

Using teach-back via an interpreter

Improve your use of teach-back with a patient when communicating via an interpreter.

What is teach-back and how does it help?

Teach-back is a technique to assess how well the clinician has explained the information in a way that the patient understands.

Teach-back encourages shared meaning between patient and clinician. It involves asking patients to explain ("tell me") or demonstrate ("show me") what they have been told.

Teach-back may help with obtaining informed consent for treatment and increased understanding and adherence.

Teach back steps:

1. Clinician explains to the patient a new concept, diagnosis or treatment plan in small chunks.
2. Patient explains, or 'teaches back', what was said.
3. If the patient cannot show that they have understood, the clinician explains in a different way and again asks the patient to teach-back.

The cycle of explaining and checking continues until the clinician is confident in the patient's understanding.

Clarification of interpreting and interpreters

Interpreting is the oral translation of speech between two different languages.

A professional interpreter is a person who is qualified to convert speech accurately and objectively into another language and is required to act in accordance with a code of ethics.

A professional interpreter must remain impartial, observe confidentiality, not express an opinion and not act as an advocate for a patient. For these reasons, family members, friends and bilingual staff are not suitable as they are not 'professional interpreters'.

Why engage a professional interpreter?

Patients with limited English proficiency need help to overcome language barriers in complex interactions with clinicians. Clinicians need interpreters to manage risk and fulfill duty of care to their patients.

The use of interpreters can increase patient satisfaction, improve outcomes, and reduce adverse events. It is good practice to engage an interpreter when needed and helps to meet legal obligations around duty of care and patient safety.



Is teach-back more difficult to practise via an interpreter?

Good practice in communicating via an interpreter and practising teach-back each share elements of good communication (see table below).

Good communication practice	Practising teach-back	Communicating via an interpreter
Speaking in plain English	✓	✓
Communicating information in small chunks	✓	✓
Pausing to encourage information to be better communicated and absorbed	✓	✓

Performing teach-back through an interpreter reinforces good communication practices. Teach-back is also a great way to check that the message has successfully been transferred via interpreter to the patient.

Preparing to work with an interpreter

Ideally clinicians need to prepare for the session ahead of time.

Brief your interpreter. The purpose of the briefing is for you and the interpreter to have a shared understanding of:

- the process of the interpreted communication,
- your respective roles, and
- the goal of your discussion with your patient.

Don't assume that the interpreter is familiar with the terminology and practices of your work. Explain to the interpreter that teach-back will be used and ask them if they know what it is and how it works.

Introduce yourself and your interpreter to your patient and explain your respective roles. Do not assume the patient understands the interpreter's role or their code of ethics. Explain the confidentiality and impartiality of the interpreter to the patient.

Prioritise your key points that you want your patient to understand. Even without time constraints you need to decide your top two or three messages because a patient cannot usually remember many things.

Plan how you will introduce the teach-back technique. Using teach-back should not put the patient under any more stress. Put the onus of any patient misunderstanding on yourself by saying, for example, "I want to make sure that I explained it clearly to you".

Communicating via an interpreter

It is good practice to ensure that teach-back is always practised between the clinician and the patient via the interpreter.

Face the patient and address them directly, and proceed with the consult and teach back. Speak slowly and clearly, use short sentences, and pause to allow time for interpreting.

Do not hand responsibility to the interpreter to practise teach-back with the patient. This can lead to inappropriate summaries ("he says he understands"), rather than real-time interpreting of what is said.

Teach back tips

Asking questions

Ask non-shaming, open ended questions. Questions that only need a 'yes' or 'no' answer don't always reflect whether a patient has understood.

Asking for a demonstration, where appropriate, is the best way to confirm understanding.

Do ask or state: ✓

Avoid asking: ✗

"What will you do if your blood sugar is low?"

"Have I been clear?"

"Show/tell me how you take your pills?"

"Do you understand?"

"Show me how you inject your insulin from the point of drawing it up into the syringe all the way to injecting it?"

"Is that OK?"

"Tell me three things you are not allowed to do when you go home from hospital?"

"Do you know what not to do when you go home?"

Teaching, giving positives and learning

Encouraging a patient to say out loud the information reinforces their understanding. This is strengthened when the clinician positively confirms what the patient has said.

Clinician: "So can you tell me how often you'll be taking your Metformin from now on?"

Patient: "Oh, you want me to increase my Metformin to three times a day. You already told me that. Why are you asking me again?"

Clinician: "I just like to check with all my patients that I've explained myself clearly. That's great, thanks."

When a patient hasn't understood, the clinician responds positively, explains the information again and repeats the process of checking.

Clinician: "What do you do with the sharps container when it is full?"

Patient: "I put it in the bin."

Clinician: "That's right, you dispose of it, but take it to council or the chemist and get a new empty one. Would one of those be easier for you?"

Patient: "The chemist would be easier."

Clinician: "Great, so when your sharps container next gets full, what will you do?"

Patient: "I'll take it to the chemist."

Clinician: "Perfect."

More information

For more information on accessing and working with interpreters, teach-back and health literacy, go to:

NWMPHN health literacy page

www.nwmpnhn.org.au/hl

CEH knowledge hub page

www.ceh.org.au/knowledge-hub

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