHS North West, 2011). The clinic realizes the success of the new discharge teaching process and will look toward further improvements in the system as the clinic needs develop. The project is solidified and monitoring, reevaluating, and making any adjustments that are needed.

Lewin's theory has been criticized for being too simplistic in an ever-changing dynamic healthcare world but can be effective in a highly stable environment (Shirey, 2013). The clinic staff works well together, was eager for change, was open for evidence-based practice methods, and has solid leadership between the office manager, nurse manager, and CEO. Lewin's theory met the needs of the project and served the clinic's requirements throughout the assessment, implementation, and evaluation process.

The ACE star knowledge transformation model is a framework that is a systematic method for putting evidence-based practices into action. The ACE Star model represents the information in a relative sequence as it moves through the five different cycles represented in the stars, and is integrated into operation, thus providing a framework for the evidence to process into practice using a 5-point star depicted as the major phases of knowledge discovery, evidence summary, translation into practice recommendations, integration into practice, and evaluation (Stevens, 2012). Using the phases provided a guide for the development of the project as well as a uniform way to present the information to the stakeholders and a meaningful way for evaluation.

The ACE star model has been used clinically, academically, and in the community setting to guide evidence-based practice changes. In the clinical practice, the 5-Star framework was the guide for a ventilator-associated pneumonia policy, while it was used with pregnant adolescents in a school setting, and in promoting a NCLEX review model in academic situations (Abbot, Dermas, Stewart, Mark, & Carenet, 2006; Bonis, Taft, & Wendler, 2007; Davis, 2008).

The Always Teach-Back content was created as part of the Picker Institute's Always Events Program, which refers to experiences that are so important to patients that health care providers should reliably implement the events 100% of the time (IHI, 2015). The toolkit has resources for the facilitator and the providers, which includes the Interactive Teach-Back learning module, Coaching to Always Use Teach-Back tips, Conviction and Confidence Scale, Teach-Back Observation Tool, readings, resources, scenarios, visual aids, and presentations. The objectives of the learning tool are to enable learners to identify and use key aspects of plain language and Teach-Back throughout the care continuum (IHI, 2015). Health agencies across the country have implemented the toolkit to use in educating and evaluating participants. Parts of the Always Use Teach-Back toolkit is included in the AHRQ's Health Literacy Universal Precaution Toolkit (Tool #5) as a method as indicated as a way of checking understanding by asking patients to state in their own words what they need to know or do about their health (AHRQ, 2015). Likewise, the Always Use Teach-Back toolkit has been instrumental in making changes in organizations and training. Because of the many challenges of time and settings the Always Use Teach-Back tool is a foundation to strategize to make Teach-Back an "always event" in organizations to encourage and promote health literacy as indicated at the recent Institute for Healthcare Advancement conference (Abrams, 2016).

Relevance to Nursing Practice

Education and communication are key in ensuring patient safety and continued well-being. Without having a process for disseminating information and knowing it is understood, giving patients instructions is nothing more than getting paperwork signed. For directions to be followed, the instructions must be understood. By enhancing patients' knowledge, Teach-Back increases their adherence to disease management and makes them more accountable for their own health, but they must understand their condition, its signs and symptoms, treatments, and medications (Clark, Boomer, & Hines, 2013; Xu, 2012). Whoever discharges the patient has the responsibility and opportunity to know the patient has a thorough understanding, which can be accomplished through the Teach-Back method. Practitioners tend to underestimate patients' needs for information, and overestimate their own effectiveness in conveying information (Kistin, 2012; Tan, Mulo, & Skinner, 2014).

Practitioners can use Teach-Back to identify barriers in learning, senses, and, especially, in language. Nearly half of all American adults have difficulty understanding and acting on health information, and approximately 20% of VA patients has limited health literacy skills for one reason or another (Bowskill & Garner, 2012; Cutilli & Schaefer, 2011). By asking someone to verify medication instructions, describe a procedure, or use a medical can alert the provider to any needs or challenges and help the clinicians tailor the learning accordingly. It is important to be sensitive in the way to ask the patients to teach back so they are not intimidated or feel they are being tested (Clark, Boomer, & Hines, 2013). Likewise, clinicians can use the new educational process for assessing and practicing their own communication skills. Initially, using the Teach-Back method does take longer, but once providers became accustomed to using the

techniques it took less time than traditional discharge practices and showed vast improvement in the interaction with the patients (Tamura-Lis, 2013).

Health literacy is defined as the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions with the connection to effective communication being the cornerstone of patient safety with organizations making education a priority with policy changes with the promotion of practitioner-patient interactions (ARHQ, 2016; U.S. Department of Health & Human Services, 2015). Therefore, preparing clinicians for educating clients begins with developing and employing effective teaching strategies. Because there are not good tactics for knowing who is struggling with health information and studies of health literacy abilities show that many Americans with the greatest health care needs have the least ability to comprehend information required to navigate and function in the health care system, it is imperative for clinicians to implement teaching tools that address the literacy concerns (Singh-Manoux et al., 2012; Wolf et al., 2012). Likewise, cognitive ability has shown to decline in a non-pathological manner during aging beginning in mid-adulthood, which could explain low health literacy among older adults (Singh-Manoux et al., 2012; Wolf et al., 2012). The combination of low health literacy and decreased cognitive ability in older adults present a challenge and opportunity for discharge teaching.

Other educational programs are used to assist older adults with communication and discharge comprehension. The Care Transitions Program and Project BOOST are education interventions that focus on reducing errors and readmissions while increasing self-care principles. Specifically, the lung clinic has not utilized any formal program or seen any consistent discharge care plan used within the area.

