



# Assessment of Accuracy of Patient Teach-Back Responses After Pharmacist-Led Education Utilizing Materials Accommodating All Learning Styles

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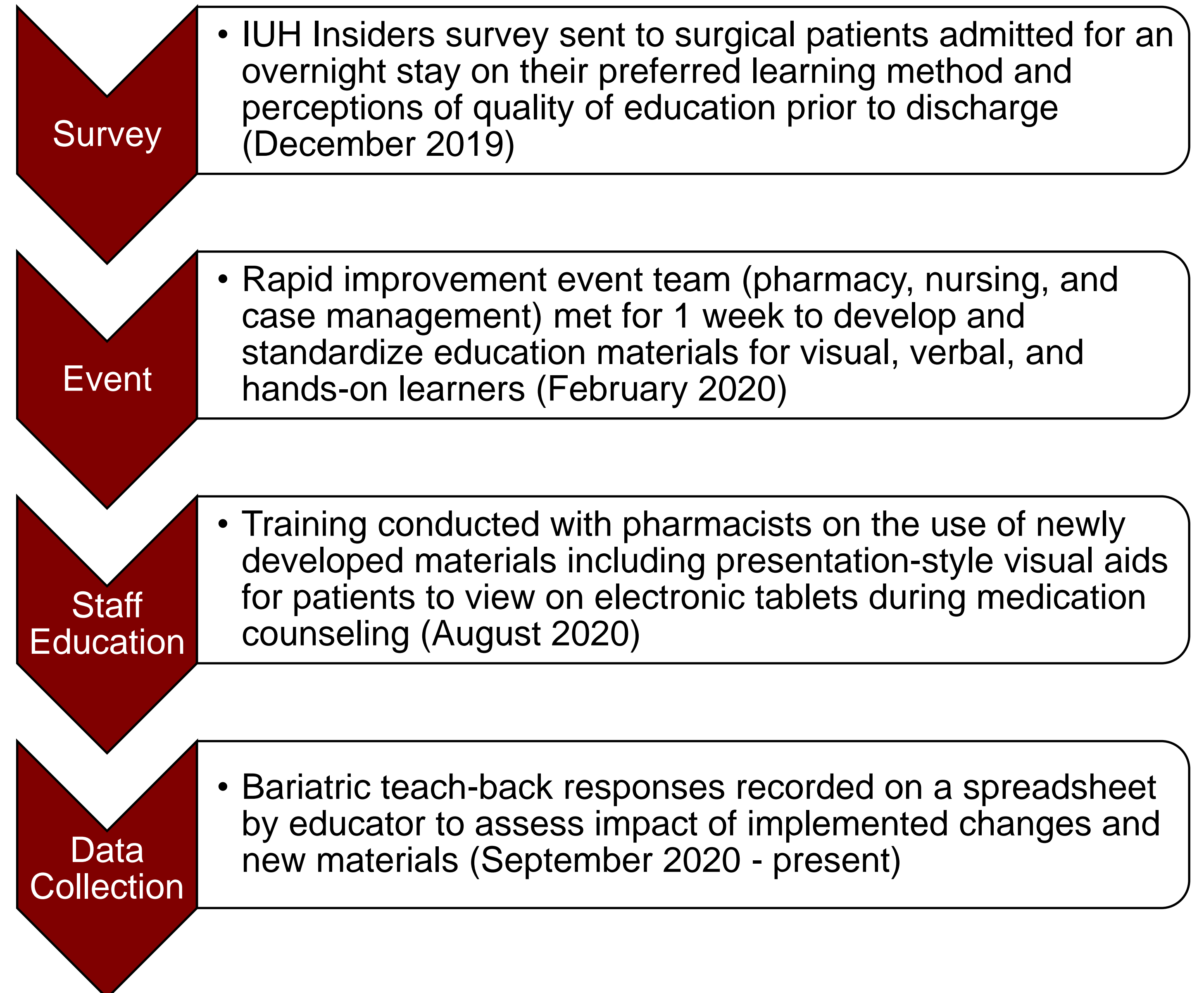
## Background

