

# Motivating Conversations

**Developing a Motivational Interviewing<sup>1</sup> education module for primary care professionals using a continuous quality improvement approach**

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**Affiliation:** This is a Canterbury Health System programme and authors are from partner organisations: Pegasus Health, Rural Canterbury Primary Health Organisation, Christchurch Primary Health Organisation, Canterbury District Health Board, Canterbury Motivational Interviewing Expert, and the Canterbury Clinical Network Programme Office

## Needs assessment

**Needs assessment group:** Lynley Cook, Mark Wallace-Bell, Linda Wensley, Susan Bidwell, Katie Brown, Lucy D'aeth, Sandi Malcolm, Janetta Skiba, and Ramai Lord

Every day people visit primary care professionals and talk about health concerns. In many instances a change in behaviour could make all the difference to their health and wellbeing.

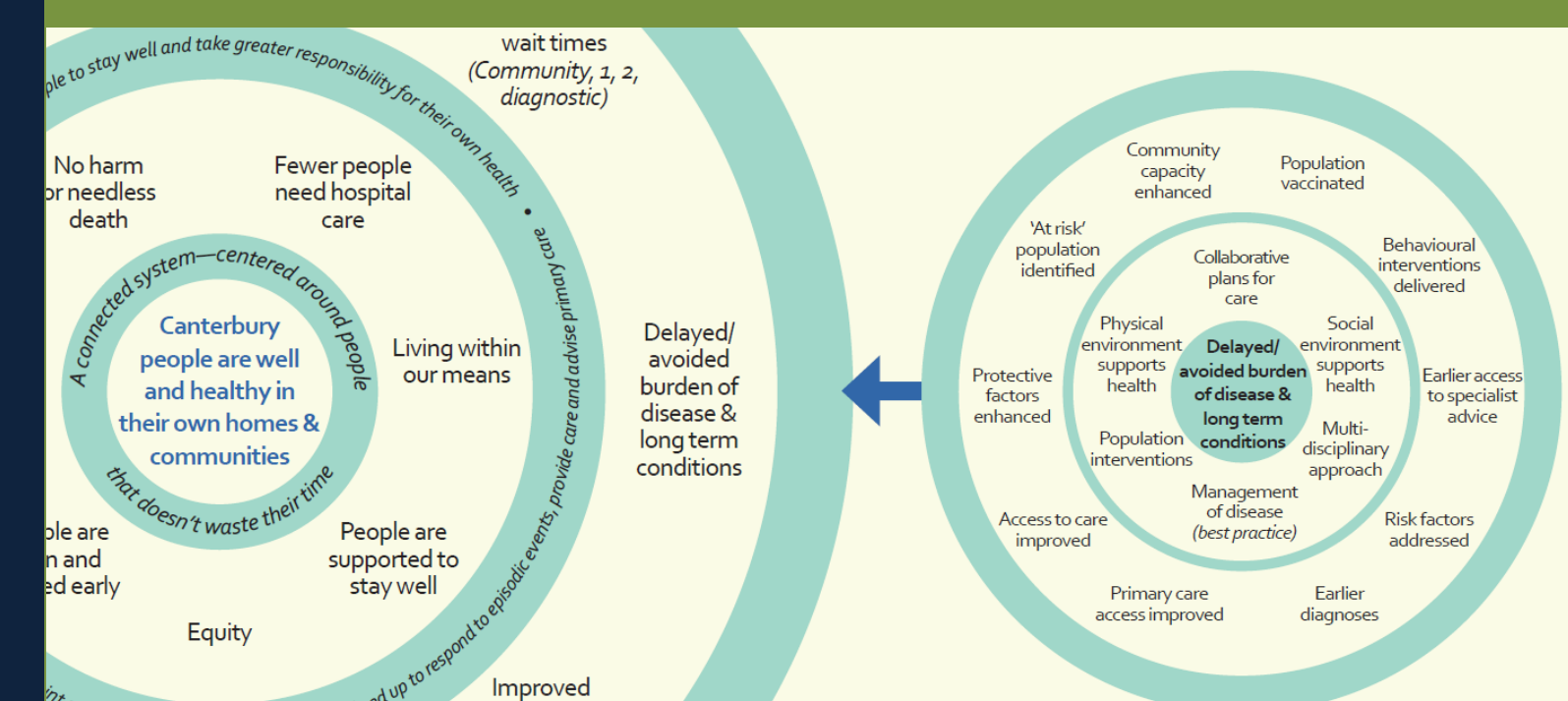
Primary health care professionals are in a great position to motivate and support patients to adopt healthy behaviour. Motivational Interviewing skills are an evidence-based way of increasing health professional's effectiveness.

