



common *fire*

*Partnering with healthcare leaders
to forge quality & safety outcomes.*

Patient Engagement Shared Decision Making and Motivational Interviewing

Eastern Regional Patient Safety and Quality Symposium

Barbara Balik, EdD, MS, RN

September 10, 2014

Objectives

- Examples of health literacy in action
- Techniques for shared decision making and motivational interviewing to promote meaningful patient partnerships

Why – then How

- I Assume you –
 - Are the leaders engaging others
 - Will use these resources in your work
 - Have the performance improvement capabilities to improve daily
 - Have interest in shared decision making and motivational interviewing for partnerships not manipulation!
- Be clear on Why or Purpose
- Foundation then the House



Where are you in the journey?

**Doing To
Doing For
Doing With**

Doing To

You know you are ***doing to*** when:

- We say – you do: schedules; visiting hours
- We waste your time – come to the clinic and wait
- We determine what and when you eat
- Information is not shared or understandable
- We determine if you are compliant
- There is helplessness – when the patient/family say:
 - I don't know what is the plan of care and what happens next.
 - I don't know who is in charge of my care.
 - I don't feel like you know me.

Doing For

You know you are ***doing for*** when:

- Family presence is defined by the patient
 - They are partners not visitors
- We keep the patient in mind when designing or improving programs – then ask
- We design the teams to help you – without you
- We are working to improve the patient experience
- We *manage* your expectations about waiting
- Information is openly shared with patients
- Early use of health literacy
- We teach you – lots & lots & lots – adherence is judged
- We are beginning to get it about cross-continuum care but don't know much about the white spaces



common *fire*

*Partnering with healthcare leaders
to forge quality & safety outcomes.*

“We are really good about caring what you think about us. We are not good about caring what you think.”

– Catherine Lee, VP Service Excellence,
McLeod Regional Medical Center



Doing With

You know you are ***doing with*** when:

- Build on Doing for and move beyond
- Patient/family advisors are on teams to design or improve programs that follow the patient journey
- All key decisions are mutual – including who is on my team
- All staff are viewed as caregivers and are skilled in respectful communication and teamwork
- Health Literacy is everywhere in patient care
- Senior leaders model that patient's safety and well-being guide **all** decisions
- Staff, providers, leaders are recruited for values and talent first; patient/family advisors involved in hiring some roles

To – For – With Assessment

Patient and Family

1. Individually – Complete 1-2 examples in each category
2. Review as a group at your table
3. What do your lists tell you? What gets in the way of *doing with*?

Doing To – Patients and Families

Doing For – Patients and Families

Doing With – Patients and Families

Be Clear on **Why**

- Why are you interested in Shared Decision Making and Motivational Interviewing?
 - Why should others care?
- Clarity on:
 - Purpose – Why
 - Picture
 - Plan
 - Part to Play

» Brides, W. Managing Transitions

What are we talking about?

- Tapping into the most under-used resource in healthcare – patients, their families, and community members!
- A commitment to mutually beneficial partnerships among healthcare practitioners, patients, families, and community members
- Health Literacy is the foundation – mutual understanding to achieve the best outcomes based on the individual's perspectives and choices

» Modified from the Institute for Patient- and Family-Centered Care
www.IPFCC.org

Health Literacy – What is it?

Health literacy is the ability to
obtain, process, and understand
health information to make
informed decisions about health
care –
for **both** patients and practitioners

Why Care?

- Over one-third of the US adult population has limited health literacy, meaning that they have basic or below basic health literacy levels
- It's not just those who "look" like they have trouble reading
 - It is all of us – under stress, illness, medications, with poor interpersonal connections – our understanding goes down

Literacy Levels

Literacy Level	What it means
Below Basic: most simple & concrete	Range from nonliterate in English to being able to locate information in simple written materials; no math skills to ability to do addition
Basic: required for daily activities	Reading and understand information in simple documents; identify the need and do simple quantification
Intermediate: ability to do moderately challenging literacy activities	Able to read and interpret moderately dense text; identify quantitative information and solve problems
Proficient: ability to do most complex literacy activities	Able to read and interpret long, dense complex text; synthesize; complete complex quantification – solve multi-step problems

The Literacy of American's Adults - <http://nces.ed.gov/pubs2006/2006483.pdf>

Why Care?

- Patients with Below Basic Health Literacy cannot:
 - Use the dosage chart on over-the-counter medicine
 - From a pamphlet, give 2 reasons why screening is important
- Patients with Basic Health Literacy cannot:
 - Use an immunization schedule
 - Follow a prescription to “take medicine on an empty stomach”

Why Care?

- More preventable hospitalizations
- Less likely to get preventive services
- Overall higher healthcare costs
- More likely to rate their health status as poor
- Overall – more struggle with the clinical, prevention, and navigation understanding in healthcare

» <http://www.health.gov/communication/literacy/quickguide/factsliteracy.htm>

Why Care? Headline

- Literacy is a predictor of health status
- Literacy is a stronger predictor than age, income, employment status, educational level or racial or ethnic group

Baker DW, Gazmararian JA, Williams MV, et al. Functional health literacy and the risk of hospital admission among Medicare managed care enrollees. *Am J of Public Health*. 2002;92(8):1278-83

Schillinger D, Grumbach K, Piette J, et al. Association of health literacy with diabetes outcomes. *JAMA*. 2002;288(4):475-82



*Partnering with healthcare leaders
to forge quality & safety outcomes.*

Health Literacy = Mutual Understanding and Respect

- Promoting health, seeking medical care, taking medications correctly, and following treatment plans (shared or not) requires that people understand how to access and apply health information
- It also requires health care practitioners:
 - Listen to and honor patient/family perspectives and choices
 - Incorporate patient/family knowledge, values, beliefs and cultural backgrounds into the planning and delivery of care



Partnering with healthcare leaders
to forge quality & safety outcomes.

