



Using Provider Coaching to Improve Health Literacy

Dr. C. Holman, DNP, FNP-C, Dr. L. Weed, Ph. D, FNP-BC, Dr. S. Kelley, DNP, CRNP

Troy University, Troy, Alabama



Background

- ❖ Health literacy is obtaining, reading, understanding, and utilizing basic health information and services. Also, reading and understanding patient education, medication labels, and navigating the health care system for follow-up visits and referrals.



- ❖ Teach-back is a health literacy tool that allows for assessment of understanding and provides an opportunity to correct any misunderstanding. Providers ask patients to reexplain health education in their own words.
- ❖ 90 million adults and 36% of Americans lack basic health literacy.
- ❖ Low health literacy is linked with missed appointments, uncontrolled diseases, more ER visits, more readmissions in heart patients.



Significance

- ❖ Research indicates providers overestimate patients' health literacy and the plain language.
- ❖ Providers perceive they are not trained concerning health literacy and feel unprepared to communicate with low health literacy patients.
- ❖ Few education programs focus on health literacy.
- ❖ Teach back is research supported as an effective for assessing health literacy and meeting low or limited health literacy patient needs.

Aims

- ❖ To improve provider coaching of health literacy by through an educational session of teach-back.
- ❖ To increase acute care nurses knowledge and use of teach-back and help sustainable practice change

Methodology

- ❖ The study setting was in a 300-bed hospital in Alabama.
- ❖ Sample was nurses including License Practical Nurses, RNs, nurse case managers and Nurse Practitioners
- ❖ The intervention for the project was several 10- 15 minute group lunch and learn educational sessions on use of teach-back.
- ❖ The information for the sessions was from the [AHRQ's Health Literacy Universal Precautions Toolkit](#).
- ❖ The tool was the Conviction and Confidence Scale from the [Always Use Teach-Back!](#) Toolkit.
- ❖ The Conviction and Confidence Scale, is a 4-question survey that assesses conviction for teach-back, confidence in use of teach-back, and frequency of use.
- ❖ It was given to participants before & 30 days after sessions.



Results

- ❖ Out of 20 pre-intervention participants, 9 completed the post-intervention survey.
- ❖ The majority demonstrated increased conviction and confidence with teach-back
- ❖ When asked the about the importance of using teach-back, 78% reported the highest level of conviction compared to 75% of pre-survey respondents.
- ❖ Seventy-eight percent of post-survey respondents had the highest level of confidence in the ability to use teach-back, compared to 50% of pre-survey participants. Post-intervention respondents indicated an increased frequency of the elements of teach-back.
- ❖ The greatest improvement was in re-teaching to patients who were unable to teach-back.

Table 1 Demographics

Table 1.
Description of the sample (N = 20)

Characteristic	n	%
Gender		
Female	19	95
Male	1	5
Age		
18-30	7	35
31-40	5	25
41-50	5	25
51-64	3	15
Education		
Associate	6	30
College 4 years	13	65
Graduate School	1	5

Table 2 Improvement in selected items pre- and post-intervention

Table 2.
Frequency of selected pre- and post-intervention conviction and confidence (N = 20)*

	Pre-intervention		Post intervention	
	n	%	n	%
Conviction that teach-back is important				
Not at all	0	0.0	0	0.0
Not very	0	0.0	0	0.0
Not	0	0.0	0	0.0
Less	0	0.0	0	0.0
Neutral	0	0.0	0	0.0
Somewhat	0	0.0	0	0.0
Important	0	0.0	0	0.0
Somewhat	5	25.0	2	10.0
Somewhat very	5	25.0	2	10.0
Very confident	10	50.0	7	35.0
Confidence in ability to teach-back				
Not at all	0	0.0	0	0.0
Not very	0	0.0	0	0.0
Not	0	0.0	0	0.0
Less	0	0.0	0	0.0
Neutral	0	0.0	0	0.0
Somewhat more	5	25.0	0	0.0
Somewhat	5	25.0	2	10.0
Very confident	10	50.0	7	35.0

Table 3 Results Post-intervention data demonstrated greater frequency in use of teach-back among those who responded.

Table 3.
Frequency of pre- and post-intervention parental variable (N = 20)*

	Pre-intervention		Post intervention	
	n	%	n	%
How often the patient is asked to explain back information in own words				
6 months or more	12	60.0	7	77.8
Less than 6 months	4	20.0	2	22.2
Not doing, start 1 month	3	15.0	0	0.0
Not doing, start 2-6 months	1	5.0	0	0.0
Not doing, no plan to start	0	0.0	0	0.0

Table 4 Variables from the Conviction and Confidence Scale.

Table 4.
Frequency of selected pre- and post-intervention parental variables (N = 20)*

	Pre-intervention		Post intervention	
	n	%	n	%
Using caring tone of voice and attitude				
Yes	19	95.0	9	100.0
No	1	5.0	0	0.0
Displaying comfortable body language, make eye contact, and sit down				
Yes	17	85.0	9	100.0
No	3	15.0	0	0.0
Use plain language				
Yes	17	85.0	8	88.9
No	3	15.0	1	11.1
Ask patient to explain back in own words				
Yes	17	85.0	9	100.0
No	3	15.0	0	0.0
Use non-chaining open-ended questions				
Yes	14	70.0	8	88.9
No	6	30.0	1	11.1
Avoid yes or no questions				
Yes	9	45.0	8	88.9
No	11	55.0	1	11.1
Take responsibility for making sure you are clear				
Yes	15	75.0	9	100.0
No	5	25.0	0	0.0
Explain and check again if patient unable to teach-back				
Yes	8	40.0	9	100.0
No	12	60.0	0	0.0
Use reader-friendly print materials to support learning				
Yes	15	75.0	9	100.0
No	5	25.0	0	0.0

Discussion

- ❖ The results showed that, after an educational session, there was an overall increase in use of the elements of teach-back, especially in the area of re-explaining information when patients are unable to explain in their own words what was taught.
- ❖ The small sample size of this study makes it useful as a pilot study and there is an indication that a professional development program with a similar design could be beneficial in creating health literate healthcare providers as well as health literate organizations, thereby improving overall patient health literacy.

Recommendations for Nursing Practice:

- ❖ Regular continuing education and coaching sessions
- ❖ Consistent use of teach-back among all providers
- ❖ Regular intermittent observation/evaluation of teach-back utilization



Contact

Dr. Carita K. Holman, DNP, FNP-C
 Dr. L. Diane Weed, Ph.D, FNP-BC
 Dr. Sabrina Kelley, DNP, CRNP
 Address 400 Pell Ave. Troy, AL 36082
 Email: cholman118044@troy.edu