Charter 11.8 Teachback

Improvement Project Title: Making Teachback an Always Event in Key Interactions with Service Users
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Aim statement (What are we trying to accomplish? Over what time? Numerical target for improvement?) 11.5.1 Increase the number of people who are engaged with citizens in areas which impact on lifestyle and health that are trained in Teach back techniques by 100% by 2021
Link to Local Outcome Improvement Plan: 11. Healthy Life expectancy (time lived in good health) is five years longer by 2026 – **Stretch Outcome** 11.2- Building community resilience through a peer supported approach to health literacy distributed through social networks – **key driver** % increase in health literacy in Aberdeen City (Baseline to be established by Health Literacy Measurement Tool) **– key improvement measure** 11.5 Working with staff, professionals and employers to provide individuals with the social resources needed to make informed decisions about health and lifestyle – **key driver** Increase the number of people who are engaged with citizens in areas which impact on lifestyle and health and that are trained in Teachback Techniques by 100% by 2021.- **improvement project aim** No. of people trained – **key improvement measure** No. of organisations accessing training in use of Teachback techniques- **key improvement measure** No. of tier 2/3 interventions e.g sustained programmes for health literacy, distress brief intervention, alcohol brief intervention) in identified areas of need. **Key improvement measure** **ACHSCP Strategic Plan 2019 – 2022**

4.2 Resilience: Resilience can be understood to be the ways in which people and organizations adapt to circumstances that may be less than stable or positive. It is not a new concept, but it is one that can significantly influence our attitudes and behaviors in response to life's day-to-day challenges. Supported self-management means moving away from a model where people are passive recipients of care and treatment towards a more collaborative relationship where they are active partners taking greater responsibility for their own health and wellbeing. Many people with long-term conditions already make appropriate decisions and manage many factors that contribute to their health and wellbeing on a day-to-day basis. For this shift to be effective, people need to have opportunities to develop their knowledge, skills and confidence to make informed decisions and adapt their health related behaviors. They also need to have access to the necessary expertise to support them in overcoming barriers and achieving their goals. Teachback is an action relating to PRIORITY: Promote and support self-management and independent living for individuals.

ACHSCP Draft OD Plan 2019
		3. Support employee training and development
(Includes spread of training and tools to supports MDT working (Audit Scotland 2018 report) and the natural dynamics between the workforce as we continue to integrate.

Why is this important

Health Literacy is about people having enough knowledge, understanding, skills and confidence to use health information in order to be active partners in their care and to navigate health and social care system. Health and social care professionals may undervalue a person's health literacy need. Often this is because people are reluctant to admit they haven't understood information that has been explained to them. Having good health literacy is needed to access healthcare systems. Teachback is a communication method that can support an individual's health literacy need. Used by professionals as a communication skill, service users are better able to care for their own health and be active partners in health decision making (Battermah et al 2016).It is an easy-to-use technique which checks that the professional has clearly explained information to the patient and that the patient has understood what they have been told (Scottish Health Council). The technique goes beyond using questions such as "Is that clear?" and "Have you understood everything?". Instead, the health professional asks the patient to explain or demonstrate, using their own words, what has just been discussed with them. For the technique to work, when checking for understanding, the professional must put the onus on themselves rather than put pressure on the individual in receipt of information to recall. For example, "I just want to make sure I've not forgotten anything, would you mind going over what I've said so I can make sure I haven't missed anything".

Research has shown that when patients or care givers do not adequately understand health information it leads to unmet care needs, an increased risk of complications and

increased readmissions (Kornburger et al 2013). Using a Teachback approach can identify learning gaps and provide an opportunity for health and social care staff to address misunderstandings. A project done with nurses (Klingbeil and Gibson 2018) implementing the use of Teachback, highlighted in post evaluation surveys that using this technique revealed 'good catches' meaning that information that would have been misunderstood or missed had teach back not have been done.

In 2017 the Scottish Government produced a health literacy action plan. 'Making it Easier' sets out for improving health literacy in Scotland. Nationally, health literacy awareness and training of the techniques such as Teachback is only available online. (https://learn.nes.nhs.scot/1449/elearning-digital/health-literacy-tools-and-techniques).
In previous years, Train the Trainer style health literacy workshops were done through NHS Education for Scotland but this is no longer available and there is now no national trainer.
Two health literacy trainers in Aberdeen City (Amanda Gould and Hayley Ross) have done some health literacy workshops with different staff groups but only as requested. Some professionals may recognise Teachback as a good communication tool but there is no way of finding out who has heard of this technique, how many are currently using it in daily practice or if the technique is properly understood. The approach to using the Teachback method is not consistent by some staff groups (Peter et al 2015); and solely having knowledge of Teachback does not guarantee behaviour change (Peter et al 2015, Klingbeil and Gibson 2018). Education alone does not change practice (White et 2013). Literature emphasises that it needs to be supported and enabled at an organisation level (White et al 2013 Beauchamp et al 2017).

The evidence suggests that using the Teachback method is best suited to those with long term conditions as it engages patients in self managing their condition (Yong-Bing et al 2018, Peter et al 2015 ,Kornburger et al 2013 and Klingbeil and Gibson 2018).

