



2014 Duke AHEAD Grant Proposal

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(Limit 5 pages)

**Title:** Faculty Development in Patient-Centered Communication Skills and Evaluation

**Principal Investigator/School/Department:** Sarah Armstrong, MD, Pediatrics

**Collaborator(s)/School(s)/Department(s):** Martha Nelson, PA-c, Pediatrics (co-Investigator); Duke Department of Community and Family Medicine, Department of Pediatrics, Duke Physician Assistant Program, Duke Nursing School

**Focused question:** Will clinical faculty demonstrate (1) personal improvements in directly-measured patient-centered communication skills and (2) increased self-reported comfort in teaching patient-centered communication through participation in a combined didactic and standardized-patient educational training program?

**Background:** Patient-centered communication has been associated with increased symptom resolution, more accurate recall of medical advice, compliance with treatment recommendations, and improved patient satisfaction.<sup>1</sup> Motivational interviewing (MI) is an evidence-based form of patient-centered communication that outlines specific strategies to help patients make sustainable behavior changes. More than 300 clinical trials in both counseling and health care settings have demonstrated that MI helps patients decrease negative health behaviors.<sup>1</sup> A 2005 meta-analysis of 72 randomized controlled trials concluded that motivational interviewing effectively helped patients change behavior and, moreover, outperformed traditional styles of patient communication (lecturing, advice giving) in 80% of the studies reviewed.<sup>2</sup> Given the evidence, various training activities across Duke School of Medicine are preparing students and residents to apply MI skills in clinical encounters. In pediatrics, residents attend focused MI teaching sessions during their second year, and in other departments, faculty conduct annual lectures for medical school, nursing school, and physician assistant students. Yet opportunities for faculty development in MI education, and specifically around teaching learners, remain sparse. Residents and students report that they value the counseling approach, want to learn and develop their skills, yet their faculty preceptors seldom model use of MI or provide feedback on the learner's MI delivery.

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<sup>1</sup> Britt E, Hudson SM, Blampied NM. 2004. Motivational interviewing in health settings: a review. *Patient Education and Counseling* 53, 147-155.

<sup>2</sup> Gance-Cleveland, B. 2007. Motivational interviewing: improving patient education. *Journal of Pediatric Health Care* 21, 81-88.

## Specific Aims

The co-investigators of the proposed project hold advanced training in MI counseling skills, as well as extensive experience in teaching MI to healthcare provider learners. Together with colleagues in the School of Medicine, Nursing, the Physician Assistant Program, we propose to:

- 1) Evaluate current training activities and best practices as relates to patient-centered communication
- 2) Identify gaps and opportunities for educational development
- 3) Deliver a coordinated, hands-on approach to teaching faculty motivational interviewing skills, as well as approaches to educating and evaluating learners.

## Methods

We will recruit 50 faculty participants from the Department of Pediatrics, Department of Community and Family Medicine, the Physician Assistant Program and the Duke School of Nursing via established relationships with division chiefs (Pediatrics, CFM) and Educational Administration (Nursing, PA program). All faculty who currently provide direct clinical care and spend at least 10% of their time teaching students, residents or fellows will be eligible to apply. Interested faculty will need to complete a brief application form summarizing their interest and availability to participate. The PIs will then select up to 50 faculty members for participation. At baseline, we will evaluate participants' knowledge and attitudes regarding motivational interviewing and patient-centered care principles through an electronic survey. The educational intervention will then consist of the following:

1. Two on-site two-hour in-person group trainings (interactive, with standardized patient practice) by one of the co-PIs at each of the four participating schools/departments
2. Assigned independent learning, including web-based tutorials (no cost, already developed), and text reading (*Motivational Interviewing in Health Care* by Rollnick and Miller)
3. Individual direct observed exams with real-time feedback, conducted by one of the project PIs trained in motivational interviewing supervision and consultation

At the end of the one-year project period, we will re-assess participants' motivational interviewing and patient-centered care knowledge and attitudes via the same electronic survey. We aim to achieve the following learning outcomes, as assessed by the pre- and post-survey:

1. By the end of the project year, 75% of the faculty participants will demonstrate a 75% increase in MI knowledge (principles and core skills – expressing empathy and establishing rapport, developing the discrepancy, rolling with resistance, and supporting self-efficacy).

2. By the end of the project year, 75% of the faculty participants will demonstrate 50% increase in MI and patient-centered care attitudes (“spirit” – collaboration, evocation, autonomy/ support).
3. By the end of the year, 90% of faculty learners will demonstrate high levels of confidence in teaching MI as well as demonstrate a plan to teach their learners motivational interviewing and patient-centered care principles.

## **Challenges**

The project PI and co-investigators hold the expertise and experience needed to deliver and evaluate the intervention, and we anticipate our most significant challenge to be scheduling the in-person trainings and direct observed exams with the faculty. To address this, we intend to hold the in-person group trainings at each of the four participating schools/ departments (two at each school/ department, for a total of eight trainings), so that faculty do not need to travel. We also intend to hold the trainings before clinic, after clinic, during lunch, or another time that allows greatest participation. For the direct observed exams, one of the project co-investigators (Martha Nelson, PA) will have protected time in her schedule to conduct the exams, and she will coordinate the scheduling of those exams with faculty through MAESTRO.

## **Sustainability**

We expect the benefits of the educational intervention to sustain beyond the funding period, as faculty will have been fully trained and given feedback on their use motivational interviewing, and will have developed plans to teach their learners. We also expect to demonstrate learning outcomes that will evidence the need for continued support –through Duke AHEAD, home departments, or outside educational grants.

## **Opportunities for Subsequent Scholarship**

As evidence for the clinical effectiveness of motivational interviewing mounts, academic medical centers are increasingly interested in best practices for teaching faculty and learners. Duke Medicine stands at the forefront of MI education, as Duke faculty have developed MI educational tools and delivered lectures for universities throughout the country, and several departments consistently teach MI to students. The proposed project, however, targets an identified gap in the MI literature – faculty development – and therefore presents opportunities for scholarship.

## **Broader Impacts**

With expected outcomes, we anticipate other clinical departments at Duke – including Physical Therapy, OBGYN, and the Cancer Center – will be interested in implementing a similar training initiative. As more Duke departments embrace faculty development in MI, learners and residents will observe it during clinical care, and MI education will become more comprehensive.

## Timeline

12/1/14: PIs will send email alert announcement to all Pediatrics, Community and Family Medicine, Physician Assistant, and Nursing faculty, with link to application to participate

1/1/15: Applications due, PIs review and select up to 50 participants. Email notifications to applicants sent with baseline survey.

1/15/15: Completed surveys due, first independent learning activity assigned: web-based tutorial reviewing the basics of motivational interviewing

2/1/15 – 3/31/15: First in-person group training at each of the four sites, distribute *Motivational in the Health Care Setting* text to all participants

4/1/15 – 8/31/15: Co-PI conducts individual direct observed exams with all 50 participants; sends bi-weekly emails to participants with reading assignments from the text and generates discussion via closed listserv

9/1/15 – 10/31/15: Second in-person group training at each of the four sites

11/1/15: Post-evaluation survey sent to all participants

11/15/15: Post-evaluation surveys received, evaluated