

F333

EVALUATING MOTIVATIONAL
INTERVIEWING PHYSICIAN
ASSISTANT CURRICULA

Abiola O. Keller, PA-C, MPH, PHD

Patrick Halbach, MS, PA-S

Melvania Briggs, PA-C, CAQ (Psy)



PAEA EDUCATION FORUM **2015**
November 11–15 • Washington, DC

This project was supported by an award from the Physician Assistant Education Association, Alexandria, Virginia.

Awarding this project does not necessarily constitute an endorsement of the findings of this research report (presentation) by the Physician Assistant Education Association.

Chronic disease is a major US health concern

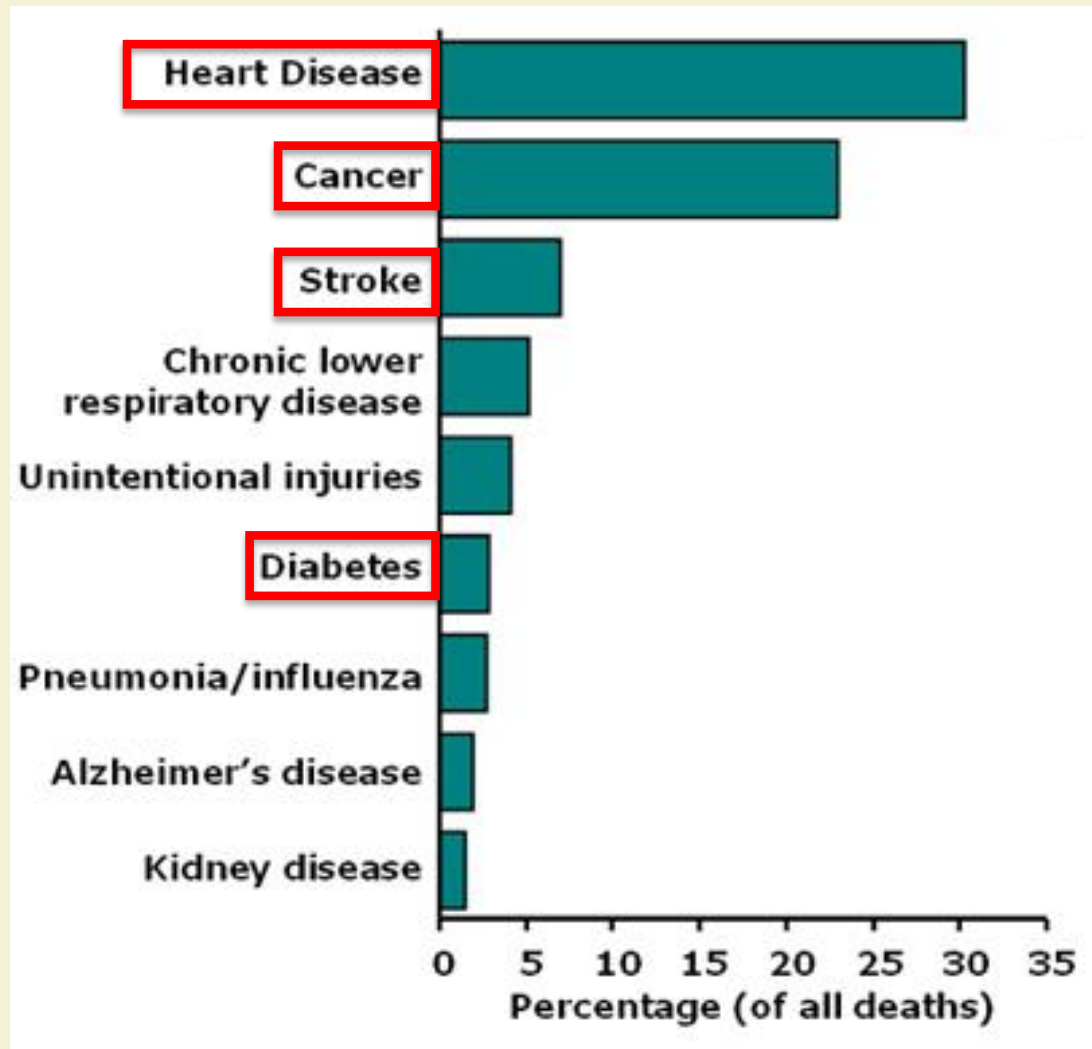
- Over half of all US adults suffer from 1 or more chronic disease:¹
 - Heart disease
 - Stroke
 - Cancer
 - Diabetes
 - Obesity
 - Arthritis
- In 2010, chronic disease accounted for 86% of total annual healthcare spending²