- Prior to intervention, pharmacists provided verbal, face-to-face education, occasionally with written material, to patients meeting specific high-risk criteria (bariatric, anticoagulation, disease state-specific, and other)
- At baseline, 75% of bariatric patients were able to correctly answer teach-back questions regarding their medications several minutes after education
- By tailoring educations to the patient's learning style, we hope to increase understanding of medications and compliance through engagement, thereby reducing side effects, interactions, and medication errors

### Objectives:

- Ask patient their preferred learning method prior to each counseling session
- Improve bariatric medication teach-back response accuracy to >90%

## Methods



## Materials

### Bariatric Surgery Medication Handout

**Medication Basics**

- Medications should be no bigger than an M&M® candy or dime.
- Medications bigger than this should be crushed (never cut).
- Extended-Release or Long-Acting Medications cannot be crushed and Roux-en-Y (Gastric Bypass) patients should not take these medications at all.

**Vitamins and Supplements**

- Multivitamins: -Take 2 chewable vitamins for days 1 through 7  
-On day 8, start taking full vitamin regimen listed below  
-No "Silver" gummy, or liquid forms
- Calcium Citrate: -1500mg daily in 3 divided doses starting day 8  
-No Calcium Carbonate (i.e. TUMS®)  
-Be sure to take separate from Iron and Multivitamins by 2 hours
- B-Complex: -Make sure that it contains Thiamine (B1)  
-Must take for at least 6 months starting on day 8
- B-12 (cyanocobalamin): -1000mcg weekly (under the tongue) OR monthly injections following 1 month check-up
- Gas-X® (simethicone): -Take as ordered by physician. Excessive gas may be one cause of pain
- Duodenal Switch/Distal Bypass surgery patients - refer to your MD instructions

**New Medications**

- Pain Medication: -Take the lowest effective dose of narcotic medications  
-Do not exceed 4 grams (4000mg) of Tylenol® (acetaminophen) from all sources  
-If you have a CPAP/BIPAP, continue to use  
-Side effects include:

### Post-Op Discharge Medication Handout

**MEDICATION APPROACH FOR PAIN**

- Please contact your doctor or pharmacy if you have any questions
- Take all medications as directed by your doctor
- **REMEMBER:** Do not take more than 4000mg TOTAL of acetaminophen in 24 hours

**Non-Opioid Pain Relievers**  
These medications work to relieve pain and can be used alone or with other medications:

- Tylenol® (Acetaminophen)
- Neurontin® (Gabapentin)

**Main Pain Reliever**  
These medications work by blocking the chemicals that cause pain.

- Norco® (Hydrocodone-acetaminophen, Vicodin®)
- Percocet® (Oxycodone-acetaminophen)

**Break Through Pain Relievers**  
These medications can help with pain when it is not time for your main pain relievers:

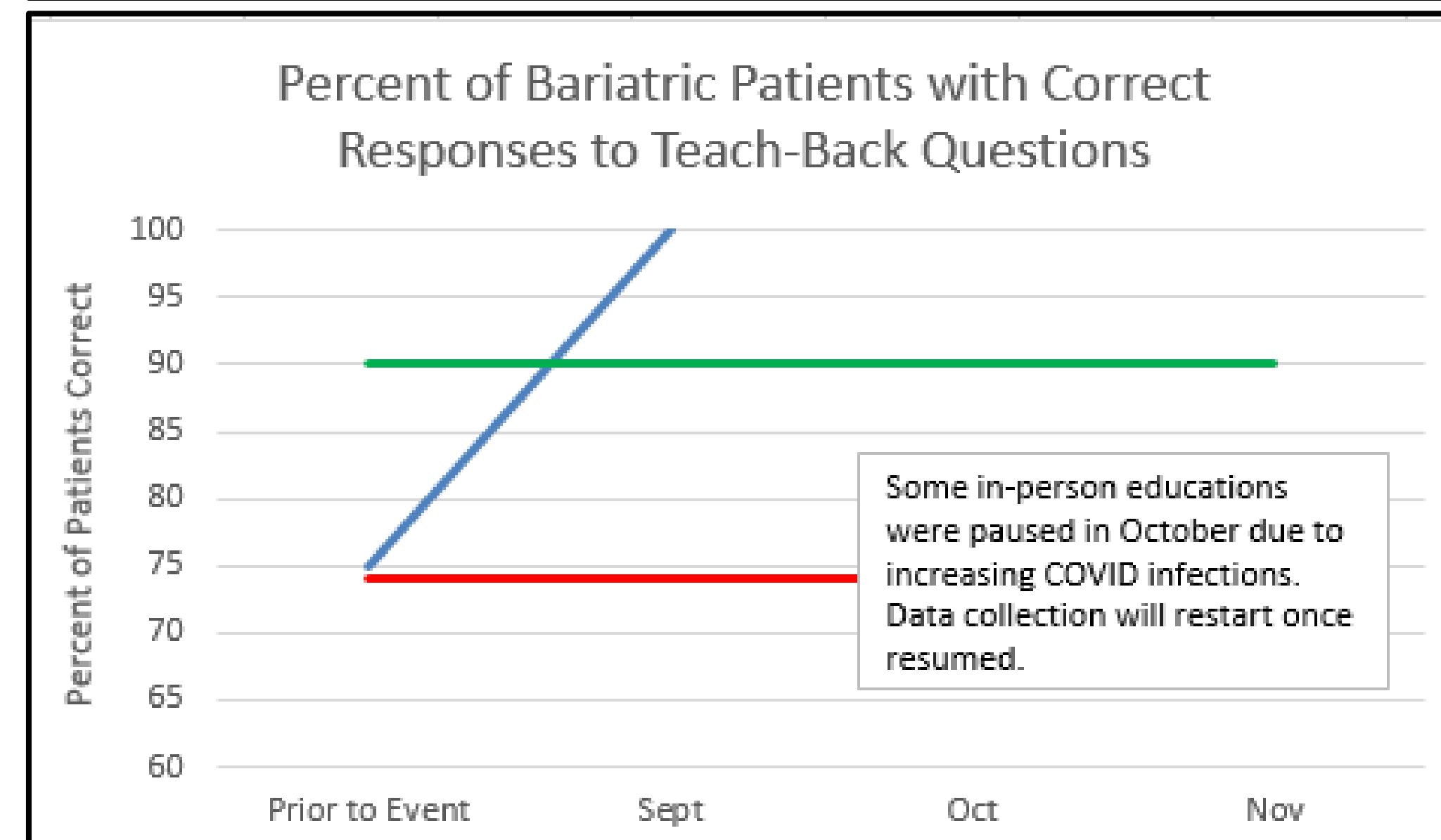
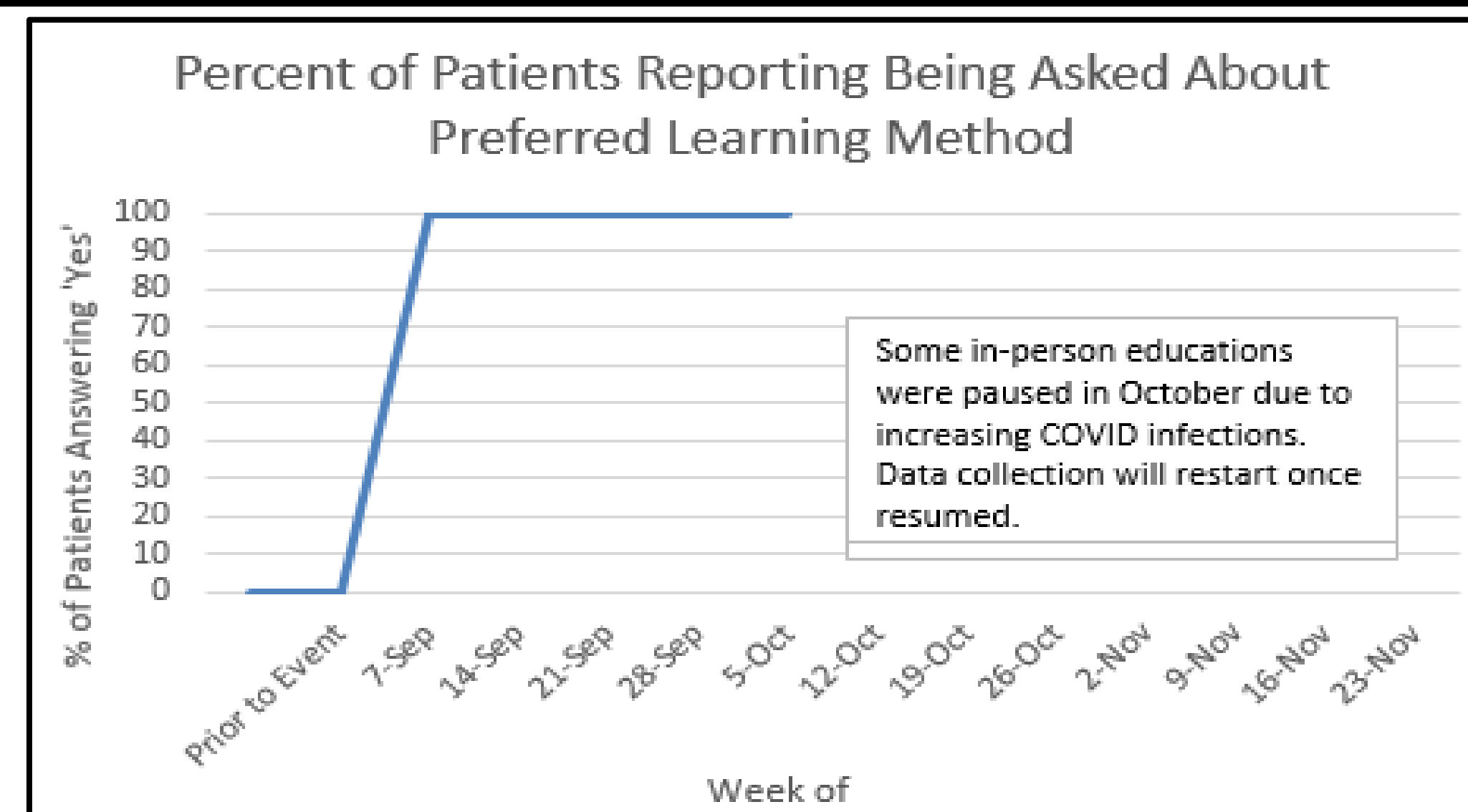
- Roxicodone® (Oxycodone)

**Common Side Effects:**

## Discussion

- Based on survey results, patients preferred face-to-face instruction (80%) with written materials (68%) to supplement their education when learning about medications prior to discharge.
- After utilization of new education materials, early data demonstrated an increase in bariatric patient teach-back accuracy to near 100%. Results are limited by small sample size and short duration of collection.
- Bariatric education materials were presented and approved by the Bariatric Steering Committee. Additionally, anticoagulation materials are currently under review by IU Health System Anticoagulation Quality Committee for system utilization.
- Anecdotally, pharmacists have reported increased patient engagement during education, especially for those who are hard of hearing, and overall positive patient feedback regarding improved teaching style and materials.

## Results



## Conclusion

- Overall, multimodal education materials appear to increase patient engagement and short-term recall of medication teaching
- Early results demonstrate a trend towards improved teach-back accuracy in the bariatric patient population

## Disclosure

- Authors have no conflicts of interest to disclose

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