Our Obligation

Create safer and more effective
healthcare where a patient and
family:

- Understands the health issues and plans
- Makes *informed* health decisions
- Knows what s/he needs to do
- Experiences respectful interactions and does not experience a sense of shame or embarrassment at any time
- Avoids harm where healing is intended

– *Modified from: Reducing the Risk by Designing a Safer, Shame-Free Health Care Environment. AMA, 2007*



common *fire*

*Partnering with healthcare leaders
to forge quality & safety outcomes.*

Adult Learners' Statement About Literacy Testing in Health Settings:

“A doctor’s office is no place for a
reading test.”

Everyone benefits from clear information

- Many patients are at risk of misunderstanding, but it is difficult to identify them
- Assessing general reading levels does not ensure patient understanding in the clinical setting.
 - *Reducing the Risk by Designing a Safer, Shame-Free Health Care Environment.*
AMA, 2007
- Research shows improving patient understanding is beneficial for the patient and health care practitioner
 - Clear communication practices and removing literacy-related barriers will improve care for all patients regardless of their level of health literacy
 - **From: AHRQ Health Literacy Universal Precautions Toolkit:**
<http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html>

How: Strategies for Mutual Understanding

- 1. Create a respectful patient centered environment.**
 - 2. Improve interpersonal communication with patients.**
 - 3. Create and use patient-friendly written materials.**
-

Respectful Patient Centered Environment

Environments where patients feel comfortable:

- Saying : I don't understand"
- Asking questions
- Talking openly about their health and concerns

Remember: asking healthcare practitioners questions can be intimidating:

- Fear of sounding stupid
- Fear of ridicule or of being "difficult"
- Fear of upsetting or bothering a busy practitioner

Respectful Patient Centered Environment

- Attitude of helpfulness, caring, and respect by all staff
- Easy-to-follow instructions for appointments, check-in, referrals, and tests
- Simple telephone and clinic processes
- Assistance provided confidentially
- All staff skilled in their role in enhancing understanding

Possible Signals

- Incomplete registration forms
- Frequently missed appointments
- Skipped tests and referrals
- Excuses:
 - “I forgot my glasses...”
 - “I’ll look at this at home...”
 - “I’ll show it to my daughter...”
- Unable to name medications, or explain purpose or timing of administration; not following through with medications
- Difficulty explaining medical concerns
- No questions

What is it like in your care setting?

Direct Observations – *“Be a Patient”*

- Are check-in personnel welcoming?
- First impressions?
- Non-verbal staff communication?
- What forms will you be given?
- Will you be offered confidential assistance?
- Are you given easy-to-follow instructions?

How: Strategies for Mutual Understanding

1. Create a respectful environment.
- 2. Improve interpersonal communication with patients.**
3. Create and use patient-friendly written materials

Principles to Use with Everyone

- Plain “living-room” language
- Slow down
- Break it down, short statements
- Organize into 2-3 concepts then check for understanding
 - Chunk and check
- Teach-back
- *Ask Me 3*

Plain Language

Clinical Language	Plain Language
Benign	
Contraception	
Hypertension	
Oral	
Anti-inflammatory	
Incontinence	
Abdomen	
Twice daily	

Chunk and Check

- The patient is newly diagnosed with diabetes
- What are the 2-3 main concepts they need to know?
 1. X
 2. X
 3. X
- Does everyone use the same main concepts?

Teach Back

- Respectfully ask patients to demonstrate understanding, *using their own words*:
 - “What will you tell your husband about what to do when Erin’s asthma gets worse?”
 - “I want to be sure I explained everything clearly, so could you say it back to me so I can be sure I did?”
 - “We’ve gone over a lot of information; can we talk about things you might do to get more exercise in your day? How might you make it work at home? What might get in the way?”

Teach Back

“Let’s look at your medicine bottle. I want to make sure I’ve covered how to take medications. Can you please show me how many pills you will take in 1 day?”



Teach Back

- Do not ask:
 - “Do you understand?”
 - “Do you have any questions?”
 - ‘Yes’ or ‘no’ questions
- Remember: Patients don’t ask for Teach Back – they want to know ‘what am I supposed to do?’

Ask Me 3

Encourages patients to ask their healthcare practitioners 3 simple, essential questions in every health care encounter:

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

Providers' goal should be for patients and family members to know the answers before leaving:

“teach to the test”

“...it changes the way I talk to parents...”

<http://www.npsf.org/askme3/>

How: Strategies for Mutual Understanding

1. Create a respectful patient centered environment.
 2. Improve interpersonal communication with patients.
 - 3. Create and use patient-friendly written materials.**
-

Patient Friendly Written Materials

- **Chunk – key content**
 - “Just because you know it doesn’t mean they need to hear it”
- **Readability**
 - <http://www.readabilityformulas.com/free-readability-formula-tests.php>
- **Plain language and Pictures**
 - <http://www.nih.gov/clearcommunication/plainlanguage/gettingstarted/index.htm>
- **Patients co-develop and review**
 - The Red Pencil exercise

Patient Experience

2 for 1!