Source: <http://www.themonitordaily.com/health-care-spending-growth-will-continue-until-2024/24350/>

1. Centers for Disease Control and Prevention. Death and Mortality. NCHS FastStats Web site. <http://www.cdc.gov/nchs/fastats/deaths.htm>. Accessed December 20, 2013.
2. Gerteis J, Izrael D, Deitz D, LeRoy L, Ricciardi R, Miller T, Basu J. Multiple Chronic Conditions Chartbook. AHRQ Publications No, Q14-0038. Rockville, MD: Agency for Healthcare Research and Quality; 2014. Accessed November 18, 2014.

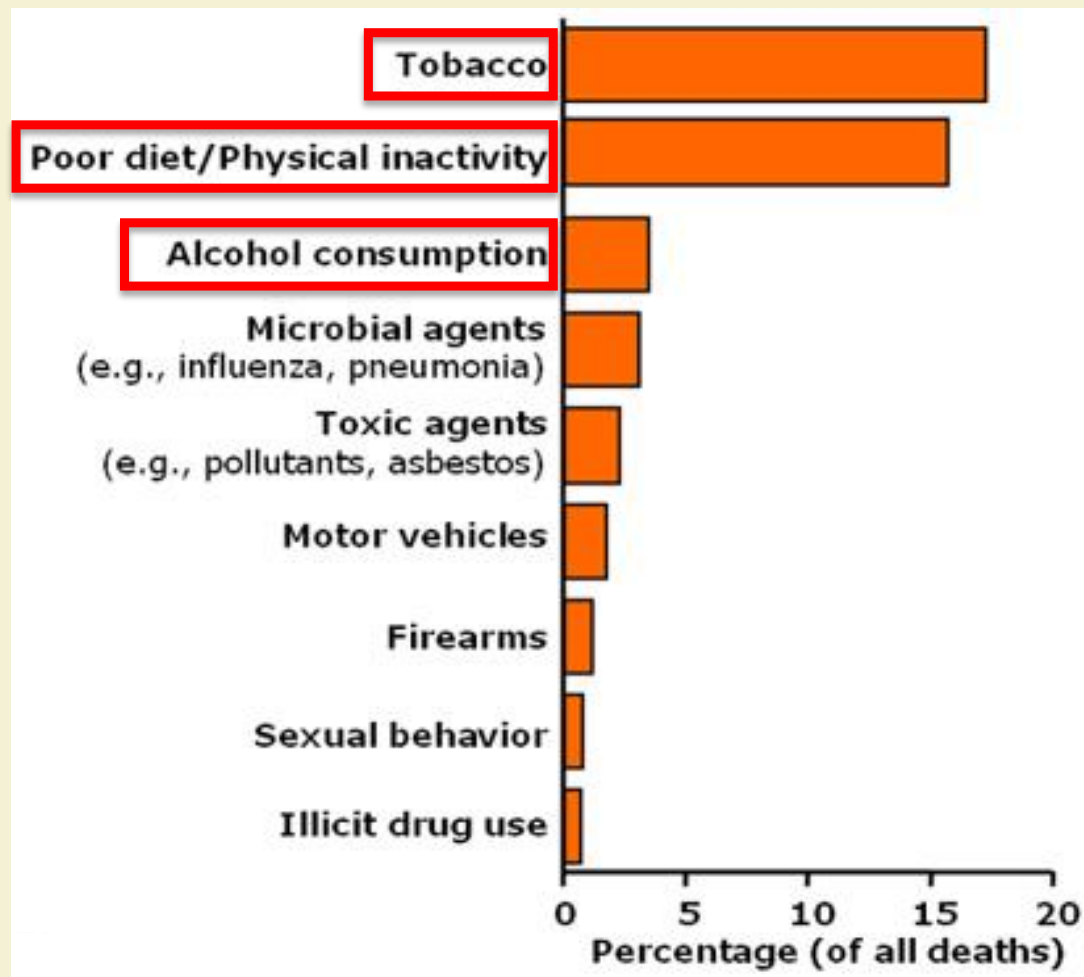
Chronic disease is a leading cause of death in the US



1. Minino AM, Arias E, Kochanek DK, Murphy SL, Smith BL. Deaths: final data for 2000. National Vital Statistics Reports 2002; 50(15):1-120.

2. Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. JAMA. 2004; 291(10):1238-1246.