### Needs assessment

- Only 18%<sup>2</sup> of GPs and practice nurses in Canterbury had undertaken Motivational Interviewing skill development
- There were no fit for purpose skill development opportunities for primary care professionals in Motivational Interviewing (options either addressed only knowledge or were unacceptably long at >3 days)

Addressing this gap is important to the success of the Canterbury Health System's strategy:

- Strategic Goal 1 is 'People take greater responsibility for their own health' through the 'development of services that support people/whānau to stay well and take greater responsibility for their own health and wellbeing'
- Te Tiriti o Waitangi obligations need to be addressed as persistent inequities in outcomes are experienced by Māori for long term conditions
- Highest level outcome of the health system is 'Canterbury people are well and healthy in their own homes and communities'



**Needs assessment methods:** The literature review of brief intervention, workshop and survey with primary care professionals all supported the development of an education module to fill the identified gap

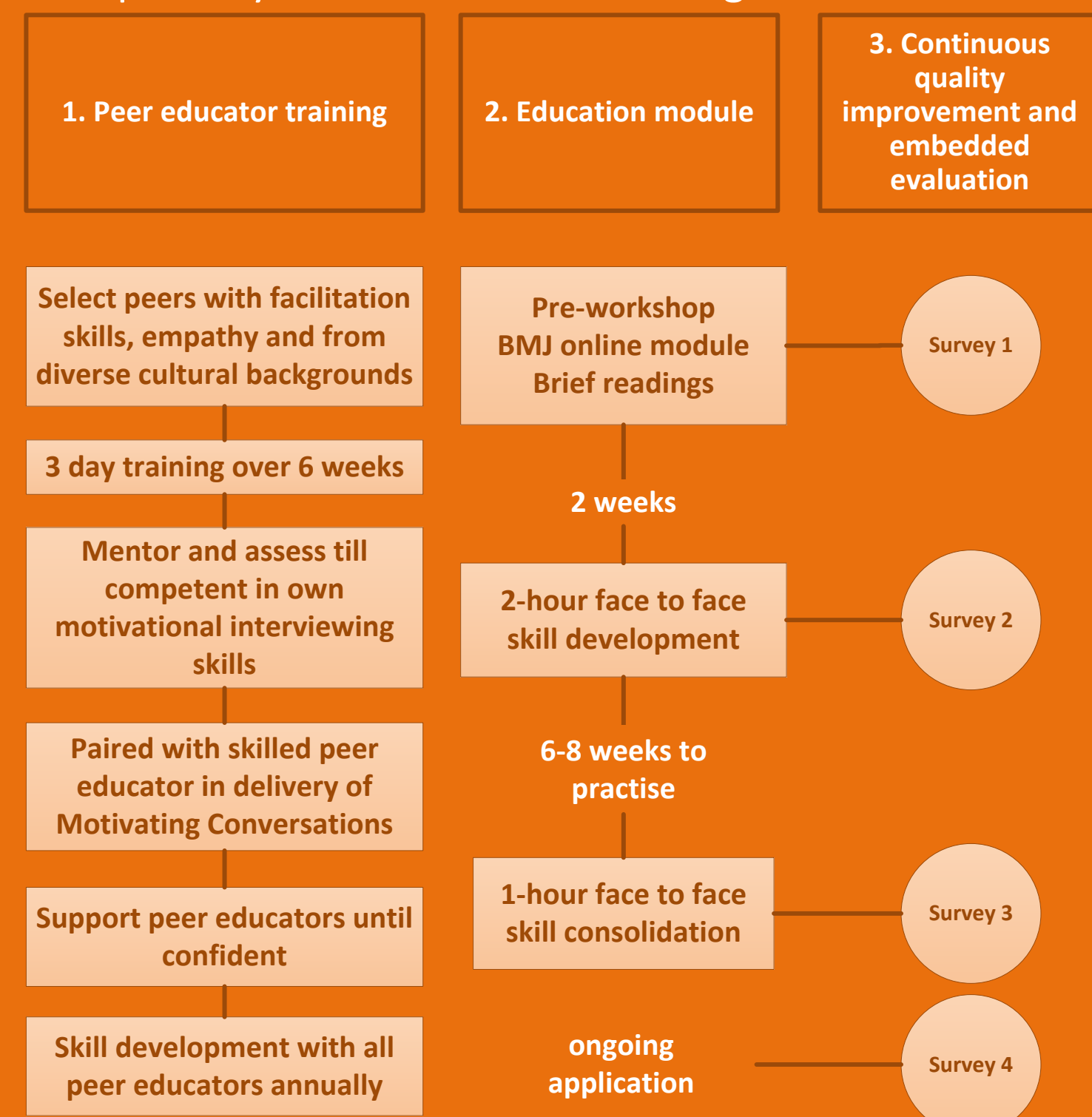
## Planning

**Planning group:** Lynley Cook, Tonya Sadler, Caroline Christie, Mark Wallace-Bell, Sue Aitken, Peer Educators in training and David Brinson