Everything we've covered
contributes to an excellent
patient experience!

How often did this doctor show respect for what
you had to say?

How often did clerks and receptionists at this
doctor's office treat you with courtesy and
respect?

Quick Start Guide

A sample

- **Watch a short video.**
 - This 6-minute health literacy video:
<http://www.acponline.org/multimedia/?bclid=782539368001&bctid=790962260001>
 - Sponsored by the American College of Physicians (ACP) Foundation and has some vivid examples of why addressing health literacy is so important.
- **Pick a tool and try it.**
 - Link to one of these tools and review it. Pick a day and try it out on a few (1-2) patients:
 - I want to be confident my patients are taking their medications correctly:
 - Tool: Brown Bag Medication Review
 - I want to be confident that I am speaking clearly to my patients:
 - Tool: Tips for Communicating Clearly
 - I want to be confident that my patients understand what they need to do regarding their health when they get home:
 - Tool: Teach-Back Method

Quick Start Guide

A sample

- **Assess Your Results**
 - How did it go? Do you need to make some adjustments? Do you want to address another statement from the list above and try another tool?
 - Or, you may want to take this to the next step by going to the Overview and learning about health literacy universal precautions and this toolkit
- **The Toolkit has embedded links that take you to resources**
 - From: AHRQ Health Literacy Universal Precautions Toolkit:
<http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html>
 - Another Tool Kit: North Carolina Program on Health Literacy
 - <http://nchealthliteracy.org/index.html>



Get Started Now! Care Environment

Get goals	Create a welcoming environment
Get bold	Start tomorrow
Get the facts	Clarify the gap How are patients greeted when they come through your door?
Get together	Gather a team (with patients)
Get to the field	Go to the receptionists
Get a clock	Set a completion deadline

Get Started Now!

Interpersonal Skills

Get goals	Teach-back for patient education
Get bold	Start tomorrow
Get the facts	Clarify the gap How are patients taught about diabetes self-care?
Get together	Gather a team (with patients)
Get to the field	Begin with 1 physician, 1 nurse, 1 patient
Get a clock	Set a completion deadline