In the past, two other similar strategies have been used to address the gap-in-practice. The Care Transitions Program (CTI) is a four-week transition care plan based on the patient's goals, preferences and clinical status facilitating new behaviors and communications carried out by well-trained practitioners serving as coaches in the three areas of medication self-management, utilization of patient-centered record, and patient empowerment (Parrish, O'Malley, Adams, Adams, & Coleman, 2009). Likewise, Project BOOST (Better Outcomes for Older Adults through Safe Transitions) focuses on the education and transition of patients. The BOOST project has five elements, which include the following: comprehensive interventions, comprehensive implementation guide, longitudinal technical support (face-to-face, mentoring, and coaching for one year), BOOST collaborative, data center/online resources (Society of Hospital Medicine, 2012).

As indicated, the gap-in-practice can cause miscommunication, lack of understanding, or missing information resulting in medication errors, readmission, and self-care deficits. By initiating consistent and effective discharge teaching, such as the Teach-Back method in which the patient communicates the specific information back to the clinician the gap-in-practice is reduced or eliminated. The Teach-Back method helps providers understand the patients' requirements, but it allows the clinicians to appraise the skills the healthcare team needs to improve during the interaction, as well (ARHQ, 2014; Cutilli & Schaefer, 2011).

Local Background and Context

Teach-Back, also known as "show me" or "closing the loop" is a method to ensure understanding of the communication by asking patients to repeat back key points of instructions (ARHQ, 2014). The history of the Teach-Back method was used initially as an educational strategy for health care professional to use with low-income women, people with low health

literacy, and for patients with chronic diseases (Kornburger et al., 2013; Mahramus et al., 2014). The method is beneficial for anyone who has discharge orders, especially if the orders include complex medications or instructions. For the clinic population, the majority of patients suffer from chronic lung disease and many are elderly.

The clinic has eight physicians, nine mid-level providers, which has approximately 8500 patients under their care, 4500 who are active, ongoing patients with new hospital referrals each week. The policy and protocol covers the practice, but the long-term plan is for the utilization in the acute care facility and intensive care unit, where the clinicians do rotations.

The elderly are at a significant risk for medication-related problems, including nonadherence, especially at times of transition in and out of the health care (Bobay, Jerofke, Weiss, & Yakusheva, 2010). Having a clear evidence-based educational policy in place can make the transition easier for the vulnerable population. Many factors contribute to the risk of nonadherence in older patients, including a higher prevalence of chronic diseases, a higher number of prescription and nonprescription medications compared to any other age group, and age-related physical and mental capabilities that also may pose challenges (Bowskill & Garner, 2012; Mulhem et al., 2013). The Teach-Back method give the patient and staff an opportunity to talk through information in a manner that satisfies the patients' educational needs. A patient's health literacy can be influenced by basic literacy skills, clinicians' communication, and the medical conditions (Cutilli & Schaefer, 2011; Udlis, 2011). Likewise, individuals may not ask important questions or misunderstand directions.

Because those aged 65 and older have the most problems with proficient health literacy among any other age group and their sensory processes may not be optimal, it is important for practitioners to adjust the expectations and demands by developing material and tools designed

to provide user-centered information and techniques (CDC, 2012; Cutilli & Schaefer, 2011). By having a standardized discharge policy and protocol in place, everyone on staff had the same training, resources, and strategies to combat any deficits the patients may have.

DNP Student Role

Prior to beginning the project and starting the practicum, medication errors were a major concern and priority in my nursing practice. Having no previous connection to the specialty lung group other than being referred to the clinic as a potential practicum site by a coworker, I was not sure of any specific needs, but knew the practice had recently added a cystic fibrosis clinic, as well as being an established specialty clinic for those with chronic lung disease, which meant the opportunities were vast and learning prospects would be immense for a new DNP student. Immediately, I established my role as researcher, collaborator and, slowly and continuing, as leader. It is my responsibility to use the resources to provide education, guidance, and, ultimately, the evidence-based research to develop the policy to alleviate the gap-in-practice so the clinicians can provide better patient outcomes and more thorough care.

Seeing patients harmed and die, as a result, of unnecessary medication errors has been the motivation for the project. The research solidified having an effective education tool and Teach-Back policy is the incentive to use the many resources to promote the project to the specialty group.

The doctorally-prepared nurse has the responsibility and the opportunity to apply the American Association of Colleges of Nursing's Essentials as well as developing the policy for the pulmonary group. Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking. Organizational leadership and quality improvement are critical in improving patient care and outcomes in the clinic by assessing the need and

implementing the teach-back education policy (American Association of Colleges of Nursing [AACN], 2006). Likewise, focusing on making these changes based on evidence based practices increases the integrity and application of the knowledge for more complex situations as noted in Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice. With all practices, the professionals work within collaborative teams to increase the functionality of the patients' care needs (AACN, 2006). Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes focuses on the complexity within the healthcare team policy is using it as an educational foundation for all patient providers with the possibility of used in the acute care facilities. The collaborative relationships between the specialists, primary care clinicians, and staff provides opportunities to use research different treatment methods, thus allowing the application of evidence-based practice.

During the project, I served as the facilitator for the providers' interactive Teach-Back education. Likewise, I conducted the discharge observations after the training, policy, protocol, and tools were implemented. It was my responsibility to see that each stage of the project is applied successfully, but as a part of the healthcare team, I served as an advisor and was available for questions, suggestions, and further training opportunities.

The evidence from the research, information from observations, and documentation was presented to the stakeholders with an unbiased approach using the nursing models, peer-reviewed literature, and current statistics. The policy, protocols, and tools are used by other health-care organizations with whom I have no connection or interest, financial or professional.

