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

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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

REFERENCES