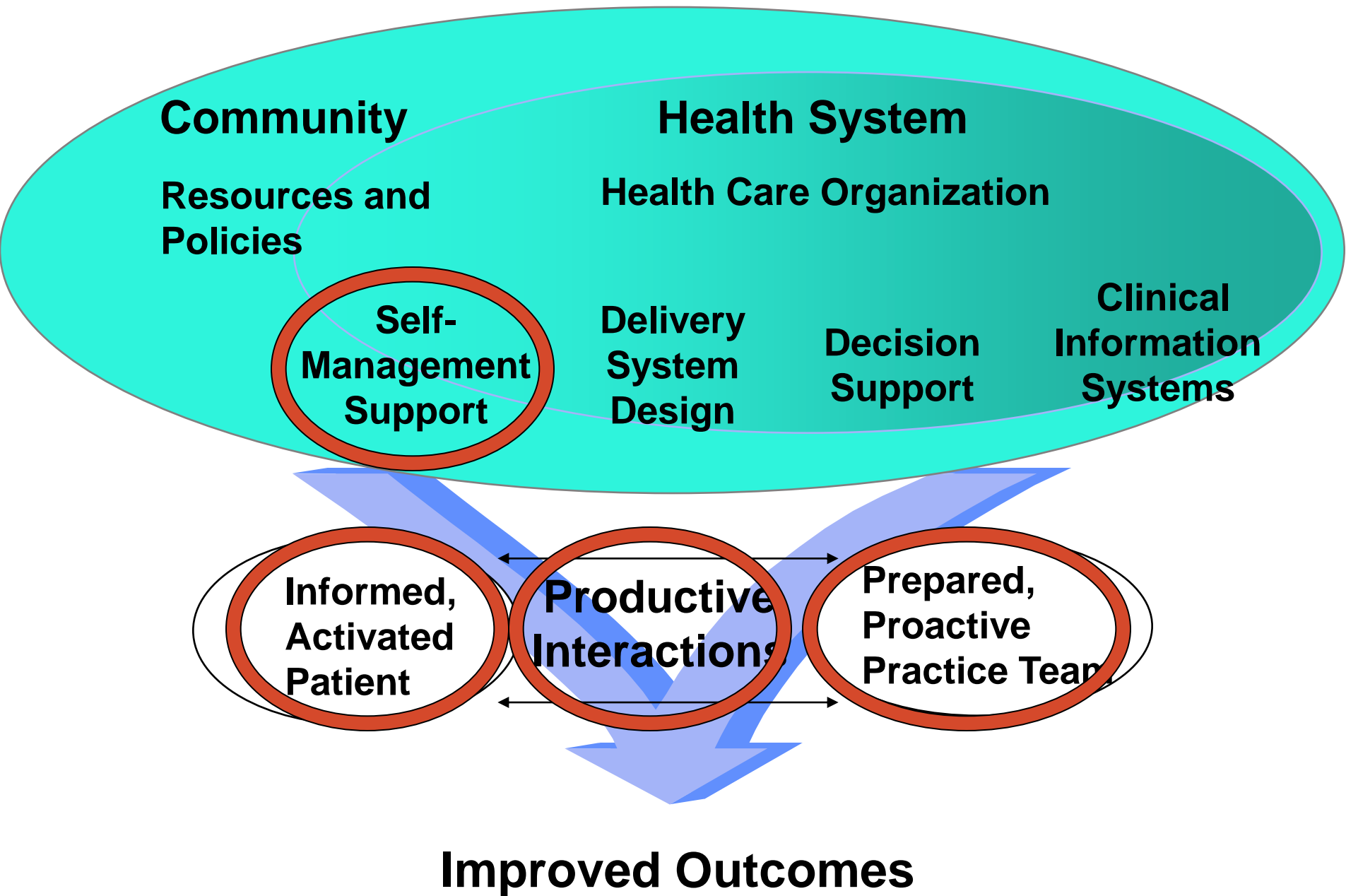


Building on the Foundation

Shared Decision Making
Including Decision Aids

Motivational Interviewing

Chronic Care Model



Shared Decision Making

- Shared decision making (SDM) is a collaborative process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient's values and preferences.
- SDM honors both the provider's expert knowledge and the patient's right to be fully informed of all care options and the potential harms and benefits (*as well as their expertise about themselves*). This process provides patients with the support they need to make the best individualized care decisions, while allowing providers to feel confident in the care they prescribe.
 - Informed Medical Decisions Foundation <http://www.informedmedicaldecisions.org/>



*Partnering with healthcare leaders
to forge quality & safety outcomes.*

Shared Decision Making

- The process of sharing in the decision-making tasks involves developing a partnership based on empathy, exchanging information about the available options, deliberating while considering the potential consequences of each one, and making a decision by consensus
- Sometimes called patient-centered decision making, empathic decision making, or shared decision making — demands the best of systems of care, clinicians, and patients
 - <http://shareddecisions.mayoclinic.org/>



*Partnering with healthcare leaders
to forge quality & safety outcomes.*

Steps to Keep in Mind

- Begin with “What Matters” not “What’s the Matter?” Credit to Maureen Bisognano
 - A first step in Shared Decision Making (SDM) is understanding what matters to the patient
 - “What are you most worried about?”
 - “What is most important for you to talk about?”
- Try 1 tool to make SDM real
 - Start small, learn, and grow
- Grow expertise – this is ‘simple not easy’!
 - Continue to learn SDM skills over time



*Partnering with healthcare leaders
to forge quality & safety outcomes.*

Shared Decision Making

- Shared decision making is the collaboration between patients and caregivers to come to an agreement about a health care decision.
- It is especially useful when there is no clear "best" treatment option.
- The caregiver offers the patient information that will help him/her:
 - Understand the likely outcomes of various options
 - Think about what is personally important about the risks and benefits of each option
 - Participate in decisions about healthcare care

- Center for Shared Decision Making, Dartmouth-Hitchcock
 - http://patients.dartmouth-hitchcock.org/shared_decision_making/about_shared_decision_making.html
-



*Partnering with healthcare leaders
to forge quality & safety outcomes.*

Shared Decision Making

- The decisions are hard because:
 - There is more than one choice
 - Each choice has advantages and disadvantages
 - There is no "correct" choice
 - What you choose depends on what is important to you
 - Choice of diabetes medications
 - To have surgery or medical management

- Center for Shared Decision Making, Dartmouth-Hitchcock
- http://patients.dartmouth-hitchcock.org/shared_decision_making/about_shared_decision_making.html

Shared Decision Making

- Mayo Shared Decision Making
 - Patients and clinicians have different expertise when it comes to making consequential clinical decisions.
 - While clinicians know information about the disease, tests and treatments, the patient knows information about their body, their circumstances, their goals for life and healthcare.
 - It is only collaborating on making decisions together that the ideal of evidence-based medicine can come true

<http://shareddecisions.mayoclinic.org/>



Partnering with healthcare leaders
to forge quality & safety outcomes.

Patients Want It

- 81% say they want an equal say in care decision
 - Patients with lower educational levels and non-English speakers are less willing to participate in SDM
 - *Unless:* When provided with clear and understandable information, gaps between patients with varied educational and language levels disappear
-
- IOM, Partnering with Patient to Drive Shared Decisions, Better Value, and Care Improvement, August 2013
 - <http://www.iom.edu/Reports/2013/Partnering-with-Patients-to-Drive-Shared-Decisions-Better-Value-and-Care-Improvement.aspx>



*Partnering with healthcare leaders
to forge quality & safety outcomes.*

Decision Aids

- Decision aids are tools to support shared decision making
- Decision aids are used to share information about the options and their relative merits and downsides
- The aim is to identify and evaluate ways to help patients make well-informed decisions that reflect their values and goals with their clinician
 - <http://shareddecisions.mayoclinic.org/>

Decision Aids

Five Steps to implement Decision Aids:

1. *Identify the decision*
2. *Find patient decision aids*
3. Identify barriers and explore ways to overcome them
4. Use decision aids/decision support with training
5. Monitor use and outcomes

- Ottawa Research Institute
 - <http://decisionaid.ohri.ca/implement.html>

1. Identify the decision

- What is the decision (including the option of doing nothing) and where does the decision occur within the process of care?
 - Or are there points within the process of care when decisions need to be made?
 - What are the decision(s) that patients have difficulty making?
- **Patient's view**

What is the decision (including the option of doing nothing)? Where does the decision occur within the process of care?

 - For example: when someone receives a diagnosis, often there is a need to make a decision about treatment. Someone with a chronic condition may need to make a decision about changing the approach to managing the condition.

