Conviction and Confidence Scale

Fill this out before you start using teach-back, and 1 and 3 months later.

Name: _______________________________________________________________________

Check one:  

□ Before - Date: __________  
□ 1 month - Date: __________  
□ 3 months - Date: __________

1. On a scale from 1 to 10, how **convinced** are you that it is important to use teach-back (ask patients to explain key information back in their own words)?

<table>
<thead>
<tr>
<th>Not at all important</th>
<th>Very Important</th>
</tr>
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<tbody>
<tr>
<td>1 2 3 4 5 6 7 8 9 10</td>
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</table>

2. On a scale from 1 to 10, how **confident** are you in your ability to use teach-back (ask patients to explain key information back in their own words)?

<table>
<thead>
<tr>
<th>Not at all confident</th>
<th>Very Confident</th>
</tr>
</thead>
<tbody>
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<td>1 2 3 4 5 6 7 8 9 10</td>
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</tbody>
</table>

3. How often do you ask patients to explain back, in their own words, what they need to know or do to take care of themselves?

○ I have been doing this for 6 months or more.
○ I have been doing this for less than 6 months.
○ I do not do it now, but plan to do this in the next month.
○ I do not do it now, but plan to do this in the next 2 to 6 months.
○ I do not do it now and do not plan to do this.
4. Check all the elements of effective teach-back you have used more than half the time in the past work week.

- Use a caring tone of voice and attitude.
- Display comfortable body language, make eye contact, and sit down.
- Use plain language.
- Ask the patient to explain, in their own words, what they were told.
- Use non-shaming, open-ended questions.
- Avoid asking questions that can be answered with a yes or no.
- Take responsibility for making sure you were clear.
- Explain and check again if the patient is unable to teach back.
- Use reader-friendly print materials to support learning.
- Document use of and patient’s response to teach-back.
- Include family members/caregivers if they were present.

Notes: _______________________________________________________________________
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