Risky health behaviors account for majority of chronic disease-related death



1. Minino AM, Arias E, Kochanek DK, Murphy SL, Smith BL. Deaths: final data for 2000. National Vital Statistics Reports 2002; 50(15):1-120.

2. Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. JAMA. 2004; 291(10):1238-1246.

MI provides mechanism to improve outcomes of chronic disease

- Motivational interviewing (MI) is an evidence-based approach to behavioral counseling^{1,2}
- MI empowers patients with the ability to make lifestyle changes in:
 - Addiction¹
 - Nutrition & Exercise²
- MI can be used by clinicians to promote behavioral change and prevent chronic disease²

1. Miller WR, Rollnick S. *Motivational interviewing : preparing people to change addictive behavior*. New York: Guilford Press; 1991.

2. Söderlund LL, Madson MB, Rubak S, Nilsen P. A systematic review of motivational interviewing training for general health care practitioners. *Patient Educ Couns*. 2011;84(1):16-26.

MI is a multi-factorial technique

- MI is a complex technique that requires mastery of several skills¹
 - avoiding argumentation
 - developing discrepancy
 - supporting patient efficacy
 - verbal communication skills
 - change talk
 - health behavior change
 - responding to resistance
 - empathy

The importance of MI depicted by its incorporation into curricula

- Most programs for future health care providers in the US provide some degree of MI training:¹
 - Medical programs
 - PA programs
 - Nurse & nurse practitioner programs
 - Pharmacy programs
- Research about medical school curricula helped create a benchmark to optimize MI training in MD programs nationwide

1. Kelly CW, Davis JM, DiCocco M. Assessing the current status of tobacco dependence education curricula in U.S. physician assistant programs. *J Physician Assist Educ.* 2011;22(3):4-14.

2. Haeseler F, Fortin AH, Pfeiffer C, Walters C, Martino S. Assessment of a motivational interviewing curriculum for year 3 medical students using a standardized patient case. *Patient Educ Couns.* 2011;84(1):27-30.

Little is known about the extent to which MI is addressed in PA curricula

- Kelly, et al. assessed tobacco cessation counseling in PA curricula:
 - 79 programs surveyed (56% response rate)
 - 75.6% of the programs taught MI as a tool to be used for tobacco counseling
 - Average of 55 minutes were devoted to teaching MI
- Masters thesis by O'Hara assessed students' perceived comfort and understanding of MI
 - 82 students responded to survey
 - 50% were comfortable using MI techniques
 - 42.7% did not feel that MI was adequate in their curricula

1. Kelly CW, Davis JM, DiCocco M. Assessing the current status of tobacco dependence education curricula in U.S. physician assistant programs. *J Physician Assist Educ.* 2011;22(3):4-14.

2. O'Hara C. *Physician assistants and their role implementing motivational interviewing about weight loss.* Master's and Doctoral Projects: Physician Assistant, The University of Toledo; 2012.