- Ottawa Research Institute <http://decisionaid.ohri.ca/implement.html>

1. Identify the decision

(cont)

- **Health professional's view**

What are the decision(s) that patients have difficulty making? Where does it occur in the process of care?

- **Health services view**

Are there points within the process of care when decisions need to be made? What are the decision(s)?

- For example: when during the process of care for someone having a joint replacement for arthritis of the knee does the decision about surgery get made?

- Ottawa Research Institute <http://decisionaid.ohri.ca/implement.html>

Ottawa Personal Decision Guide

For People Facing Tough Health or Social Decisions

You will be guided through four steps: ① ② ③ ④



1 Clarify your decision.

What decision do you face?

What is your reason for making this decision?

When do you need to make a choice?

How far along are you with making a choice?

Not yet thought about the options

Close to making a choice

Thinking about the options

Already made a choice

2 Explore your decision.



Knowledge

List the options and main benefits and risks you already know.



Values

Use stars (★) to show how much each benefit and risk matters to you. 5 stars means that it matters "a lot". No stars means "not at all".



Certainty

Consider the option with the benefits that matter most to you and are most likely to happen. Avoid the options with the risks that matter most to you.

	Reasons to Choose this Option (Benefits / Advantages / Pros)	How much it matters Use 0 to 5 ★s	Reasons to Avoid this Option (Risks / Disadvantages / Cons)	How much it matters Use 0 to 5 ★s
Option #1		▼		▼
		▼		▼
		▼		▼



Diabetes Medication Choice Decision Aid

Back

Compare & Evaluate

Customize

Blood Sugar

Daily Routine

Daily Sugar Testing

Low Blood Sugar

Weight Change

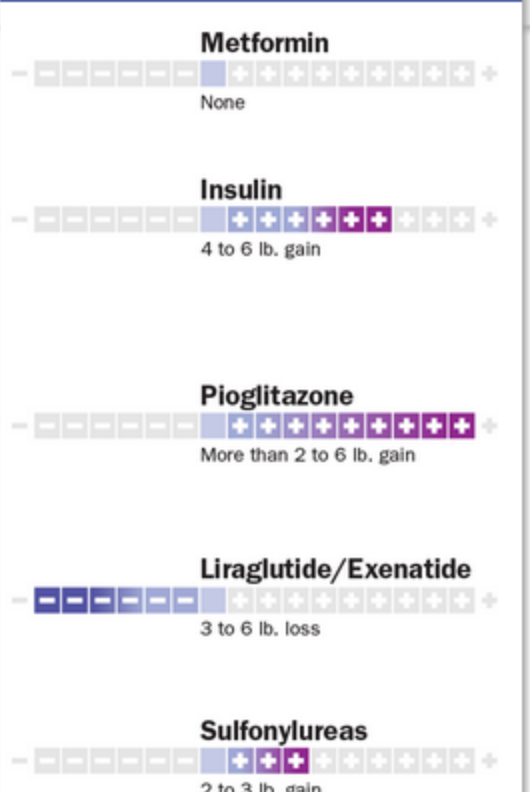
Side Effects

Costs

Blood Sugar

Metformin	1 - 2%
Insulin	Unlimited %
Pioglitazone	1%
Liraglutide/Exenatide	0.5% - 1%
Sulfonylureas	1 - 2%

Weight Change



Helping Patients Help Themselves

- Being a partner takes skills
- I Wish I Had Asked That! A worksheet for patients.
 - <http://www.informedmedicaldecisions.org/2012/12/11/i-wish-i-had-asked-that-a-worksheet-for-patients/>

Questions to Ask

- What is the test for?
- How many times have you done this procedure?
- When will I get the results?
- Why do I need this treatment?
- Are there any alternatives?
- What are the possible complications?
- Which hospital is best for my needs?
- How do you spell the name of that drug?
- Are there any side effects?
- Will this medicine interact with medicines that I'm already taking?
 - Questions are the Answer - AHRQ
 - <http://www.ahrq.gov/patients-consumers/patient-involvement/ask-your-doctor/10questions.html>



