Teach-Back Method and Eye-Level Communication for Improved Home Care Instructions Satisfaction

Purpose, Rationale, and Model

The purpose of this evidence-based practice (EBP) project was to determine whether using the teach-back method with eye-level communication, compared to standard discharge teaching, improved Press Ganey scores for patient satisfaction with home care instructions in an adult ambulatory surgery center (ASC).

Prior to implementation, the ASC ranked below the organizational goal of the 90th percentile for patient satisfaction with home care instructions. Variation in nurse communication methods and inconsistent education delivery contributed to lower satisfaction scores and patient misunderstanding.

The Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care guided project development through topic selection, evidence appraisal, implementation, and sustainability planning.

Synthesis of Evidence

Evidence supports the teach-back method as a communication strategy that enhances comprehension, adherence, and satisfaction. Teach-back encourages patients to restate information in their own words, reinforcing understanding and promoting safety (Agency for Healthcare Research and Quality [AHRQ], 2024). Shersher et al. (2021) found that 70% of patients reported sufficient time with clinicians when teach-back was used compared to 44% without it. Structured education lasting 7–8 minutes was shown to reduce post-discharge emergency department visits (Ulrich et al., 2022).

Nonverbal behaviors, such as maintaining eye-level communication, improve patients' trust, satisfaction, and participation in care (Wanko Keutchafo et al., 2022). Similarly, Iyer et al. (2023) demonstrated that clinician seating position directly impacts patient satisfaction and perceptions of engagement. Synthesized evidence supports combining teach-back with eye-level positioning to promote understanding and patient-centered care.

Practice Change and Implementation Strategies

The project standardized discharge teaching by incorporating teach-back with eye-level communication. Nurses were educated through one-on-one sessions and an instructional PowerPoint. Implementation strategies, guided by the Iowa Implementation for Sustainability Framework, included the use of change champions, huddle reminders, and informational tip sheets. Nurses were encouraged to sit or stand at patient eye level during discharge education while using teach-back to review medications, follow-up instructions, and surgical care needs.

Evaluation

Process and outcome indicators included Press Ganey satisfaction reports and pre/post nurse surveys. Baseline data showed the ASC ranked in the 8th percentile for home care instruction satisfaction. After one month of implementation, scores increased to the 92nd percentile. Eye-level communication achieved an 82% adoption rate among nurses. Confidence in providing

clear discharge instructions rose from 50% to 87%, and the proportion of nurses sitting during education increased from 57% to 73%.

Post-implementation sustainability efforts included ensuring chair availability in all patient bays, adding the intervention to new nurse orientation checklists, continued huddle reminders, and monthly documentation audits. Press Ganey scores remained above pre-intervention levels (August: 93rd percentile; September: 63rd percentile), demonstrating sustained improvement.

Conclusions

Standardizing discharge teaching using the teach-back method and eye-level communication enhanced patient satisfaction, nurse confidence, and care quality. This low-cost, high-impact intervention aligns with patient-centered communication principles and supports ongoing improvement in perianesthesia care. Continued reinforcement, orientation integration, and leadership support will sustain the practice change and advance quality outcomes.

References

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