Study Aims

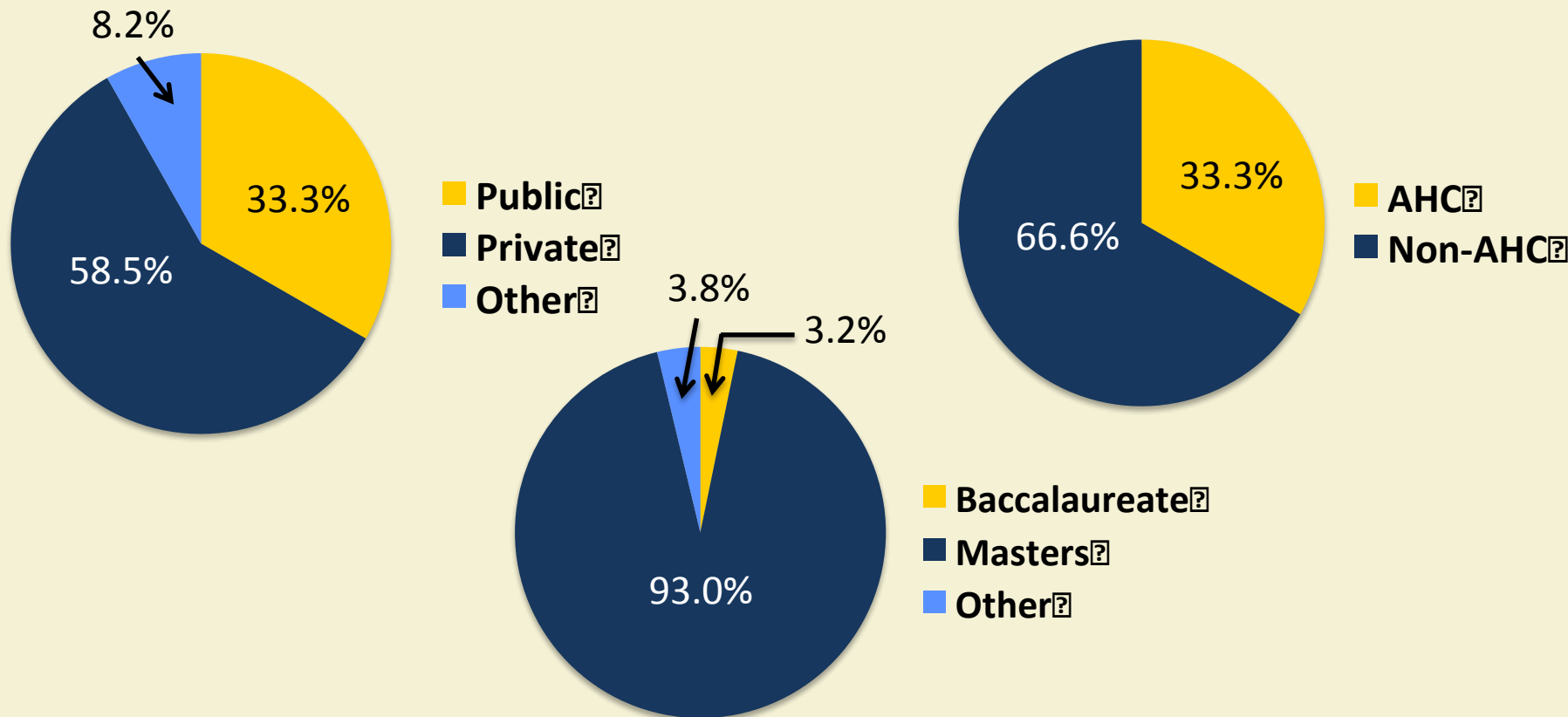
- We investigated the extent to which MI is taught in PA programs around the country:
 - Appreciate strengths of current curricula
 - Understand any shortfalls
 - Use information to establish a benchmark for MI training and better prepare PA students to encourage positive lifestyle changes for patients

Methods

- Data collected as part of the larger 2014 Physician Assistant Education Association Annual Program survey
- Survey portion contained 2 questions:
 - #1: number of courses devoted to teaching specific MI components
 - #2: Teaching methodology
- Descriptive analysis of data conducted with StatPlus software