*Partnering with healthcare leaders
to forge quality & safety outcomes.*

Motivational Interviewing

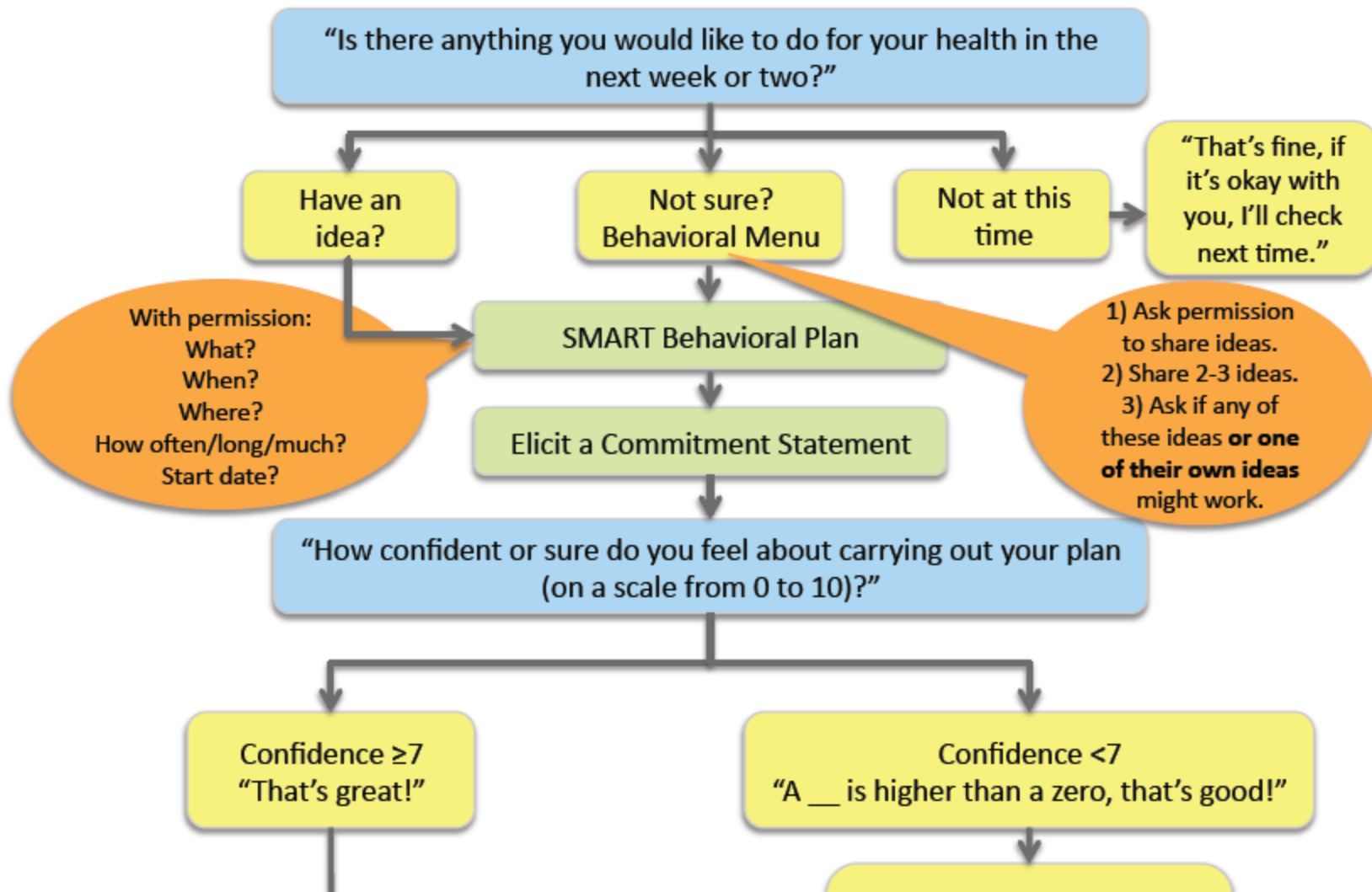
- Motivational Interviewing (MI) is a collaborative conversation style for strengthening a person's own motivation and commitment to change.
 - Miller & Rollnick, *Motivational Interviewing*, 3rd ed.
- MI is a widely studied and effective way to help people change
 - http://www.centrecmi.ca/Centre_for_CMI/Motivational_Interviewing.html
- MI is a patient-centered method for identifying an individual's readiness for change and enhancing motivation by exploring and resolving ambivalence about the new behavior.
- These techniques promote informed decision-making and encourage patients to participate in their own health care
 - https://www.harvardpilgrim.org/portal/page?_pageid=253,2272039&_dad=portal&_schema=PORTAL

