



Teach-Back

Role Play Scenario 1

Facilitator Instructions

1. As facilitator, play the role of the patient.
2. Request a volunteer to play the role of the clinician. The clinician will engage in teach-back with the patient.
3. Provide the volunteer and the training group with information about the scenario. Page 2 contains the basic patient information.
4. Read silently the additional patient information (page 3) to be able to respond to the volunteer during the role play.
5. Role play the scenario with the volunteer. Assume that the clinician has told the patient the plan of care and the visit is now ending. Ask the volunteer to engage in teach-back to ensure the patient understands.
6. As the patient, react to the clinician's tone, message, and body language in the same way you might if you were the patient.
7. Using the discussion prompts (page 3), engage the training group in a learning discussion on what went well and what could be improved.

For All

Purpose

The clinician has told the patient the plan of care and the visit is now ending. The clinician will engage in teach-back to ensure the patient understands.

Basic Patient Information

A 78-year-old male patient with uncontrolled hypertension, Mr. Thomas, has come in for a scheduled visit with his primary care clinician for knee pain. Mr. Thomas is a fit and active man who is frustrated that his knee pain is preventing him from exercising.

Mr. Thomas takes hydrochlorothiazide 50 mg – 1 tablet PO QD, atorvastatin 20 mg – 1 tablet PO QD, and low-dose adult aspirin 81 mg – 1 tablet PO QD. Mr. Thomas reports he's taking his hydrochlorothiazide about 3 to 4 times a week because the full dose causes him to pee a lot and disrupts his normal activities and sleep. The clinician has decided to change his blood pressure medicine to lisinopril.

Mr. Thomas's PHQ 9 depression screening was positive, and after talking with him, the clinician has decided to prescribe an antidepressant.

The plan of care for Mr. Thomas includes the following:

- Stop the hydrochlorothiazide and start lisinopril (20 mg PO QD).
- Start fluoxetine (20 mg PO QD).
- Follow up with an orthopedist for a possible knee replacement.
- Continue the atorvastatin (20 mg PO QD).
- Continue the low-dose adult aspirin (81 mg PO QD).

For Facilitator Only

Additional Patient Information

- Mr. Thomas is having a hard time keeping the new information straight. He is a very capable man but admits he feels like his thoughts and words are slower than normal.
- Mr. Thomas is earnest and kind. He respects his clinician's expertise and help.
- Mr. Thomas is surprised that he is “depressed” but is willing to use the new medicine.
- Mr. Thomas traveled by bus to his appointment so he doesn't have a pen or paper to write down any new information.
- Mr. Thomas gets flustered when the clinician first tries to use teach-back. He struggles to remember the important messages and feels like he is being rushed to “spit back” information.

Discussion Prompts

- What do you think was done well?
- What could have been done better?
- Was anything missing?

Things To Look For

- Did the clinician use teach-back starter phrases such as “I want to make sure that I explained things clearly, can you tell me...”
- Did the clinician use plain language (not medical jargon)?
- If the patient did not teach back correctly, did the clinician rephrase the message until the patient demonstrated a clear understanding?
- Did the patient feel like he was being quizzed?



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Role Play Scenario 2

Facilitator Instructions

1. As facilitator, play the role of the patient.
2. Request a volunteer to play the role of the clinician. The clinician will engage in teach-back with the patient.
3. Provide the volunteer and the training group with information about the scenario. Page 2 contains the basic patient information.
4. Read silently the additional patient information (page 3) to be able to respond to the volunteer during the role play.
5. Role play the scenario with the volunteer. Assume that the clinician has told the patient the plan of care and the visit is now ending. Ask the volunteer to engage in teach-back to ensure the patient understands.
6. As the patient, react to the clinician's tone, message, and body language in the same way you might if you were the patient.
7. Using the discussion prompts (page 3), engage the training group in a learning discussion on what went well and what could be improved.

For All

Purpose

The clinician has told the patient the plan of care and the visit is now ending. The clinician will engage in teach-back to ensure the patient understands.

Basic Patient Information

A 32-year-old male patient, Mr. Penny, has come in for a persistent cough and low-grade fever for the last 3 days. Mr. Penny's temperature is 38.1 degrees Celsius, his BP is 128/82, and his weight is 179, down from 186 a year ago. Mr. Penny states he's been more tired than usual, he gets short of breath walking up stairs, and his chest hurts sometimes when he breathes deeply. Given the current information and decreased breath sounds on the right lower lobe and audible rales, his clinician suspects bacterial pneumonia.