Program statistics

- A total of 186 PA programs from around the country responded to the survey



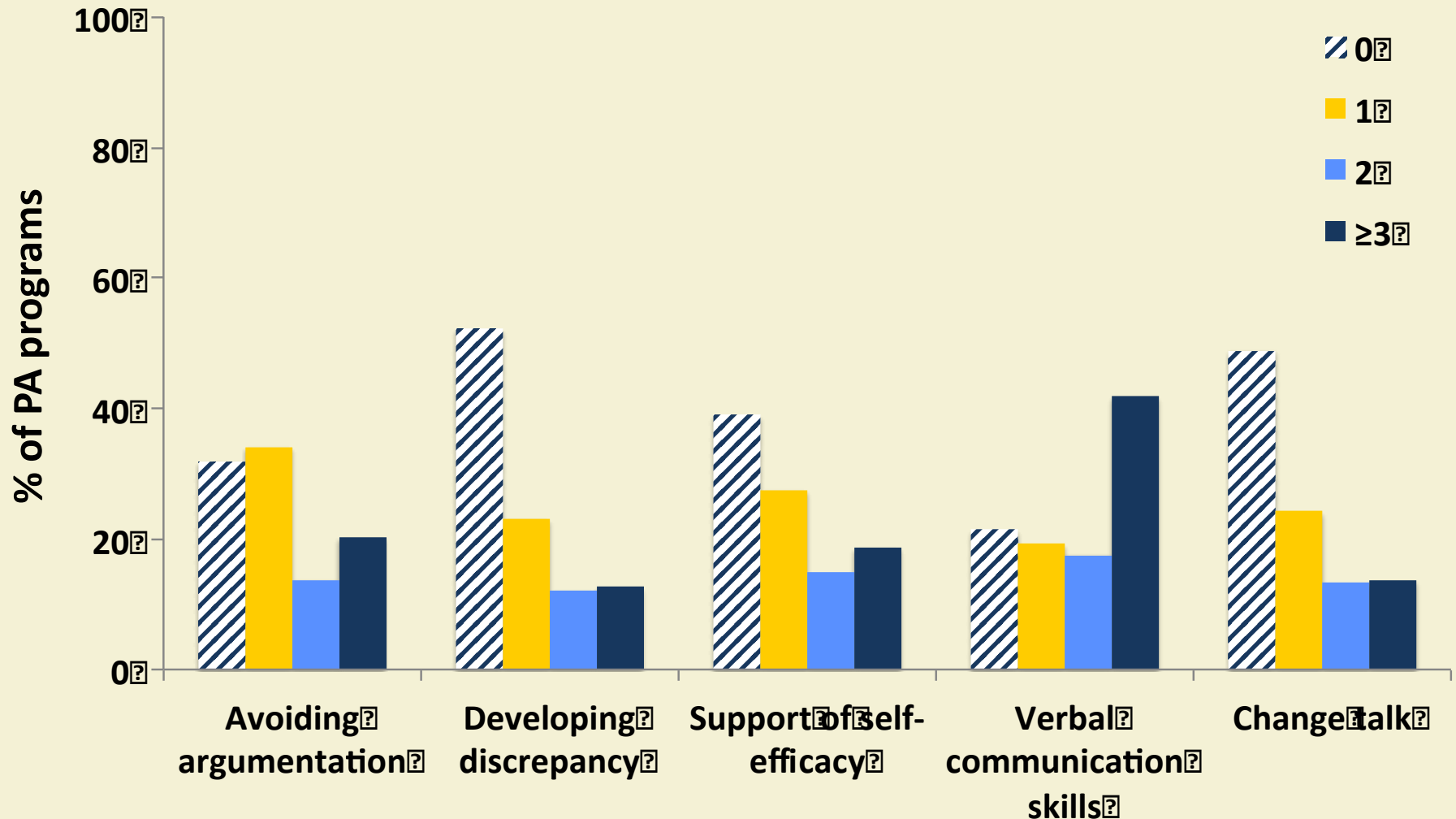
Lectures and readings are the most common MI teaching methods

Teaching Methodologies	MI Curriculum			
	Required		Elective	
	N	%	N	%
Lectures	158	84.9	6	3.2
Reading	133	71.5	3	1.6
Seminars	111	59.6	4	2.2
Group discussions	118	63.4	4	2.2
Written	100	53.8	7	3.7
Problem-based learning	136	73.1	3	1.6
Online	52	27.9	4	2.2