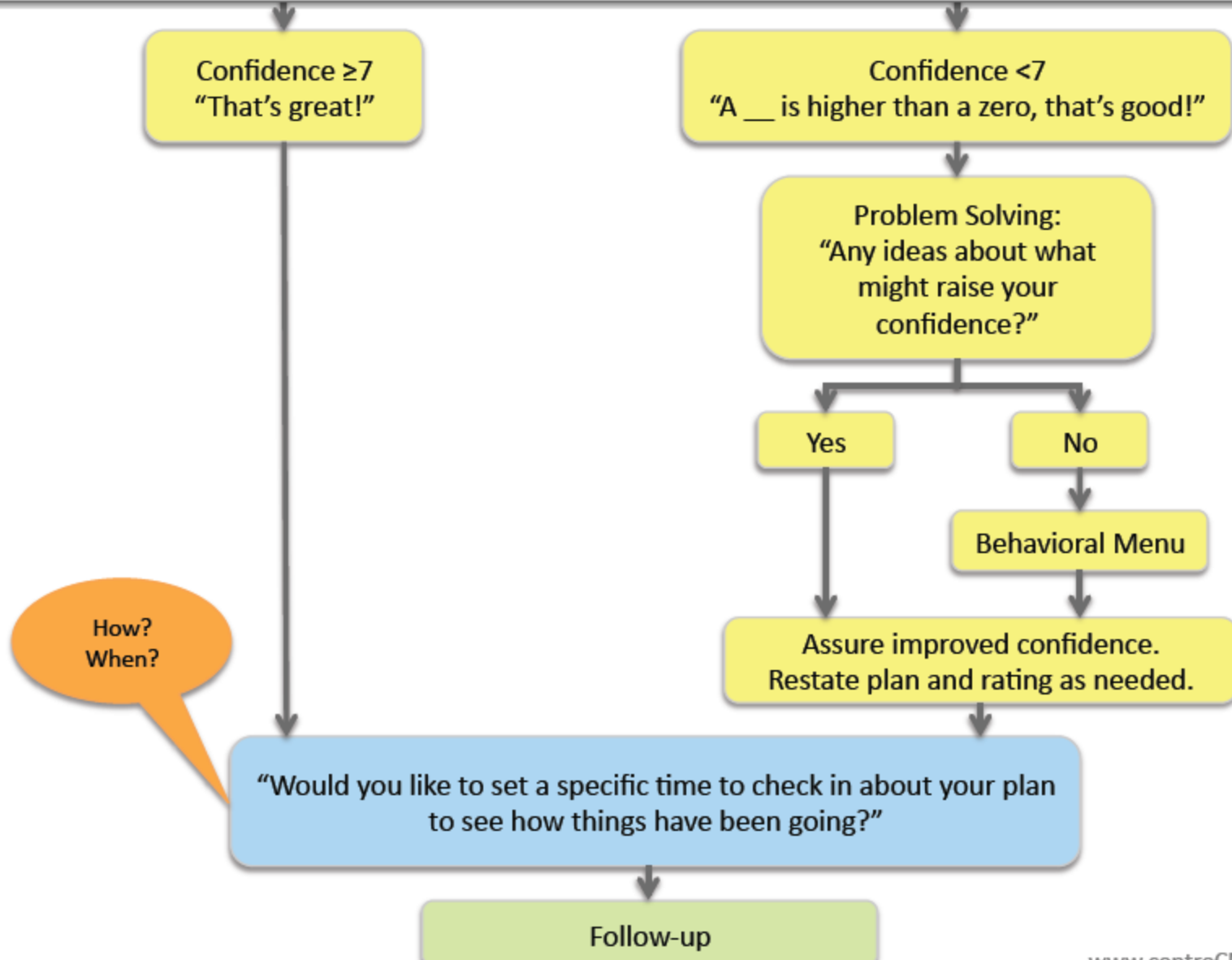
An Example

- Brief Action Planning Process
- Available from:
 - Centre for Comprehensive Motivational Interventions
 - http://www.centrecmi.ca/Centre_for_CMI/Brief_Action_Planning.html

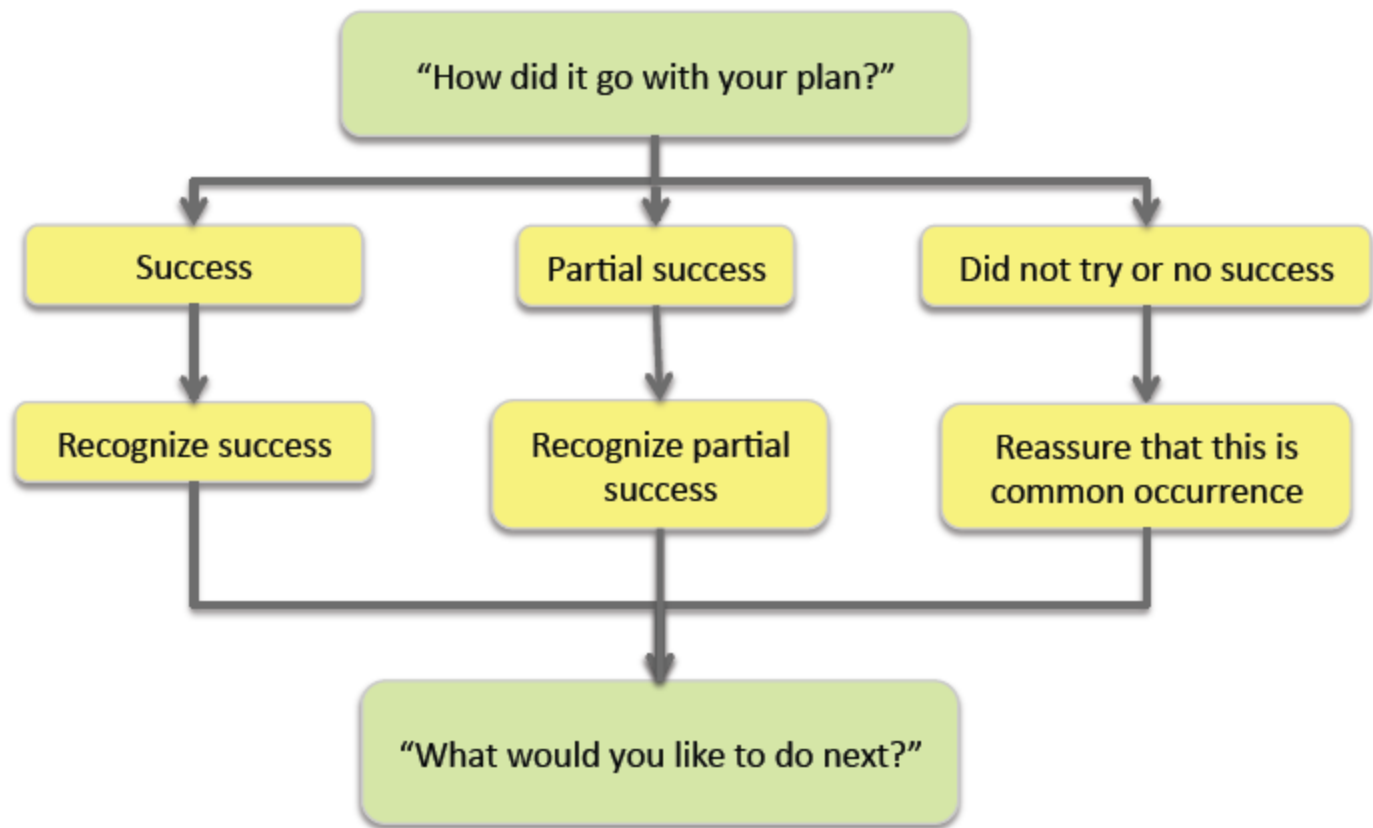
Brief Action Planning Flow Chart

Developed by Steven Cole, Damara Gutnick,
Connie Davis, Kathy Reims





Follow-up on the Brief Action Plan



Action Planning

- Motivational Interviewing for Busy Clinicians:
 - A physician shares a personal story about using motivational interventions to work with a patient in her practice.
 - Addresses the ‘too much time’ issue – 15 years of conversations vs. 15 mn of Motivational Interviewing
 - http://www.youtube.com/watch?v=0z65EppMfHk&feature=em-share_video_user
 - From the Centre for Comprehensive Motivational Interventions