Summary

Applying the TPC and the ACE star model principles to the project helped focus the presentation of the Teach-Back method to patient education. Understanding the role of the DNP

student and incorporating knowledge and data propelled the project for the practitioners' use in an unbiased project. Likewise, using evidence-based literature and research as a foundation for the project provided insight to the needs of the patients and clinicians. In the next section, collection and analysis of evidence, the practice-focused question, sources of evidence will be evaluated.

Section 3: Collection and Analysis of Evidence

Introduction

Ensuring patients are receiving and understanding discharge instructions is key in the prevention of medication errors and readmissions. Unfortunately, older adults have a high incidence of both of these difficulties, but proper discharge instructions could alleviate some of the problems. The purpose of the project was to develop and implement the Teach-Back method of education for the staff as the standard protocol for the lung clinic as current findings indicate it is best practice for improved patient outcome to close the indicated gap-in-practice (CDC, 2012). The following sections will focus on the practice-focused question, sources of evidence, and an examination of the analysis and synthesis.

Practice–Focused Question

It is important to determine the specific needs of the population by focusing on the why the problem is important, who does it affect, what interventions would improve the outcomes and compare it to what is currently in place. The patients' reactions, responses, and the medication reconciliation paperwork indicated the many errors and the lack of understanding of the intended medication regime due to the lack of discharge education. The gap-in-practice was the education during discharge and the development of the DNP project was meant to fill the gap. The practice-focus question for the project was: "Does using the Teach-Back education method increase medication compliance among outpatient senior citizens?" Having the Teach-Back procedure and policy in place for the providers to consistently use during discharge promotes the engagement, understanding, and adherence to instructions by the patients thus increasing patient safety and quality and decreasing the likelihood of medication errors. Although not designed to

measure medication compliance during the span of the capstone project, a facility champion is in place to follow patient outcomes at six months and one year following implementation.

Sources of Evidence

An extensive literature search was conducted through the Walden University library using EBSCO hose, Cumulative Index of Nursing and Allied Health Literature (CINAHL) Plus, MedLine, and general databases using search terms *medication reconciliation, teach back, health literacy, self-efficacy, discharge instructions,* and *transitional care.* Database searches were limited to peer-reviewed articles written in the English language within the last ten years. Focusing on the appropriate terms while limiting the time-frame ensures the material is current and applicable to present patient care situations.

Age, health literacy, and transitions in care are high-risk situations for improving provider-patient communication at discharge. A level-1 trauma center emergency department in St. Louis, MO, conducted a randomized controlled study looking at Teach-Back instructions compared to standard discharge instructions of 408 patients (Griffey et al., 2015). The findings showed no difference in patient satisfaction between the groups, but patients who received the Teach-Back instructions had significantly higher comprehension in post-ED medications, self-care, and follow-up instructions, which, ultimately, could increase adherence to medication instruction and reduce readmissions, uses of other health services, and return ED visits (Griffey et al., 2015).

Part of ensuring patients have a better understanding of the treatment plan and health conditions is to convey the information in terms the clients can understand and apply. A randomized controlled trial of 127 participants focusing on a diabetes education using Teach-Back and pictorial strategies were beneficial for increasing care knowledge (Negarandeh,

Mahmoodi, Noktehdan, Heshmat, & Shakibazadeh, 2012). Nurses often rely on written instructions rather than verbal teaching when doing education but much can be missed or misunderstood. The study indicated patients across all literacy levels increased in knowledge and understanding about the disease, self-care behaviors as it related to medication and dietary recommendations by using the Teach Back educational method, which resulted in promoting knowledge, adherence, and improved diabetes control (Negarandeh et al., 2012).

A key indication in knowing if patients understand the information is to have them repeat it, which is the essence of the Teach-Back education method. However, a necessary part of success with the Teach-back concept is having those doing the education, having the confidence and knowledge of the program. Therefore, the following are two studies that focused on the nurses and their confidence in presenting the information, which is an essential part of the success of the program.

A quasi-experimental study in a large tertiary hospital with 250 participants attending educational classes, 150 nurses consented to participate in a 3-month study of an assessment of their knowledge and retention of heart failure self-care principle and the Teach-Back method (Mahramus et al., 2014). A pre-class survey was conducted, educational information programs, classes, demonstrations, and opportunities for practice using the Teach-Back method were provided over the 3-month period. Upon the completion of the 3 months/8 educational programs, the results of the Teach-Back method indicated a vast improvement from the initial return demonstration of 43.1% participants needing remediation to 98.3% demonstrating competency in the teach-back method (Mahramus et al., 2014). The study revealed the nurses gained an understanding of Teach-Back method as well as valuable information about heart failure self-care of which they were unaware.

An evidence-based practice fellowship program purposed to determine the nurses' understanding of educational interventions. The project began with 40 nurses on an inpatient surgical unit, and added 34 nurses on an inpatient medical unit shortly after the first began with both groups taking a pre-and post-surveys determining their baseline knowledge of health literacy and teach-back (Kornburger et al., 2013). After the education sessions, the nurses had 4 weeks to use the skills, and then given a post survey with 58 (78%) pre-education, 53 (72%) post-education responses reviewed using the themes of "knowing, doing, and valuing" (Kornburger et al., 2013).

The post survey revealed 98% of the nurses agreed that teach-back helps patients and families understand the discharge instructions, while 56.9 % stated they asked to clarify information or correct misunderstanding (Kornburger et al., 2013). One area that is of great concern is medication and follows up appointments. The study revealed medication administration, measurement, follow-up appointment scheduling are the areas that needed the most clarification which confirm the use of Teach-Back to be instrumental in providing discharge teaching (Kornburger et al., 2013).