**Overall goal:** To design and deliver an effective education module that develops primary health care professionals skills in motivational interviewing and thereby increases the proportion of patients motivated and supported to make positive change

**Co-design approach:** The education module was co-designed with 'customers' (primary care health professionals) alongside experienced adult educators, a Motivational Interviewing expert and Māori Health Manager

**Design of education module:** A novel peer delivered, skills-based, interprofessional education module branded 'Motivating Conversations' based on adult learning theory with attention to cultural competency. The module has 3 design elements



### Aims

- The proportion of GPs and practice nurses in Canterbury trained in Motivational Interviewing will increase from 18% in January 2017 to 30% by December of 2018
- Greater than 50% of Motivating Conversations participants apply their skills in practice from the outset of delivery
- Greater than 70% of Motivating Conversations participants rating the module as high quality from the outset of delivery

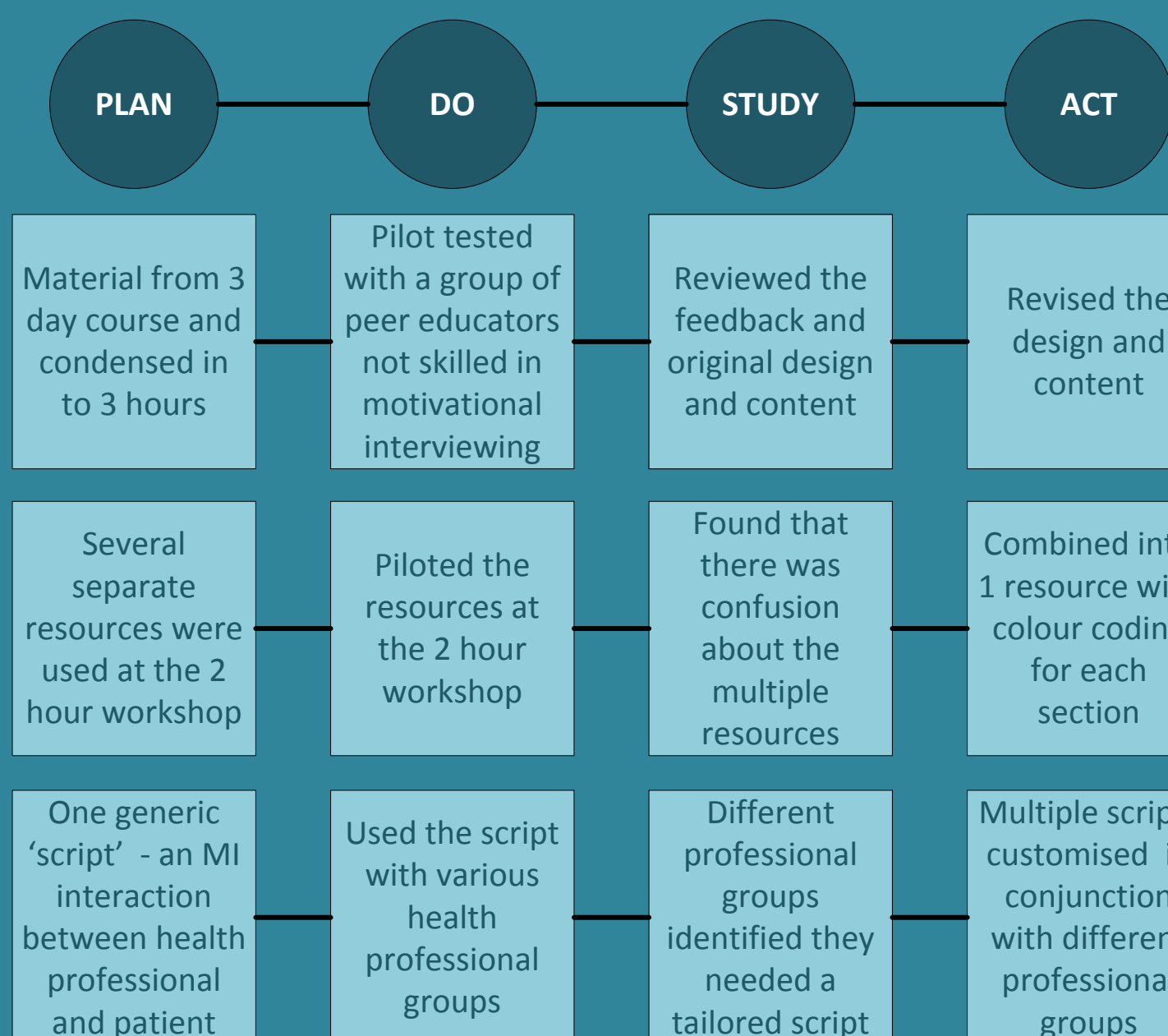
## Implementation

**Management group:** Sue Aitken, Lynley Cook, Janetta Skiba and Sandi Malcolm

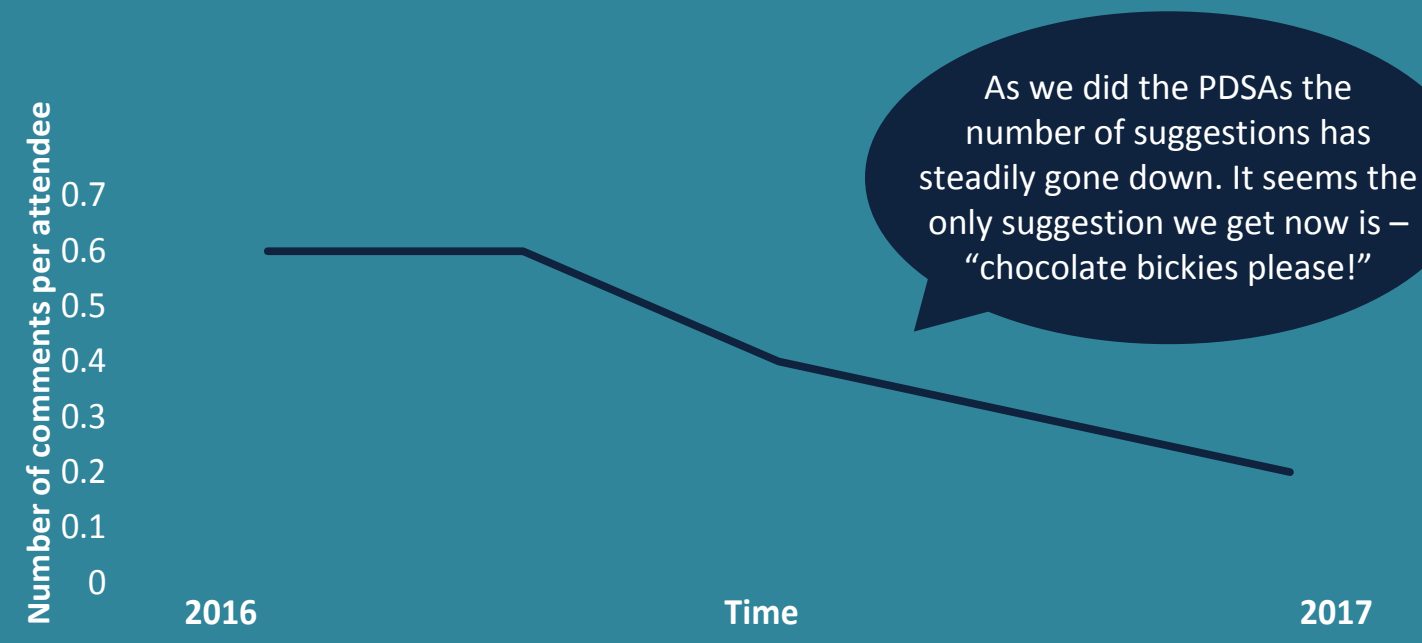
Well over a 100 PDSA cycles (Plan, Do, Study, Act) have been undertaken to date to improve the programme including the:

- design of the education module
- recruitment and training of peer educators
- programme coordination and administrative processes
- event organisation

To illustrate, three example PDSAs are presented for the design of the education modules. The prediction was that peer educator's and participant's satisfaction would increase. Data was collated from peer educators and participants by feedback forms