Motivational Actions

- The chances of a new behavior taking root are greater when a coach helps a person describe their own reason for making a change
- The patient's own reasons for changing are much more powerful motivators than outside persuasion or threats

The Shared Decision Making Guide

Steps:

1. “How would you like to go about making this decision?”

- If the patient has a preference for decision making, move on to the second question

- Centre for Comprehensive Motivational Interventions

- » http://www.centrecmi.ca/Centre_for_CMI/Home.html

Motivational Actions

- For patients who are not sure, offer a behavioral menu.
 - First ask permission to share ideas.
 - ***“Would you like to hear how others have made decisions in the past?”***
 - Then share options ALL AT ONCE.
 - ***“Some people I have worked with listen to information and make their own choice, some like to arrive at a decision through discussion, some want to hear a recommendation from me to help them make a choice and others like me to make a decision for them after I’ve provided the information and learned more about them.”***
 - Centre for Comprehensive Motivational Interventions
 - http://www.centrecmi.ca/Centre_for_CMI/Home.html

Motivational Actions

- Always end by asking if they have any ideas of their own.
 - ***“Do any of those ideas work for you, or perhaps there is another idea of your own that would help you make this decision?”***

2. “What is important for you to consider in making this decision?”

- You may need to prompt for values and preferences.
 - Some examples include: quality of life, cost (monetary, time, and resources), caregiver burden, function, supporting independence and comfort.
- Risk Communication – use of decision aids
 - Centre for Comprehensive Motivational Interventions
 - http://www.centrecmi.ca/Centre_for_CMI/Home.html

Motivational Actions

3. “What do you think you will do?”

Open ended questions (“What would make this not so hard?” or “When was a time you faced a tough decision and were able to do it?”) and voicing compassion (“I can see this is hard for you”) aid in understanding their values and challenges

4. ***“So I know if I was clear, can you tell me what you will say to [family member] that we’ve talked about regarding this decision?”*** *(Teach Back)*

Then complete the next steps – see Action Planning



*Partnering with healthcare leaders
to forge quality & safety outcomes.*

Next Steps

- Ask one clinician to test 1 concept – choose a likely champion
- Choose 1 definition of Shared Decision Making (SDM) to use
- Test Brief Action Planning Process
 - With each other – practice the steps
 - With one patient
 - What did you learn? What will you keep and change?
 - With several patients
 - Add other clinicians
- Build in other motivational tools

Resources – Health Literacy

- North Carolina Program on Health Literacy
 - <http://nchealthliteracy.org/index.html>



*Partnering with healthcare leaders
to forge quality & safety outcomes.*

Resources – Health Literacy

- <http://www.ama-assn.org/ama/pub/about-ama/ama-foundation/our-programs/public-health/health-literacy-program/health-literacy-video.page>
- Selection of video clips on You Tube:
 - <http://search.mywebsearch.com/mywebsearch/video.jhtml?searchfor=ama+teachback+video&ts=1377220478005&p2=^ZO^xdm003^YY^us&n=77fce5de&ss=sub&st=hp&ptb=38AD0F95-BD15-4315-9787-E5E655D24D1F&tpr=hpsb&si=CLnC6pWTg7gCFbBFMgodkk8AMg&vid=7MoQTC-mxxM>
- www.teachbacktraining.com
 - It is a free, interactive training module for building competence in use of teach-back for three settings of care: hospitals, home care and office practices.
 - The interactive modules have been very effective in helping providers learn competent use of the technique. There is a primary care physician video testimonial about his use of the tool.
- AHRQ Universal Precautions Toolkit, Dr Darren DeWalt
 - <http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html>
- IOM Ten Attributes of Health Literate Organizations, June 2012
 - <http://www.iom.edu/Global/Perspectives/2012/HealthLitAttributes.aspx>
- Thanks to colleagues at the National Patient Safety Foundation and Gail Nielsen – a health literacy expert and generous teacher!

Resources – Shared Decision Making

- AHRQ <http://www.innovations.ahrq.gov/issue.aspx?id=85>
- Center for Shared Decision Making http://med.dartmouth-hitchcock.org/csdm_toolkits.html
- Mayo Clinic Shared Decision Making National Resource Center <http://shareddecisions.mayoclinic.org/>
 - Free decision aids
- Informed Medical Decisions Foundation
<http://www.informedmedicaldecisions.org/tag/shared-decision-making-tools/>
- Helping Patients Make Better Treatment Choices with Decision Aids
<http://www.commonwealthfund.org/publications/newsletters/quality-matters/2012/october-november/in-focus>
- Decision Aids – Cincinnati Children's
<http://www.cincinnatichildrens.org/service/j/anderson-center/evidence-based-care/decision-aids/>