Mr. Penny had blood collected in the office and is being sent to radiology for a chest x ray. Mr. Penny has been prescribed azithromycin, 500 mg PO today and 250 mg PO the next 4 days and advised to drink lots of fluids and to take acetaminophen or ibuprofen as needed for discomfort.

The clinician will follow up with Mr. Penny by telephone after diagnostic test results are available. Mr. Penny is requested to return to the practice in one week and to call the office if fevers continue or his condition does not improve.

For Facilitator Only

Additional Patient Information

- Mr. Penny hasn't been sleeping well and is uncomfortable. Normally he is quite agreeable but today he is impatient and irritable.
- When the clinician starts to do teach-back, he feels like his clinician is talking down to him and that he is being tested. Mr. Penny doesn't like this.
- Mr. Penny works in construction and is concerned about taking too much time off of work. He wants to know when he will be well because his job doesn't pay him when he's not at work, and he can't afford to be sick.

Discussion Prompts

- What do you think was done well?
- What could have been done better?
- Was anything missing?

Things To Look For

- Did the clinician use teach-back starter phrases such as “I want to make sure that I explained things clearly, can you tell me...”
- Did the clinician use plain language (not medical jargon)?
- If the patient did not teach back correctly, did the clinician rephrase the message until the patient demonstrated a clear understanding?
- Did the patient feel like he was being quizzed?



Teach-Back

Role Play Scenario 3

Facilitator Instructions

1. As facilitator, play the role of the patient.
2. Request a volunteer to play the role of the clinician. The clinician will engage in teach-back with the patient.
3. Provide the volunteer and the training group with information about the scenario. Page 2 contains the basic patient information.
4. Read silently the additional patient information (page 3) to be able to respond to the volunteer during the role play.
5. Role play the scenario with the volunteer. Assume that the clinician has told the patient the plan of care and the visit is now ending. Ask the volunteer to engage in teach-back to ensure the patient understands.
6. As the patient, react to the clinician's tone, message, and body language in the same way you might if you were the patient.
7. Using the discussion prompts (page 3), engage the training group in a learning discussion on what went well and what could be improved.

For All

Purpose

The clinician has told the patient the plan of care and the visit is now ending. The clinician will engage in teach-back to ensure the patient understands.

Basic Patient Information

A 46-year-old female patient, Ms. Santiago, is here for a scheduled followup visit. Ms. Santiago was discharged from the hospital 4 days ago after a myocardial infarction and the placement of a drug-eluting stent in the right coronary artery through angioplasty. Before the MI, Ms. Santiago had an unremarkable medical history and was taking vitamin D 1,000 mg PO QD. She is married with three children ages 9, 12, and 15 and works full time as an elementary school teacher.

Today Ms. Santiago is feeling overwhelmed by her current health status and her new medicines. She can't pronounce any of the medicines and doesn't know what they do. She can't keep anything straight and has already missed a few doses. She is sure that she has taken some of them twice because she forgot she had taken them already.

Ms. Santiago is scheduled to see her cardiologist in 10 days. The plan of care today for Ms. Santiago includes:

- Follow up with her cardiologist as planned.
- Return to the primary care practice in two months for Prevnar 13[®] vaccine.
- Continue taking her prescribed medications:
 - Ticagrelor 90 mg – 1 tablet PO BID (morning and evening)
 - Metoprolol 75 mg (25 mg/tablet) – 3 tablets PO QD (morning)
 - Lisinopril 10 mg – 1 tablet PO QD (morning)
 - Low-dose adult aspirin (81 mg/tablet) – 1 tablet PO QD (morning)
 - Atorvastatin 80 mg – 1 tablet PO QD (evening)
 - Vitamin D 1,000 mg – 1 tablet PO QD

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Additional Patient Information

- Ms. Santiago has a supportive husband and family, but she is at the appointment alone today.
- Ms. Santiago feels very grateful to the hospital team who saved her life.
- Ms. Santiago wants to know how to properly pronounce each of her medicines and to know its purpose because she believes this will help her make these medicines a part of her new routine.
- Ms. Santiago is unaware of systems to organize medicines such as pill boxes or blister packs from pharmacies because she has never had the need to know about them.

Discussion Prompts

- What do you think was done well?
- What could have been done better?
- Was anything missing?

Things To Look For

- Did the clinician use teach-back starter phrases such as “I want to make sure that I explained things clearly, can you tell me...”
- Did the clinician use plain language (not medical jargon)?
- If the patient did not teach back correctly, did the clinician rephrase the message until the patient demonstrated a clear understanding?
- Did the patient feel like she was being quizzed?