

Abstract Form

Program Affiliation:	UCLA Internal Medicine		
Presenter Name (Last, First):	Truong, Kevin *references not included due to space		
Co-Authors:	Miranda, Ruth, MD, MPH; Young, Stephanie, PsyD, MPH		
Project Title:	Improving the teaching of Motivational Interviewing: Understanding learner and preceptor needs to design a novel		
Research Category (please check one):			
<input type="checkbox"/>	Original Research	<input type="checkbox"/>	Clinical Vignette
<input type="checkbox"/>	Quality Improvement	<input checked="" type="checkbox"/>	Medical Education Innovation

Abstract

Introduction: Modalities for learning motivational interviewing (MI), a patient-centered counseling strategy to strengthen intrinsic motivation for health behavior change¹, range from didactic methods such as workshops to experiential approaches such as direct observation of encounters. Prior studies have demonstrated the benefit of incorporating MI training in graduate medical education, both from technical skill and resident satisfaction perspectives², and have shown the feasibility of delivering this training in various formats. In the longitudinal continuity clinic environment, where medical residents are frequently managing chronic diseases and addressing the underlying problematic behaviors (e.g., alcohol or other substance misuse, unhealthy diet, or poor adherence), MI skill development is of particular importance. At the same time, teaching MI in the busy clinic can vary as a function of both learner and preceptor understanding and effective application of core skills and the perception of time required. The current quality improvement project aimed to assess these variables to design a teaching tool intended to enhance the learning and application of MI among primary care residents. We conducted needs assessments of both faculty preceptors and internal medicine residents to design this novel teaching instrument.

Methods: A mixed-methods evaluation of the current practices and attitudes toward learning and teaching MI was conducted. Assessment of two groups, postgraduate trainees and faculty preceptors, took place. An anonymous survey was administered to identify baseline practices and perceptions about MI use in the clinical encounter and the preceptorship session. Next, focus groups gathered qualitative data. After the initial focus group discussion, learners and preceptors were presented a prototype MI teaching tool to evaluate in terms of potential feasibility, utility, and value. Based on these findings, the proposed tool's structure, format, and content was updated.

Results: Fourteen learners completed the needs assessment survey (79% second-year medical residents, 21% nurse practitioner post-graduate trainees). 86% were confident using MI strategies to identify a patient's "stage of change" (degree of intention to change a behavior³) during the encounter, while only 42% were confident applying strategies to effectively respond to (intervene upon) the stage of change with a patient. Concerning the preceptorship encounter, when discussing patients targeted for health behavior change, 43% of learners reported identifying a stage of change with their preceptor for at least half of these patients, and only 21% discussed an actual intervention or strategy. Thematic analysis of learner focus groups identified time constraints, a divergence of patient and preceptor perception of clinical priorities, and perceptions about preceptor skill in MI as barriers, all of which led to decreased opportunity to learn and utilize MI. All learners concurred that ready access to a visual MI tool to identify the patient's stage of change, along with guided strategies matched to such a change, would be strongly beneficial to develop skill in MI, extract more value and satisfaction from the preceptorship encounter, and ultimately optimize a patient's care. Four preceptors participated in the survey and focus group. Zero reported that learners identified a "stage of change" in relevant encounters, but 75% reported that learners were able to discuss MI strategies. All preceptors agreed that an accessible teaching tool would enhance the learning and improve the quality of the preceptorship. Barriers to increased utilization included perception of time required to effectively deliver MI and, relatedly, competing priorities during the visit. Proposed solutions included development of preceptor skill in MI. All preceptors agreed that an instrument specifically focusing on "stages of change" and highlighting specific interventions to quickly reference and discuss would enhance teaching practices and would likely increase efficiency, allowing more discussions of MI to take place longitudinally with patients experiencing chronic conditions.

Conclusion: Underutilization of MI can be due to perception that it is time-intensive and may exclude addressing other clinical problems in an encounter. We saw that both learners and preceptors question one another's skills in counseling using an MI approach, limiting the opportunity for identifying MI as a useful intervention and deepening the skill under the preceptor's guidance. Designing a teaching tool that visually prompts both faculty and learners to the relevance and utility of MI would be of great interest. In future studies, we aim to measure the impact of the newly-developed teaching tool to enhance the teaching practices, learner experiences and patient outcomes in primary care clinics.