Participants

Because the nurse practitioners are the ones who do the discharge instructions, the education training, tool, and policy was provided to the five ARNPs and the physician assistant in the lung clinic. Not only do the clinicians have the experience and knowledge of the patients, many of whom are older adults suffering from chronic diseases, medications, and necessary instructions, but the healthcare team is also are aware of the problems with errors and readmissions connected with the acute care facilities.

Procedures

The practitioners participated in the Interactive Teach-Back Learning module, http://www.teachbacktraining.org/interactive-teach-back-learning-module. It included the following two sections (IHI, 2015):

1. It describes teach-back and demonstrates its effectiveness as a health literacy intervention that improves patient-provider communication.
2. Video and interactive self-assessment questions enhance, confirm, and reinforce the clinicians' ability to use Teach-Back

The second part following the implementation of the protocol was the observation/summative portion of the project where the scholar witnessed the practitioner during the discharge process using the Teach-Back Observation Tool (Appendix B) evaluation tool (IHI, 2015). Observing the interaction using the guidelines on the tool directed improvements and suggestions for future discharge encounters.

The Conviction and Confidence Scale (See Appendix A) evaluated the practitioners' process of using the policy and protocol, which measures the use before beginning, at one month, and at three months. The three-month evaluation will not be completed during the DNP project. At each of the three time intervals, the clinicians assessed the comfort level and the importance of using the Teach-Back method with an opportunity to give important feedback about the process and progress of the discharge teaching.

The Always Use Teach Back tools provided by Institute Healthcare Improvement (permission attached; Appendix C) allow for short-term/formative, summative, and long-term/sustainability evaluation of the discharge method. Although it was not a part of the project,

the long-term sustainability of the project is to improve medication compliance by using the Teach-Back education method.

Analysis and Synthesis

The Teach-Back policy and protocol implementation had different phases with evaluation points for each. The education, observation, and implementation processes was assessed and analyzed for information and any needed adjustments. After receiving the education and training portions of the Teach-Back method using the Always Use Teach-Back Interactive module, the practitioners took a post survey using an approved Board of Nursing continuing education evaluation form (See Appendix E) that ranks the objectives, content, and presenter.

The Conviction and Confidence Scale was administered to the providers before policy implementation, at one month, and at three months after the Teach-Back method has been employed. A one-group, two different times (before and at one month) comparison was conducted using a standard significance/t-test from the information on the Scale tool. As it is beyond the scope of the project, the recommendation is the facility will conduct and evaluate the information at the three-month time interval.

The Teach-Back Observation Tool is a Yes, No, or N/A questionnaire used by the facilitator while observing the clinician during the discharge process. Descriptive statistics were used to analyze the data from the observation and the results were reviewed with the practitioners.

Using the information and incorporating the three-month data from the Conviction and Confidence Scale will assist the clinic in establishing a long-range tool for determining, monitoring, and evaluating the ultimate goal of improved medication compliance, which

cannot be completed or measured during the DNP project. Having the champion in place following the completion of the project is a positive influence for guidance, policy stability, and sustainability. It is recommended to focus on continuing the protocols, tracking the patients' medication compliance, and following current Teach-Back practices.

Summary

The literature revealed the benefit of the Teach-Back method of discharge education for the patient and the clinician. It gives an opportunity for the patients to be given the information, and then state it back in their own words. The provider has an opportunity to clear up any misunderstandings, immediately, and can reiterate any important points. Teach-back is a valuable, easily understandable, and effective strategy that supports staff in providing safe and high-quality care to patients and families while engaging them in the learning process, identifying any barriers, and using the method in an efficient and effective manner for patient safety and healthy outcomes (Griffey et al., 2015; Kornburger et al., 2013; Mahramus et al., 2014).

The protocol and policy was implemented as a consistent discharge method in the clinic providing the clinicians with the IHI Always Teach-Back Toolkit, which includes education, self-assessment, and evaluation tools to assess the efficiency short, intermediate, and long-term outcomes.

Section 4: Findings and Recommendations

Introduction

Because discharge is such a pivotal and vulnerable time for older adults, it is imperative to have a plan in place for communicating care and medication information during transitional periods. Chronic disease, high numbers of prescriptions, risk of non-compliance, and lack of continuity of discharge policies are challenges that the local senior population encounter as they seek health care. The practice-focused question, "Does using the Teach-Back education method increase medication compliance among senior citizens?" emphasizes the need for attention and change to promote best practice. The purpose of the DNP project was to design a model of care for the providers at a local clinic to use during discharge for improved outcomes through decreased medication errors and increased medication compliance. With the gap-in-practice, which was the lack of consistency in discharge teaching, being filled with the implementation of Teach-Back policy, the staff, providers, and patients benefit from the new protocols and education.

Evidence for the project was collected in four parts, using three tools, to evaluate practitioners' training and execution of the policy. Six mid-level providers, five nurse practitioners and one physician assistant participated in the data collection. Prior to project implementation, the clinicians viewed Teach-Back modules on the IHQ website and completed a post-test that was Likert scale to evaluate the materials and process. Secondly, the Teach-Back Conviction and Confidence Scale was administered before and at one-month post protocol implementation. Lastly, each participant was monitored and assessed using the Teach-Back Observation Tool. The Teach-Back materials were analyzed using SPSS statistics software.

Findings and Implication

The first step for preparing the initiation of the project, data collection, policy implementation, and education was having the participants view the learning module online from the Teach-Back Toolkit and complete a standard Education Evaluation (Appendix E) following the teaching tool to assess the effectiveness of the training method. The Likert Scale was used with the range of 1=Strongly Disagree to 4=Strongly Agree as the choices for each question. Each of the six participants scored the seven questions 4=Strongly Agree with all positive comments of the Teach-Back module in the narrative section.