Course participants' critiques and suggestions



## Results and findings

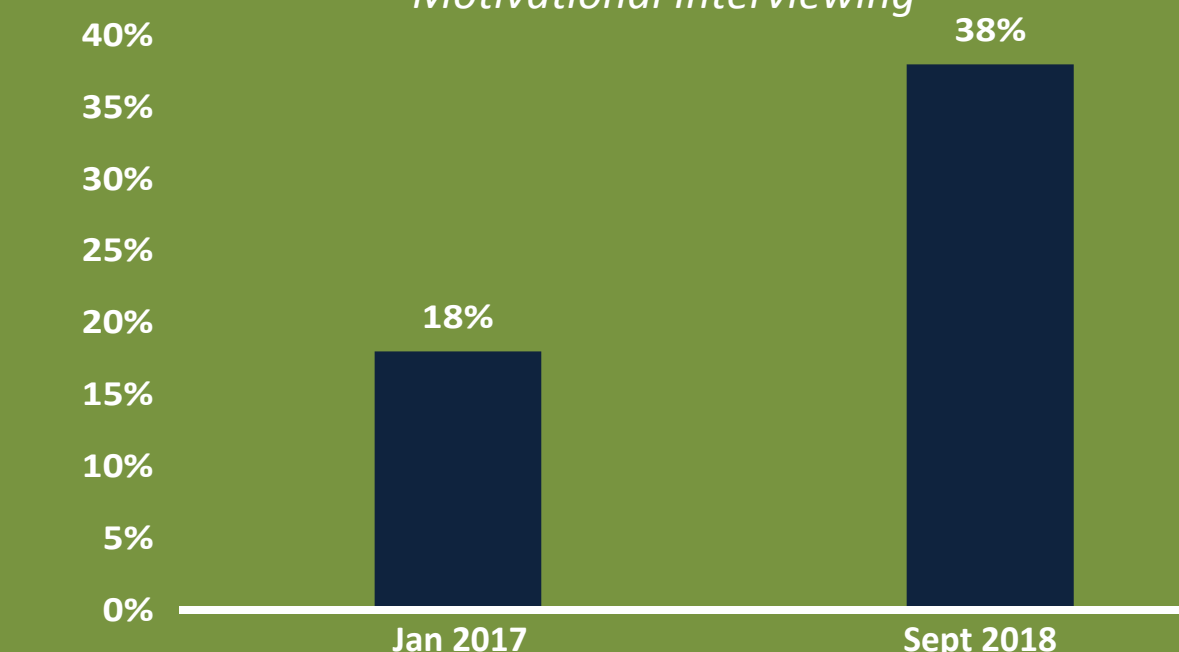
**Evaluation group:** David Brinson, Sue Aitken, Lynley Cook and Jenn Gardiner

**Evaluation methods** include participants being surveyed four times, peer educator feedback and in-depth interviews with participants

Now 18 peer educators deliver Motivating Conversations to interprofessional groups. Over 487 primary care professionals have attended 51 Motivating Conversations courses, between the beginning of 2017 and September 2018 with 281 being GPs and practice nurses

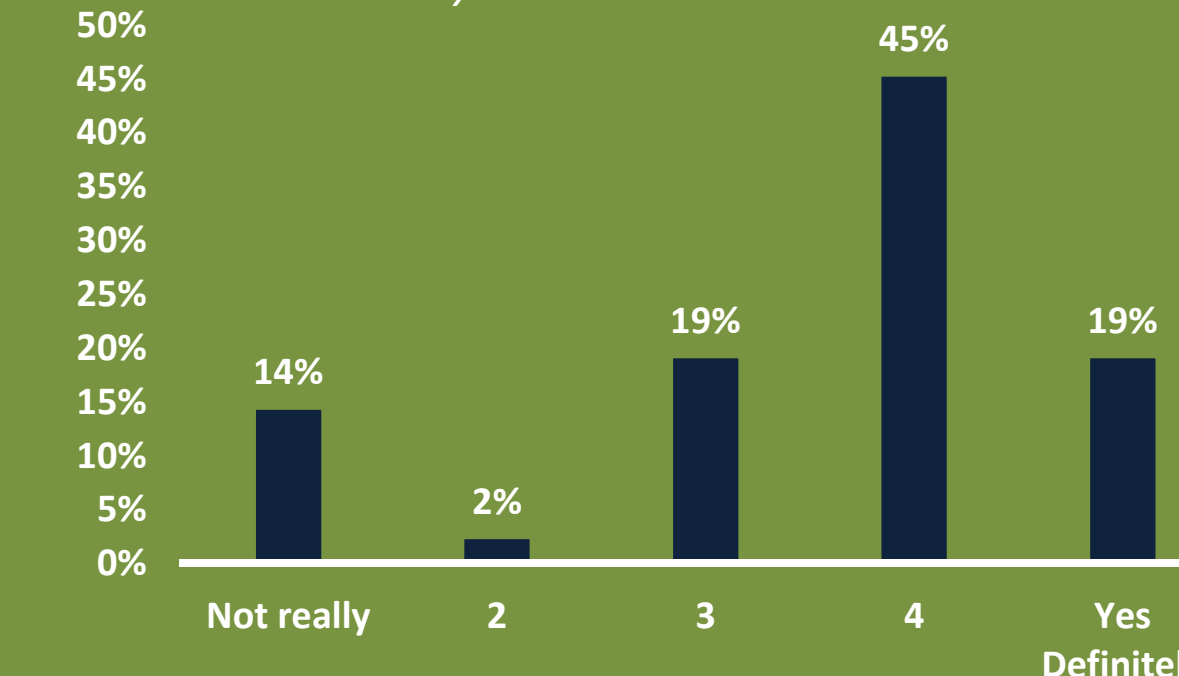
- The proportion of GPs and practice nurses who have trained in Motivational Interviewing has increased from an estimated 18% to 38% - aim exceeded before aim date of December 2018.<sup>3</sup>

