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Teach Back On Depression.

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Teach Back On Depression

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BACKGROUND

- Purpose: To initiate teach back modules for adult psychiatric patients to increase patient knowledge on depression.
- PICO: In adult psychiatric patients with the primary diagnosis of depression, how do teach back methods, compared to current practice, affect patient knowledge of their illness?
- P: Adult Psychiatric Patients with Depression
- I: Teach Back Methods
- C: Current Practice
- O: Patient Knowledge of their Illness

RESULTS

- Total Patients: 23
- Patients with Teach Back: 13
 - Both Surveys Completed: 4
 - Pre Survey Average: 45
 - Post Survey Average: 65
- Patients Current Practice: 10
 - Both Surveys Completed: 5
 - Pre Survey Average: 66
 - Post Survey Average: 62
- Refusal of Post Surveys: 3 teach back patients and 3 current patients
- Patients Not Discharged: 3
- Missing One Survey: 5

EVIDENCE

- One-third of all American adults lack sufficient health literacy to effectively understand their illness (Tamura-Lis, 2013).
- Patients remember and understand less than half of what clinicians explain to them (Tamura-Lis, 2013).
- Patient understanding is verified when patient can restate information in their own words (Tamura-Lis, 2013).
- Teach back is strongly supported as an essential toll in patient education (Peter, Robinson, Jordan, Lawrence, Casey, & Salas-Lopez, 2015).
- Teach back improves patient's understanding of their disease (Peter, Robinson, Jordan, Lawrence, Casey, & Salas-Lopez, 2015).
- More time effective than retraining and it facilitates better patient care while increasing patient satisfaction (Hyde & Kautz, 2014).
- Psychiatric patients have additional factors against learning such as lack of insight, motivation, and support from family members
 (Hatonen, Suhonen, Warro, Pitkanen, & Valimaki, 2010).
- Written information alone with no chance to ask questions may confuse patients with cognitive deficits (Hatonen, Suhonen, Warro, Pitkanen, & Valimaki, 2010).
- Psychiatric patients perceive structured patient education programs useful (Hatonen, Suhonen, Warro, Pitkanen, & Valimaki, 2010).

IMPLEMENTATION

- Every patient with depression received a pre survey upon admission.
- Every patient with depression received a post survey upon discharge.
- Patients within Pods 2 and 3 received teach back education.
- Pods 1 and 4 received education by current practice.
- Teach back modules and pre and post surveys were provided.
- Teach back module covered three days worth of teach back.
- Teach back completion was documented on EPIC
 over a 2 week period 10/5/15 10/19/15

IMPLICATIONS

- Several patients did not get full 3 days of teach back due to discharge within 72 hours or noncompliance
- Lack of staff participation
- Patients who received teach back reported better communication with staff and increased knowledge
- Better educate the staff on the importance of teach back and compliance

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