Following the education for the implementation of the Teach-Back method and at one-month after putting into practice the new policy, the clinicians completed the Convictions and Confidence Scale. A review of the surveys and observations of the practitioners noted a positive change in discharge teaching. The before and after implementation, Conviction and Confidence Scale surveys were analyzed using a paired t-test, and the Teach-Back Observation was analyzed used a descriptive analysis.

Table 1

Conviction & Confidence Scale

				95%Confidence Interval of the Difference				
		Std Mean	Std. Error Dev.	Mean	upper	lower	*t*	df	Sig
Pair 3	Plain Language - Plain Language	.167	.408	.167	.262	.595	1.00	5	.363
Pair 4	Explain in own words - Explain in own words	.667	.51	.211	.125	1.209	3.162	5	.025
Pair 5	Non-shaming, open-ended - Non-shaming, open-ended	.500	.548	.224	.075	1.075	2.236	5	.076
Pair 6	Avoid Yes/No questions - Avoid Yes/No questions	.667	.516	.211	.125	1.209	3.162	5	.025
Pair 7	Clear – Clear	.167	.408	.167	.262	.595	1.00	5	.363
Pair 8	Explain & Check - Explain & Check	.333	.516	.211	.209	.875	1.581	5	.175
Pair 9	Reader-Friendly materials - Reader-Friendly materials	.333	.516	.211	.209	.875	1.581	5	.175
Pair 10	Documentation - Documentation	.667	.516	.211	.125	1.209	3.162	5	.025
Pair 11	Include family members - Include family members	.167	.408	.167	.262	.595	1.00	5	.363
Pair 12	ConvictionB - ConvictionA	.333	.816	.333	1.190	.524	1.00	5	. 363

A paired-sample *t*-test was conducted to compare if the clinicians used the elements of the Teach-Back method during the previous week before the education (B) and at one month post (A) and several areas were found to have a significant difference as follows:

1. Asking patients to explain in their own words/Before ($M = 2.00$, $SD = < .001$) and Asking patients to explain in their own words/After ($M = 1.33$, $SD = .516$); $t(5) = 3.16$, $p = .025$

2. Document use of and patient's response to Teach-Back/Before (M = 1.83, SD = .405) and Document use of and patient's response to Teach-Back/After (M = 1.17, SD = .408); $t(5) = 3.16$, p = .025
3. Avoid asking questions that can be answered with a yes or no/Before (M = 2.00, SD = < .001) and Avoid asking questions that can be answered with a yes or no/After (M =1.33, SD = .515); $t(5) = 3.16$, $p = 0.25$

Each of the areas showed an improvement and focused more on the elements of Teach-Back education portions that needed attention. The other sections, using caring tone of voice, displaying comfortable body language, eye contact, plain language, clarity, and including family members improved between the before and after surveys but did not reflect it on the statistical data.

The Confidence and Conviction Scale revealed all participants agreed before and after implementation the Teach-Back method of education was important with the Conviction Scale as indicated by the score of 10-Very Important. The Likert Scale was 1-Not all Important to 10-Very Important. Likewise, the clinicians' surveys revealed 10-Very Confident when asked how confident in their abilities to use the Teach-Back method/Confident Scale with the Likert Scale of 1-Not at all Confident to 10-Very Confident.

Table 2

Teach Back Observation Tool

Teach-Bach Observation Tool

	Caring	BL/Eye	Lang	S/S	Med	Self-Care	F/U	NS ?	Y/N ?	Clear	Explain	Edu.	Doc	Family
N	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Minimum	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Maximum	1	1	1	3	3	3	3	1	2	1	2	3	3	3
Mean	1.00	1.00	1.00	1.60	1.40	1.40	1.20	1.00	1.50	1.00	1.10	1.60	2.10	1.60
Std. Deviation	.000	.000	.000	.699	.699	.699	.632	.000	.527	.000	.316	.966	.994	.966

At different times after the teaching and implementation, the care team was observed during the discharge process to evaluate the interaction between clinician, client, and family/caregiver (if present). Many of the observations were duplicates to the survey questions and the results were identical with everyone mirroring the behaviors with every patient. Not surprising, different needs and special patient circumstances required diverse handling of situations along with various teaching and learning styles. However, the clarity of the information and ease of two-way communication was apparent during the observations. Many times, the "Avoid asking questions that can be answered with a yes or no" was not a reasonable evaluation because of the type of situation. Another area was the documentation portion that was better indicated on the survey portion because of the lack of observation as it was done during the charting which was later.

Pairing the Observation Tool and the Confidence and Confidence Scale provided a comprehensive evaluation of the pre-and post-analysis of the education and implementation of the Teach-Back method. With the addition of the interactive communication skills paired with

the compassionate, focused team work at the clinic the improved discharge processes will enhance the patients' knowledge of key elements of medication instructions and self-care procedures.

The clinicians agree the policy implementation is a positive step toward continuity of care for patients in discharge and medication reconciliation as revealed in the data. With the understanding of the Teach-Back method and following the guidelines, the practitioners have an educational approach to present information and receive feedback that is directed by procedure and supported by evidence-based practice, research, and the administration. Individually, the staff and the patients benefit from the Teach-Back method and protocol applied for ongoing stability, adherence, and safety. The institution has a set policy in place that give the clinicians one reliable way to administer discharge teaching and documentation that enhances and streamlines practice and reputation. It will be advantageous for the community as the new teaching method will be far reaching to other facilities and specialty practices as they will see the changes in compliance and understanding of care through patient understanding, decreased errors, and charting similarity. Finally, the acute care systems will be influenced by the Teach-Back method being used by the practitioners in the hospital rounds, and the prospect that it will be adopted on a larger scale.