In summary, Teachback is a valuable strategy that can improve the safety and quality of good health and social care (Klingbeil and Gibson 2018, Scottish Health Council). Numerous studies have shown that teach back improves patient understanding, that it has minimal financial costs (Kornburger et al 2013, Yong-Bing et al 2018, Peter et al 2015, Scottish Health Council) and that it is empowering and transferable for all health and social care staff (Tyron et al 2015). Training in teach back to staff groups builds a competent and robust workforce (Tyron et al 2015) but this is not a brief adventure and often takes considerable time and a number of different measures to hard wire new practice (White et al 2013). By increasing the number of health and social care staff using Teachback long term health outcomes for the people of Aberdeen City may be improved.

Measures:

Developed through workshops with Working Group

- **Outcome measures**
- Number of staff trained in Teachback Techniques
- Number of staff reporting their use of Teachback
- Confidence of staff when using Teachback.

- **Process measures**
- Number and range of training opportunities (virtual/face to face/group sessions-which method of training has the most impact on staff)
- Range of situations where Teachback is used.
- % of staff who self-report that they feel more confident that services users/public have understood what they have explained
- Areas/Clients where staff do not find it helpful to use (where was it not appropriate to use Teachback)

Change ideas
Developed through workshops with working group

- Develop Health Literacy Training Module and test with a front facing teams. One online training and one face to face training and evaluate pre and post for impact.
- Focus groups with staff asking what we know about Health Literacy and what training has already happened.
- Poster campaigns- What is Health Literacy/ Teachback
- Start by using teachback in just one or two topic areas that are relatively 'contained'. For example, how to manage cardiac chest pain. Areas that are 'high-risk' or key transition points may be good to start with.
- Use a team-approach. If everyone who is organizing or providing care uses teach-back – even for informal education, then it will become more familiar to everyone.
- Nominate 'teachback champions' within a clinical area. Depending on their available time, these champions can act as role models and mentor other team members to use teach-back.
- Use a train-the-trainer approach whereby the champions teach their peers to use teach-back.
- Teachback Badges
- Use teachback with peers during clinical handover.
- Add teachback into clinical pathways and standards, develop a policy & procedure, or make it a key performance indicator for staff.

Potential risks and/or barriers to success & actions to address these
Initial thoughts collated from research and Logic Model Exercise.

- It requires time and health professionals may need to allocate extra consultation time to encourage the patient to 'teachback' what they have been told
- Improvement Project measure impact on professionals' time and address any capacity issues.
- This tool could appear as patronizing and deteriorate into an interrogation unless it was used sensitively.
- Robust training/feedback/shadowing put in place.
- User feedback sought

Other:
- Potential attitudes of staff towards the concept, this may include that it is very health focused; that some may feel they already use this type of approach; that this approach takes too much time.
- Close Link to Public Health and Wellbeing Health Literacy Work to ensure understanding of where Teachback fits.
- Create vision statement in language that fits both health and social care as present language is very health focused.
- Involve teams in discussions around how they implement the process
- Lack of robust evidence demonstrating its consistent effectiveness across a range of health and social care intervention.
- Use baseline data from research (to be obtained by working group_
- Potential Language barriers e.g. English as a second language
- Consult Equalities e.g. NHS use of language line Healthpoint may be useful) or local authority equivalent

Project Team:

Ann Smith - ACHSCP Organisational Development Facilitator
Amanda Gould - ACHSP Public Health
Hayley Ross – ACHSCP Wellbeing Coordinator
Christopher Third – Scottish Health Council
Fiona Mathers – Scottish Care
Paul Murray (or other representative) – Bon Accord Care
Stacey Anderson - NHSG Pharmacy.
Susan Morrison (or other representative) ACVO

Outline Project Plan - Set out your initial plan about the timeline your project.
(This should be reviewed regularly)

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	**Logic Model mapping to begin to understand**	**31 July 2019**

	baseline data and current system Improvement Project, Scale and Spread.	
	Project Team Identified	**31 August 2019**
	Initial Project Charter compiled	**31 August 2019**
	Further work to understand the current system through two workshops with Project Team. **Launch Workshop**	**18 September 2019**
	Second Workshop	**14 October 2019**
Designing and Testing Changes (Project Score 4-7)	**Continuing and including work mentioned in previous sections.**	
	Launch Workshop	**18 September 2019**
	Second Workshop	**14 October 2019**
	Project Charter agreed and finalised	**End October 2019**
	Teams identified for involvement in Improvement Project	**End October 2019**
	Timescale for Improvement Project	**December – end March 2020**
Implementing and sustaining changes that demonstrate improvement	**Scale Up**	

(Project Score 7-10)	Test with increasing number of people to ensure method works. Plan in place based on learning from initial improvement project	**April to September 2020** **31 March 2020**
Spreading Changes (Project Score 9-10)	**Spread** Set up and run ongoing training across wider HSCP. Making use of learning from Improvement Work, engage Project Team to identify others to help plan roll out and sustainability,	**September 2020 – end 2021**