The proportion of GPs and practice nurses trained in Motivational Interviewing



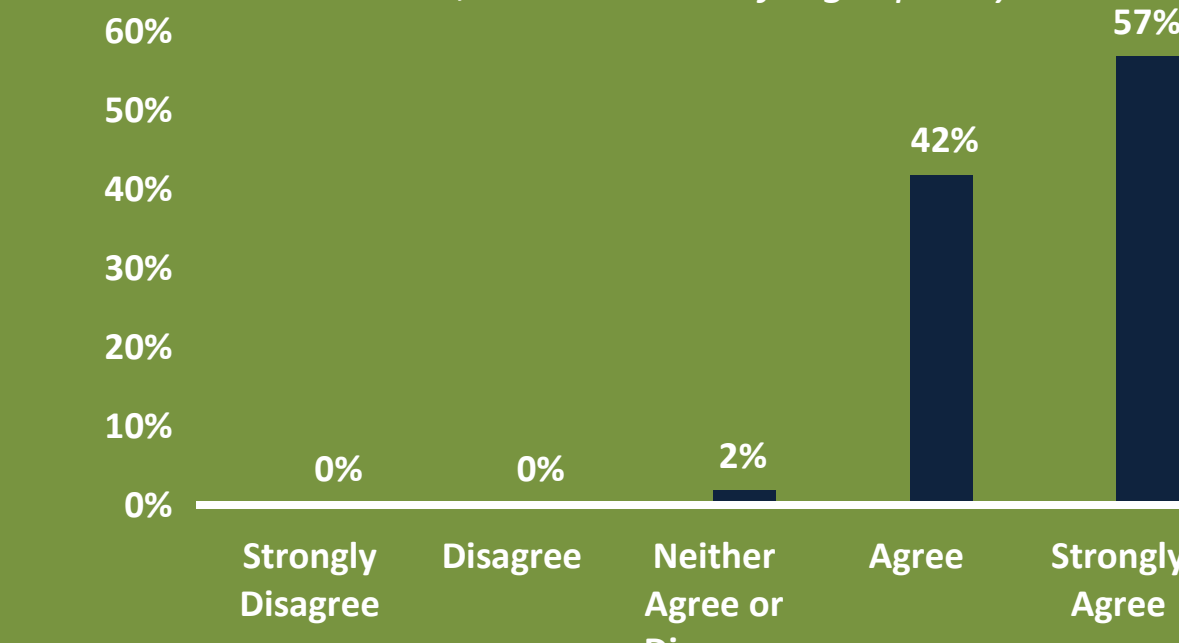
- 64% of Motivating Conversations participants apply their skills in practice – aim exceeded.

Have you been able to apply on the job what you learned on the course?



- 98% of Motivating Conversations participants rate the module as high quality – aim exceeded.

Overall, the course is of high quality



**Learnings:** co-design throughout the design and delivery led to high levels of satisfaction from the outset; application of adult learning theory is essential; pro-active communications with participants and follow-up workshop proved important to engage participants.

