



Teach-Back Methodology for Patient Education Employee Competency Validation Checklist

Employee Name: _____

Observer: _____

Facility/Unit: _____

Date: _____

Y = Yes N = No N/A = Not Applicable

Direct Observation	Y	N	N/A	Comments
1. Did employee introduce self to patient and family when entering the room?				
2. Did employee sit down and have positive body language and use caring tone of voice?				
3. Did employee include family members and caregivers, if present?				
4. Did employee use plain language?				
5. Did employee use acronyms? If so, were the acronyms explained?				
6. Did employee create a comfortable environment where the patient did not feel like he or she was being quizzed?				
7. Did employee ask open-ended questions and avoid asking yes or no questions?				
8. Did employee ask the patient to "explain in their own words" when validating understanding?				
9. Did employee provide the opportunity to confirm understanding <i>before</i> providing new information?				
10. Did employee document in the chart the content of education and teach-back method was used?				

ACTION PLAN (If necessary)

Employee meets basic competency. No action plan needed.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____