With the implementation of patients repeating back instruction, the increase in medication compliance, decrease in medication errors will decrease senior readmission to acute care facility thus providing reduced cost and improved safety. Although, the long-range practice change measures are beyond the scope of the DNP project, the foundations, goals, and expectations have been established for the practitioners and organization. In addition, the patient will achieve confidence in themselves, the healthcare system, and providers.

Recommendations

Not only do the recommendations include the continuation of the Teach-Back discharge protocol, but also including the physicians within the IHQ teaching procedures and implementations into their procedures. Although not part of the DNP project, a unit Champion will be in place to continue the data collection and processing to assist with the ongoing processes and help with the smooth sustainability of the protocols. Part of the proposal is to use the Teach-Back method with patients in the acute care facilities when providers are doing their assigned rounds for added exposure of the program. Another recommendation is to encourage those engaged in using the Teach-Back method to stay current with any new information, techniques, and/or tools.

Strengths and Limitations of the Project

The strengths of the study included the support of the staff, the tools, and the participation. From the beginning of the project, the clinic's staff, from the administration to the intake personnel, saw the need for a change in discharge teaching and were supportive in the various activities. Even though they may not have been directly involved in the data collection process, everyone was supportive in giving input and assisting. Likewise, the practitioners were instrumental in ensuring the project progressed smoothly with 100% participation in the surveys and expressing the importance of the protocols. Similarly, the administration was contributory by being involved and influential with advancing the information as needed. Finally, using Teach-Back Toolkit for education and data collection allowed the personnel to be assured the information was organized and reputable.

The limitation for the project was the number of participants, which was six. Although the participation was 100% for the practitioners, it is a relatively small group compared to the

number of those in the practice who do discharge teaching. In this practice, the mid-level clinicians and the physicians provide discharge instructions. The survey was only conducted among the mid-level specialist during this project, but the data would have shown a more definitive representation of the population with the inclusion of everyone who provided discharge teaching. Also, patients were not used at this stage of the project, but it would advantageous to include patients for their perspective of teaching outcomes.

The Teach-Back Method is an excellent strategy and would be a recommendation for similar type project especially for the continuation and expansion for this clinic as it is growing its patient care group. As technology changes, patient population becomes better equipped to deal with chronic illness, and care providers learn improve communication techniques, the specialty clinic can develop the Teach-Back policies and protocols to all providers and extend that to the acute care facilities.

Section 5: Dissemination Plan

Several different methods are in place to ensure the providers receive the information collected and distributed appropriately. The stakeholders have been involved since the inception of the project and have been instrumental in the growth and development. For immediate results a power point presentation was initialized to present the information and the new policy as well as address any questions. The policy and protocols was presented to the staff in written form. Teach-Back literature with key phrases and educational tips and guidelines to be used for reference were made available for the clinicians in folders along with a copy of the power point presentation.

Although it will not be an official part of the DNP project, another dissemination method will be a poster presentation that will be done for the specialty practice, as well as for the acute care facilities that outline the findings and the Teach-Back Method. The poster will be on display for the clinic champion's in the anticipation of the physician's attention and continued support for the mid-level practitioners. Follow-up will continue to other facilities to outline the importance of the Teach-Back method among the nursing profession for discharge teaching.

Analysis of Self

Practitioner

Focusing on the role of care provider means increasing the level of patient safety and expanding the communication within the nursing profession. Having an amplified awareness of the problems has given me both the insight and opportunities for growth. Likewise, I have become passionate to improve communication of clinicians which can only result in improved patient outcomes. Nursing has become such a diverse profession that impacts care well beyond the bedside. The changes are seen in legislation that saves lives, and as a practitioner, I am a part

of these transformations. I am changing the face of nursing through education, not only during client discharge, but at the university level with the graduation of nursing students and at orientation of unit employees on evidence-based practice. With the advances in practice, as a doctorally-prepared nurse, I am equipped to bring the information to the patients and profession, thus having a positive influence on outcomes.

Scholar

Having the tools to continue learning and advancing the nursing profession for the means of educating students, staff, and patients means I must always be in a state of scholarship. Lifetime learning ensures I will never be stagnant nor will my career. Walden University (2016) identifies scholar-practitioners as passionate lifelong learners who expand their knowledge of the specialty area and are constantly evolving as they research learn, teach, and grow.

The project gave me an opportunity to show my abilities as a scholar with my strengths in research, being detail oriented, and organized, while I was able to grow in the areas of communication, leadership, and team building through the many discussions, classes, and practica. My professional goals focused both on the academic world and the professional with staying well-informed with the most current research in patient practices and ensuring that information finds its way to the bedside. The project was a chance to accomplish the transition of evidence-based research to be put into practice in a form of protocols. Likewise, I can continue with the research and keep the clinic champion informed of advances. As a scholar, I have made a difference through this project and will continue as a lifetime learner and researcher to make changes that will impact the nursing profession.

Project Manager

Although the staff of the specialty practice was instrumental in assisting me with the needs assessment and participating in all steps of the project, I could identify, research, develop, and execute the completed assignment for the clinic. Throughout the project, it was a continual growth process, as I was overseeing the organization of each step. It was a bit overwhelming in the beginning with all the research, especially observationally. It seemed there was so much to do, and this was not my field of expertise. Therefore, I had to learn to take my skill base, patient care, and adopt it to policy-making, which is the foundation of the project.

I learned so much how to use communicate with the different areas of the clinic to understand their needs and be the liaison during protocol development. Leadership became key when exchanging information with stakeholders to ensure the policy met the needs of the patients, practitioners, and the practice. Again, it was my responsibility, but not an area that I had much knowledge. I relied on the many lessons I have learned through the doctorate program and the AACN Essentials. Each time I met with the various areas, I became more confident in my abilities and the presentation.