## Embedding and sustaining

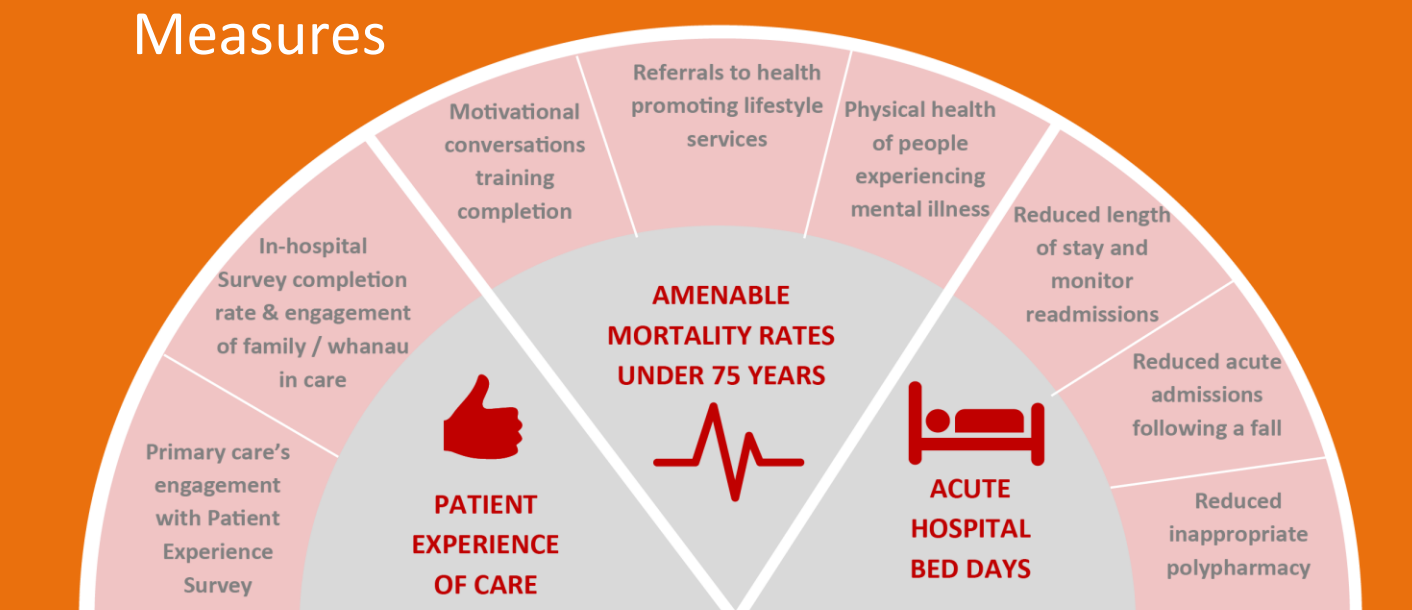
**Governance groups:** Population Health and Access Service Level Alliance and System Outcomes Steering Group, Canterbury Clinical Network

### Motivational Conversations embedded

- Adapted for delivery to pharmacists, screening programme health promoters, and primary care-based health navigators
- Offered regularly throughout the year (over 20 times a year)

### Sustainability ensured

- Strong partner commitment to being an across the Canterbury Health System programme
- Reporting lines to both the Population Health and Access Service Level Alliance and System Outcomes Steering Group, key groups in the Canterbury Clinical Network
- Motivating Conversations has become a Contributory Measure for the System Level Measures



- MOU between Primary Health Organisations on joint funding
- Peers as educators rather than 'expert'
- Growing the number of champions
- Programme Manager position and Management Team established
- Agreement to deliver to RNZCGP's Canterbury GP Registrar Programme annually
- Scalable to match demand
- Ongoing PDSAs

### Shared and celebrated

- Reporting through Systems Level Measure Plan
- Peer Educators workshops and correspondence
- Staff meetings and updates
- Emails to participants
- Poster received commendation at HQSC symposium Oct 5 2018
- Paper to be submitted to Journal of Primary Health Care

