

“Teach Back” Method of Discharge Instructions

PICOT Question:

How effective is the “Teach Back” method of discharge instructions vs. any other method of discharge instructions to patients and caregivers from any type of health care facility, with a focus on the incidence of low health literacy.

Clinical bottom line based on literature appraisal below:

Emergency rooms and Doctor’s offices continue to see an overwhelming number of return visits related to same illnesses diagnosed and discharged under their last appointment. Is there a relationship between discharge method and comprehension? Is there a relationship between comprehension and adherence? Is there a relationship between health literacy and comprehension?

Search strategy implemented:

CMH&C OVID, CINAHL, PubMed/Medline, EBSCO, ELSEVIER, JURN, National Institute of Health, PubMed Central, Journal of Emergency Medicine, Annual of Internal Medicine, JB Lippincott, Co., American Journal of Nursing, American Journal of Managed Care.

SEARCH TERMS: patient compliance, patient education, treatment refusal, intervention studies, Teach Back discharge, discharge readiness.

Search outcome:

The searches revealed over 30 articles. Only 11 were chosen based on relevance to this topic. These articles were a combination of literature reviews and case studies. This is an Integrated Review of Literature. Multiple studies were reviewed to gather information for this article.

Synthesis of relevant studies:

Author, date, country, and industry of funding	Patient Group	Level of Evidence (Oxford) / Strength of Evidence (GRADE)	Research design	Significant results	Limitations
Ashish Atreja, MD, MPH, Fellow, Naresh Bellam, MD, MPH, Resident Physician, Susan R. Levy, PhD, Professor Emeritus (2005)	Broad emphasis on all patient-related conditions regardless of their causes in a doctor’s office setting.	Identifying proven interventions that can enhance patient adherence.	Narrative Review of Current literature	Suggestions for a conceptual framework using a multidisciplinary approach = health care teams to improve discharge teaching success.	Sources of Bias: race, sex, educational experience, intelligence, marital status, income, ethnic or cultural back ground. Attempting to avoid these biases is difficult.
Clarke, Friedman,	Convenience sample of	III	Descriptive study via	60% of patients demonstrated reading ability at Grade 7 or lower.	Potential for physicians to deviate from usual patterns of discharge if aware of

Shi, Arenovich, Mozon and Culligan (2005) CJEM	adult and pediatric patients discharged from an inner city teaching hospital ED over a specified period of time. N= 88pts.		phone interview 2wks following discharge	Compliance with discharge instructions was positively related to comprehension.	the study. No assessment of family members that may have received discharge instructions if the physician instructed them instead of the patient that was believe to be incompetent. Exaggerated reported results from participants possible. Skewed results if participants forgot they were in the study.
Colby, B. & Camp, S. (2009) NACHRI, N.A.C.H Fort Worth, Tx	1592 caregivers screened 506 patients identified at risk of comprehension related to low health literacy. 340 contacted for study.	IV	Case Review	13 caregivers redirected to their PCP to avoid an ED visit, 229 caregivers assisted locating a PCP and made appointments The repeat back method improved compliance.	Possible bias – at risk patients “identified” to participate. Those who passed the literacy screening were not selected to participate.
Gilboy, N. & Howard, P.K. (2009) AEMJ Brigham and Womens Hospital, Boston Ma	Review of a research study: 140 adult English-speaking patients or caregivers after ED discharge in 2 health systems	Suggests strategies to translate findings from a research study into bedside practice.	Summary of Clinical Practice Literature	Suggests strategies to translate findings from a research study into bedside practice.	English-speaking patients only
Lewis, M. & Noyes, J. (2007) Universit of the West of	This article summarizes best practices and, where possible,	Establishment of effective models of discharge management and ongoing	Summary of Clinical Practice Literature	Guidance on putting together and costing a care package proposal, and applying risk management and clinical governance procedures in home-based settings	None identified

England	evidence-based principles and procedures	homecare, and improved outcomes for children and families			
Lerret, S. (2009) Milwaukee, WI	38 publications reviewed	Identifying factors associated with parental discharge readiness following pediatric hospitalization	Summary of Clinical Practice Literature	Nurses have a single opportunity to enhance meaningful interaction and confidence building, ultimately promoting a successful transition home.	None identified
Morisky, D.E.	Acute/Chronic patients reviewed in multiple cases	Suggested strategies to improve discharge comprehension	Summary of Clinical Practice Literature	30-60% of patients do not fully follow their Drs orders. Half of patients do not take prescribed drugs correctly.	Unsure of patient selection for study.
Huber, C. & Blance, M. (2010) AM J Nurs Pennsylvania, USA	Review of statewide internet reporting systems	Focus on identifying gap in practice and presenting solutions	Summary of Clinical Practice Literature	Safety monitor system that informs nurses on issues that can affect patient safety and presents strategies easily integrated into practice. (such as discharge teaching methods and effectiveness)	None Identified

Commentary:

These case studies and literature reviews suggest that the greatest barrier to comprehension and adherence to discharge instructions is level of health literacy. It is also assumed that a discharge method such as the "Teach Back" method could alleviate any and all possible question of the patients or caregivers level of understanding of discharge instruction.

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