One area that never was an issue was the promotion of the patient problem and potential for solutions. Fortunately, organization and research are strengths so I met with the practitioners and told them about the information I found and formulated a plan rather quickly. Likewise, I kept everyone focused on the proposed goals. The plans for the clinic champion are in place and should be successful because of careful and detailed planning for long-term project goals.

Completion

Although my portion of the project is completed, the Teach-Back discharge policy is in place and the champion will continue the work as will the practitioners. Likewise, I will continue

the education portion to the acute care facilities and students. The DNP project is just the beginning. In fact, it is the trigger to much bigger endeavors in the future. As an educator, I have a responsibility and opportunity to take the information gleaned from this experience and the research to go beyond one clinic. I learned that there are many, preventable, patient errors happening because of nurses, and I have the chance make a difference. Certainly, there will always be mistakes, even patients' deaths that are not preventable, but we, as healthcare professionals have a duty to change what we can. As medication errors decrease and compliance increase through discharge education by increased communication, we, as nursing professionals will know we have made a difference in improved patient outcomes.

Summary

The purpose of the project is to improve patient outcomes by implementing a discharge policy using the Teach-Back method. The enriched communication between healthcare providers, patients, and caregivers will increase medication compliance, decrease medication errors, and improve client independence. The educational method not only provides important strategies for the patients, but the practitioners benefit from the evaluation tool as a means of ensuring the information is conveyed effectively. The organization has protocols in place that provide guidelines for the staff that focus on education, outcomes, and awareness. The Teach-Back project supports the goals for the staff, the specialty practice, patients, and nursing as we focus on improving healthcare delivery with increasing awareness of medications and care transitions during discharge.

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Appendix A
Conviction & Confidence Scale

Always Use Teach-back!

Conviction and Confidence Scale

Fill this out before you start using teach-back, and 1 and 3 months later.

Name: _____

Check one: ◯ Before - Date: _____

◯ 1 month - Date: _____

◯ 3 months - Date: _____

1. On a scale from 1 to 10, how **convinced** are you that it is important to use teach-back (ask patients to explain key information back in their own words)?

Not at all important Very Important

1 2 3 4 5 6 7 8 9 10

2. On a scale from 1 to 10, how **confident** are you in your ability to use teach-back (ask patients to explain key information back in their own words)?

Not at all confident Very Confident

1 2 3 4 5 6 7 8 9 10

3. How often do you ask patients to explain back, in their own words, what they need to know or do to take care of themselves?

◯ I have been doing this for 6 months or more.

◯ I have been doing this for less than 6 months.

◯ I do not do it now, but plan to do this in the next month.

◯ I do not do it now, but plan to do this in the next 2 to 6 months.

◯ I do not do it now and do not plan to do this.

Conviction and Confidence Scale continued

4. Check all the elements of effective teach-back you have used **more than half the time in the past work week.**

- ◯ Use a caring tone of voice and attitude.
- ◯ Display comfortable body language, make eye contact, and sit down.
- ◯ Use plain language.
- ◯ Ask the patient to explain, in their own words, what they were told.
- ◯ Use non-shaming, open-ended questions.
- ◯ Avoid asking questions that can be answered with a yes or no.
- ◯ Take responsibility for making sure you were clear.
- ◯ Explain and check again if the patient is unable to teach back.
- ◯ Use reader-friendly print materials to support learning.
- ◯ Document use of and patient's response to teach-back.
- ◯ Include family members/caregivers if they were present.

Notes: _____

_____

_____

_____

_____

_____

_____

_____

_____

Used by permission. See Appendix C

Appendix B
Teach-Back Observation Tool

Teach-back Observation Tool

Care Team Member: _____ Date: _____

Observer: _____ Time: _____

Did the care team member…	Yes	No	N/A	Comments
Use a caring tone of voice and attitude?				
Display comfortable body language, make eye contact, and sit down?				
Use plain language?				
Ask the patient to explain in their own words what they were told to do about: • Signs and symptoms they should call the doctor for? • Key medicines? • Critical self-care activities? • Follow-up appointments?				
Use non-shaming, open-ended questions?				
Avoid asking questions that can be answered with a yes or no?				
Take responsibility for making sure they were clear?				
Explain and check again if the patient is unable to use teach-back?				
Use reader-friendly print materials to support learning?				
Document use of and patient's response to teach-back?				
Include family members/caregivers if they were present?				

Appendix C
IHI Permission

Good morning Tracey,

Thank you for your email.

This form has been approved and you are allowed to use it for the purpose you wrote. Below you will see our strict policy on using and sharing IHI.org content, please make sure you abide by these rules.

- **You may NOT post the content directly into another website. Instead, because we update the content on IHI.org frequently and want to make sure people are using the most up-to-date information, you should link to the content on IHI.org.**
- **You must always credit IHI (and any other sources specified for a specific piece of content) as the source of the material, as follows: "[Name of content item]. Cambridge, Massachusetts: Institute for Healthcare Improvement; [Year]. (Available on www.IHI.org)"**
- **You may not repackage our content for commercial purposes or otherwise offer it for sale.**

If you have any additional questions, please feel free to let me know. Have a great day!

Also, please take a moment to let us know about anything we could have done to better serve you by clicking HERE. We greatly appreciate your feedback.

Best,

Mesale Gessesse
Customer Service & Systems Project Assistant
Institute for Healthcare Improvement
20 University Rd, 7th Floor
Cambridge, MA 02138
T 617 575-7789
E mgessesse@ihi.org

ihi.org

Appendix D
Teach-Back Policy Example

Clinical Policy & Procedure
Teach-back Methodology

Purpose:

Define the use of teach-back methodology for use with patient teaching. In using the teach-back technique, clinicians take responsibility for adequate teaching. If patients cannot explain or demonstrate what they should do, clinicians must assume that they did not provide patients with an adequate explanation or understandable instructions.