## Future development

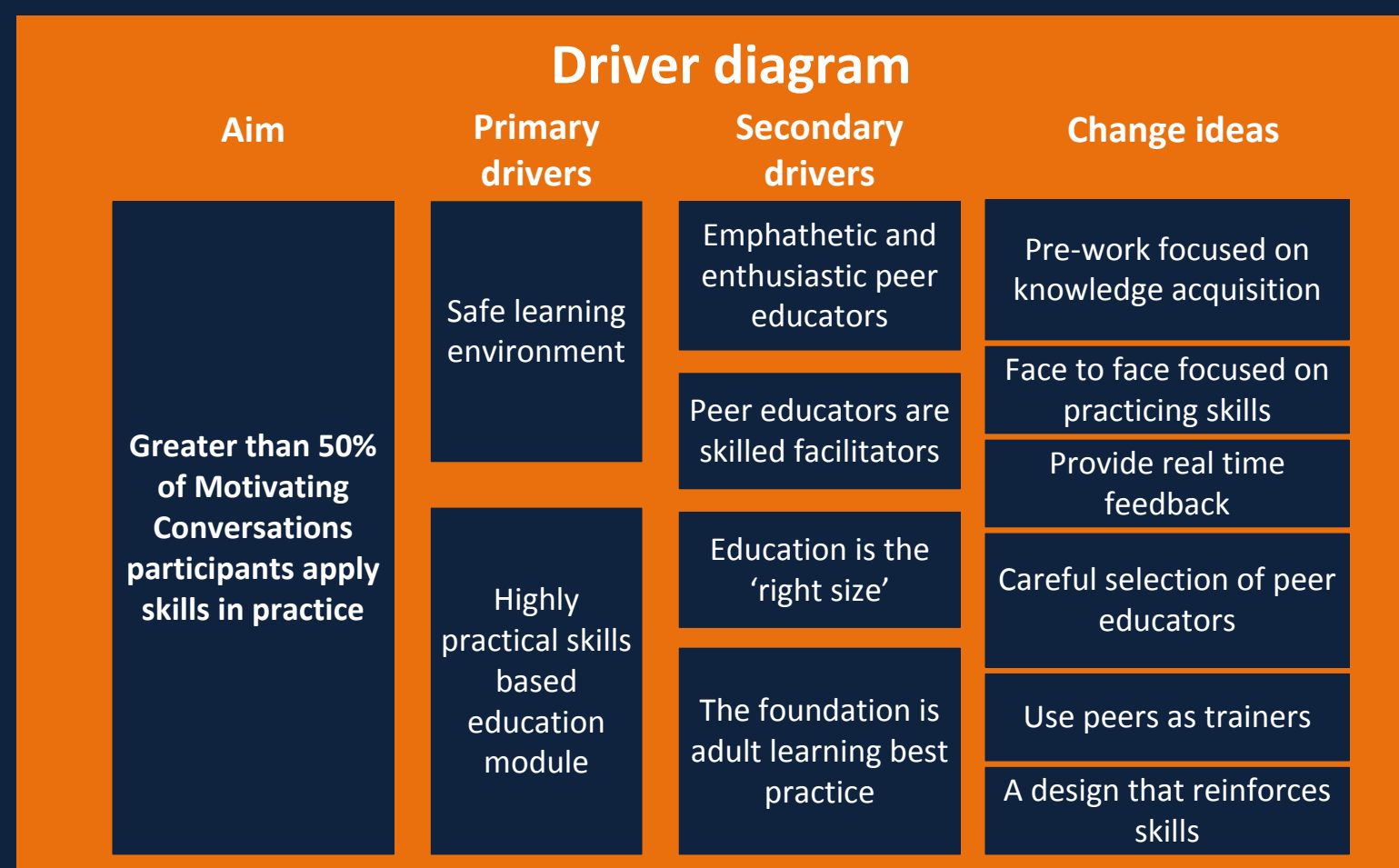
- Apply peer-led model for skill development to other skills for primary health care teams
- Prepare programme package for uptake by others
- Develop topic specific and 'master class' modules
- Integrate into cultural competency education

**What's Motivational Interviewing about?**

There's a strong urge to tell people what they need to change. But genuine motivation comes from within.

Motivational interviewing is a client-centered, goal-orientated communication style that helps people find their own motivation to change.

It means talking less, listening more and reflecting back to patients their own ideas for change



**What did the participants think of Motivating Conversations?**

Excellent resources. Facilitator created a positive environment to allow lots of questions and discussion. I enjoyed the inter-disciplinary aspect of course - GPs, practice nurses and pharmacist all together.

Well thought out workshop. Would recommend to other health professionals in practice. Excellent.

Great presenter. Good use of broad methods of learning - presentation, group and partner practicing.

**What difference has it made to health professionals?**

I am more confident, engage better with patients, more rewarding experience.

[Motivating Conversations] helped me to help patients to help themselves.

[now I am] listening more, avoiding jumping to conclusions, checking what the patient wants to achieve.

More effective but also more efficient communication.

**What difference has it made to patients?**

[Patients] feel more important and listened to and encouraged that they have the knowledge they need to work through issues

I've had a number of diabetic patients manage to drop their HbA1C by 10-20mmol/mol through using Motivational Interviewing skills to motivate them to change.

[Patients] feel empowered.

FOOTNOTES: 1. Miller, W. R., & Rollnick, S. (2013). Motivational interviewing: Helping people change (3rd ed.). New York, NY: Guilford Press. 2. Survey conducted with GPs and practice nurses enrolling in Motivational Conversations. 3. Calculation based on an estimated 1197 GPs, practice nurses and nurse practitioners across the three Canterbury Primary Health Organisations as of September 2018.

Poster design by Ngaio's Garage: lynley.cook@ngaio Garage.co.nz