Teach-back improves informed consent

How well do patients understand the procedure about to be performed on them, especially if they have limited English proficiency? The University of Virginia (UVa) Medical Center in Charlottesville, which treats a large number of illiterate or non-English speaking patients, already had been addressing patient rights related to informed consent. But in the late 1990s, it also realized informed consent had a financial impact.

“We were losing millions of dollars a year because of cancelled procedures,” says anesthesiologist Claudette Dalton, MD. “When we looked at why surgeries were delayed or cancelled, it was almost always because the patient didn’t understand the preop instructions.”

Dr. Dalton has been medical director of the hospital’s Preanesthesia Evaluation and Testing Center (PETC) since 1997. When she made the connection between the cancellation rate and revenue, she introduced a “teach-back” protocol with the anesthesia residents and preoperative nurses. For every piece of information patients need to understand—from the type of procedure to postop medications—patients must repeat back the information in their own words to the PETC staff. In 2 months, the cancellation rate plummeted to 0.8%.

“Never in my wildest dreams did I think a problem could be solved so easily,” Dr. Dalton says. “Teach-back works. It’s like a magic elixir for informed consent.”

Surgeon’s responsibility

Dr. Dalton says that when patients arrive at the PETC, the first question the staff asks is what kind of operation the patients are going to have. “We never say, ‘So, you’re going to have your gallbladder out?’” she says. “Back in the late 1990s, surprisingly, more often than not, patients would tell us something different than what was on the surgeon’s consent form.”

In those cases, Dr. Dalton says she and the residents call the surgeons and have them re-explain the procedure to the patient.

“We think it’s better to have the surgeons review their explanation because legally the informed consent is a contract between the patient and the surgeon,” Dr. Dalton says. “And we don’t have all the information. I don’t know what the surgeon’s end points are going to be or the specific technique.”

Will it take too long?

Dr. Dalton says the PETC staff at first thought it would take too much time to have patients repeat back their understanding of every instruction.

“We’re the busiest clinic in the hospital,” she says. “We were afraid it would slow us down to the point of being nonfunctional. But my clinic is proof that teach-back doesn’t slow you down.”

The key to its success is to perform teach-back routinely. “We treat everyone in our clinic the same way, whether they are a professor or a seasonal migrant worker,” she says. “We speak slowly and simply. Every patient has to repeat back the information the nurse or resident just gave them.”

For instance, nurses will ask patients, “When you get home today, what surgery will you tell your wife you are going to have? What can you eat before surgery? How long do you need to not eat before surgery? How long will you be home from work?”

“It’s so important to go over procedures and instructions verbally and in simple English,” Dr. Dalton says. “The best way to know if patients understand you is to have them tell you what you just said.”

Talking the same language

Dr. Dalton says a large part of teaching physicians about informed consent is con-
vincing them to speak at the patient’s level of understanding.

“All doctors think they speak in simple terms,” she says. “But most of us use med-
ical terms patients can’t understand.”

More than 63% of the patient population at UVa Medical Center have literacy
issues; 33% are illiterate and another 30% don’t speak English or are deaf (a school
for the deaf is nearby).

UVa Medical Center relies on interpreters to translate the surgeon’s explanations
and informed consent documents. At times, the medical interpreter needs to encour-
ge the physicians to explain the procedures in simpler terms, says James
McGowan, DHA, UVa medical center administrator, who oversees surgical services.

“The interpreter usually is the one who realizes the patient doesn’t understand the
surgeon and has to help the surgeon talk in more common language,” McGowan says.

UVa Medical Center is developing a simpler version of the informed consent docu-
ment that meets legal requirements. The hospital keeps the longer legal document,
which is written at a college-junior level, and the patient takes a summary to review at
home. A phone number is printed on the summary for the patient to call with questions.

“We have an obligation to find the words that have the right meaning to the
patient,” McGowan says. “This gives them another chance to interpret what is going
to happen surgically.”

A patient’s understanding of an operation is checked with teach-back at 3 points:
in the surgical clinic, in the PETC, and on the day of surgery.

Elise Brigham, RN, an OR nurse, developed an online training module to teach
UVa surgical residents how to obtain informed consent effectively.

“It’s much rarer now for patients to get to the surgical admission unit and not
already understand their procedures,” she says.

The next step is to institutionalize teach-back throughout the UVa system so it is
used every time consent is obtained, Dr Dalton says. “That’s a big job.”

Ethical standard of care

Dr Dalton adds that in addition to being a legal requirement, informed consent is
an essential safety measure—similar to verification of the right person, procedure, and
side, it is the ethical standard of care.

“You must ensure patients understand what you are doing,” she says. “If they
don’t, the surgery could be considered by the courts as assault and battery.”

The National Quality Forum (NQF) has a user’s guide to help health profession-
als carry out teach-back and other recommendations, including having consent
forms written in simple sentences in the patient’s primary language and engaging
the patient in a dialog about the procedure.

—Leslie Flowers

Do your patients understand?

Studies show that even after patients agree to care or receive it:
• 18% to 45% are unable to recall the major risks of surgery
• many cannot answer basic questions about services or procedures they agreed
to have
• 44% don’t know the exact nature of their operation
• 60% to 69% don’t read their consent forms
• 60% do not understand their consent forms even though they have signed
them.