Policy:

The teach-back technique should replace the more common practice of simply asking a patient, "Do you understand what I have told you?" Experience shows that patients often answer "yes" to such questions, even when they understand nothing.

OPERATIONAL DEFINITIONS:

Teach-back: Asking a patient to repeat in their own words what they need to know or do based on what they were taught. The "teach-back" technique is an effective method for ensuring that patients understand what you have told them.

PROCEDURE:

1) **Plan Your Approach:** Think about how you will ask your patients to teach-back information based on the topic you are reviewing. Keep in mind that some situations will not be appropriate for using the teach-back method.

2) **Use Handout/Teaching Sheets Tools:** Reviewing written materials to reinforce the teaching points can be very helpful for patient understanding.

3) **Ask Patient to Teach-Back:** Do not ask a patient, "Do you understand?' Instead, ask patients to explain or demonstrate how they will undertake a recommended treatment or intervention.

4) **Clarify:** If the patient does not explain correctly, assume that you have not provided adequate teaching. If patients cannot remember or accurately repeat what you asked them, clarify your information or directions and allow them to teach-back again. Do this until the patient is able to correctly describe **in their own words** what they are going to do, without parroting back what you said.

5) **Consider Using the Ask-Me-3:** Ask the following three questions after providing education to the patient:
   - What is your main problem?
   - What do you need to do (about the problem)?

- Why is it important for you to do this?

6) Key Points:

- The "Teach Back" Method is simply asking your patients to repeat *in their own words* what they need to do to maintain their optimum level of health. This method allows you to check the patient's understanding of the medical instructions.
- If your patient is not able to repeat the key concepts accurately, re-phrase the information rather than just repeat it. Then, ask the patient to repeat the instructions or key concepts again until you feel comfortable that the patient really understands the information.

7) Examples of Teach-Back:

- "I want to be sure I explained everything clearly. Can you please explain it back to me so I can be sure I did?"
- "Can you tell me in your own words how often and when you need to use your asthma inhalers (puffers)?"
- "I want you to explain to me how you will take your medication, so I can be sure I have explained everything correctly."
- "Please show me how you will use the asthma inhaler, so I can be sure I have given you clear instructions."
- "When you get home your spouse will ask you what the doctor said—what will you tell your spouse?"

Approved By: _____

Chief Executive Officer **Date**

Policy Author:	
Date:	
Endorsements:	**Staff Development Council**
References:	**Help Your Patients Succeed: Tips for Improving Communication With Your Patients http://www.pfizerhealthliteracy.com/public-health-professionals/tip-for-providers.html**

Appendix E
Teach Back Education Evaluation Form

Teach-Back Discharge Method

EDUCATION EVALUATION					
CLASS: Teach-Back Discharge Teaching			DATE(S):		
1 = Strongly Disagree 2 = Disagree	3 = Agree 4 = Strongly Agree	**1**	**2**	**3**	**4**
I met the following objectives: (PLEASE CHECK the appropriate box)					
1. Define the teach-back method and the key components for effectively using it with patients (in other words, what is it, with who, when, where, why and how do I do it?)		**1**	**2**	**3**	**4**
2. Understand and explain the value of teach-back to improve patient care and safety		**1**	**2**	**3**	**4**
3. Apply the knowledge and skills you learn today so you feel comfortable conducting teach-back with patients		**1**	**2**	**3**	**4**
1. Speaker's Name:					
1. Knowledgeable		**1**	**2**	**3**	**4**
2, Teaching aids/methods		**1**	**2**	**3**	**4**
3. Content was relevant to the objectives		**1**	**2**	**3**	**4**
Comments:					
2. What was the most helpful aspect of this offering?					
3. If this course were to be repeated, these would be my suggestions for changes in content/presentation:					

Appendix F
IRB Approval

Dear Ms. Haire,

This email is to notify you that the Institutional Review Board (IRB) confirms that your study entitled, "The Teach-Back Method: Alleviating Discharge Confusion for Older Patients," meets Walden University's ethical standards. Our records indicate that the site's IRB agreed to serve as the IRB of record for this data collection. Since this study will serve as a Walden doctoral capstone, the Walden IRB will oversee your capstone data analysis and results reporting. The IRB approval number for this study is 11-21-16-0056260.

This confirmation is contingent upon your adherence to the exact procedures described in the final version of the documents that have been submitted to IRB@waldenu.edu as of this date. This includes maintaining your current status with the university and the oversight relationship is only valid while you are an actively enrolled student at Walden University. If you need to take a leave of absence or are otherwise unable to remain actively enrolled, this is suspended.

If you need to make any changes to your research staff or procedures, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive confirmation with a status update of the request within 1 week of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for research activities conducted without the IRB's approval, and the University will not accept or grant credit for student work that fails to comply with the policies and procedures related to ethical standards in research.

When you submitted your IRB materials, you made a commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to the researcher.

Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained at the IRB section of the Walden website: http://academicguides.waldenu.edu/researchcenter/orec

Researchers are expected to keep detailed records of their research activities (i.e., participant log sheets, completed consent forms, etc.) for the same period of time they retain the original data. If, in the future, you require copies of the originally submitted IRB materials, you may request them from Institutional Review Board.

Both students and faculty are invited to provide feedback on this IRB experience at the link below:

http://www.surveymonkey.com/s.aspx?sm=qHBJzkJMUx43pZegKlmdiQ_3d_3d

Sincerely,
Libby Munson
Research Ethics Support Specialist
Office of Research Ethics and Compliance
Email: irb@waldenu.edu
Fax: 626-605-0472
Phone: 612-312-1283