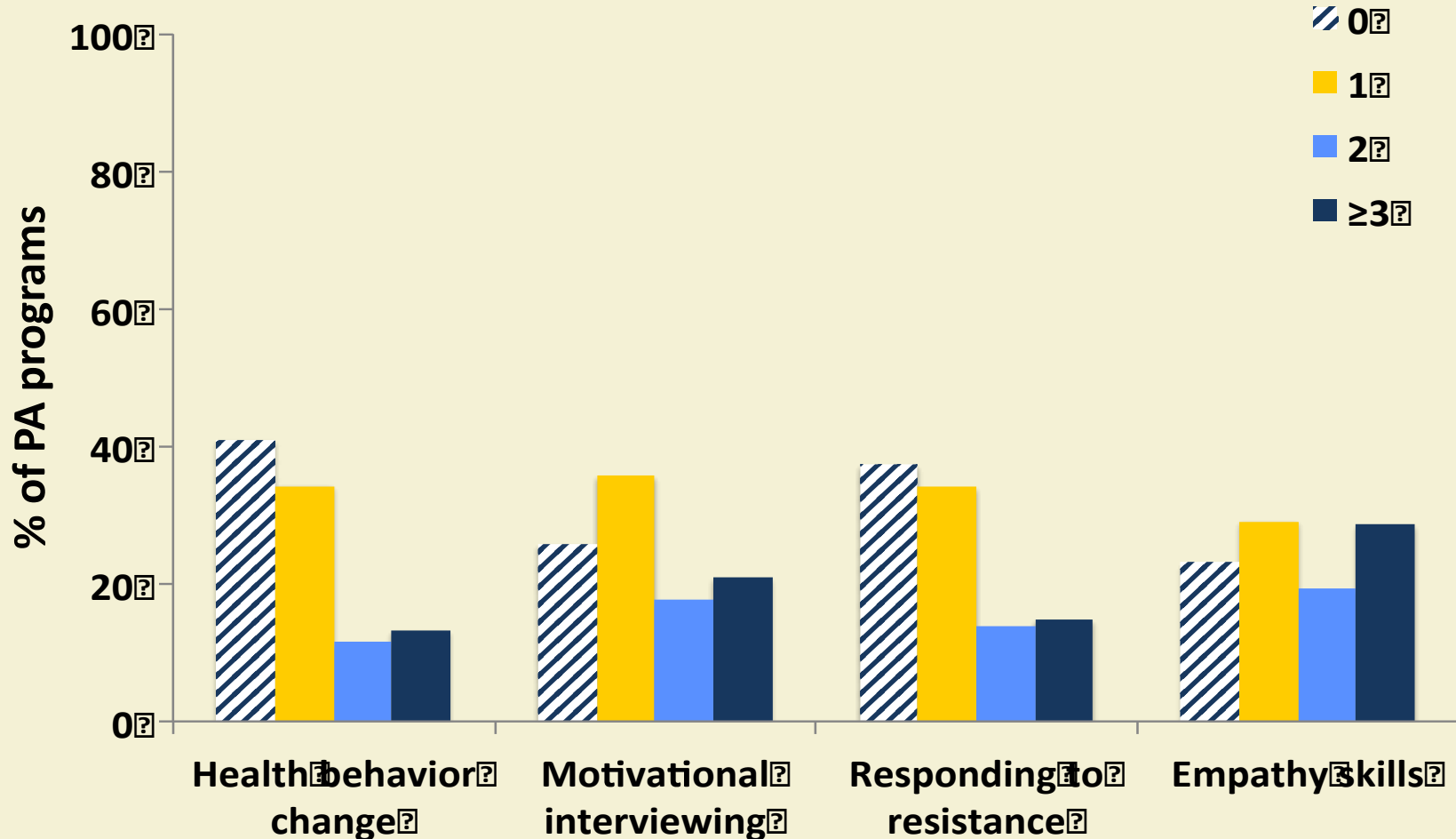
Standardized patient interactions are reported in <60% of PA curricula

Teaching Methodologies	MI Curriculum			
	Required		Elective	
	N	%	N	%
Role play without evaluation	97	52.1	2	1.1
Role play with evaluation	77	41.4	1	0.5
Standardized patient without evaluation	62	33.3	1	0.5
Standardized patient with evaluation	109	58.6	2	1.1

Number of courses devoted to MI teachings in PA curricula



Number of courses devoted to MI teachings in PA curricula



Summary of Results

- Nearly three-fourths of PA programs report at least one course devoted specifically to MI theory
- MI is most commonly introduced to PA students with mandatory lectures and readings
- Most PA programs reported at least one course in verbal communication and empathy, at 76.9% (N=140) and 79.7% (143), respectively

Summary of Results

- Health behavior change, developing discrepancy, and change talk are among the most poorly addressed MI topics, with 40.9% (N=75), 52.2% (N=95), and 48.9% (N=89) programs reporting no courses devoted to these topics
- Only 58.6% of programs report utilization of standardized patient encounters with formal evaluation to teach MI

MI is an important part of the PA curriculum

- PAs can contribute to the prevention of chronic disease in the US by using MI to educate, advise, and empower patients¹
- Most PA programs recognize the importance of MI
 - 85% of PA programs report required MI lectures
 - Nearly three-fourths of PA programs have one program dedicated specifically to MI

PA curricula do not facilitate mastery of MI technique

- Inadequate number of courses devoted to 8 MI components assessed shows that none of these MI components are adequately addressed
- Gold standard for medical education is active learning through standardized patient encounters¹
 - Lectures and readings were most common
 - Only 58.6% of programs use standardized patients
- Limitations to standardized patients could be awareness, time, and cost

More emphasis should be placed on standardized patient experience

- More emphasis must be placed on courses that incorporate 8 components of MI
- Since MI is most effectively learned through standardized patient encounters¹, more emphasis should be placed on active learning rather than passive reading and lecture exercises

References

1. Centers for Disease Control and Prevention. Death and Mortality. NCHS FastStats Web site. <http://www.cdc.gov/nchs/fastats/deaths.htm>. Accessed December 20, 2013.
2. Gerteis J, Izrael D, Deitz D, LeRoy L, Ricciardi R, Miller T, Basu J. Multiple Chronic Conditions Chartbook. AHRQ Publications No, Q14-0038. Rockville, MD: Agency for Healthcare Research and Quality; 2014. Accessed November 18, 2014.
3. Haeseler F, Fortin AH, Pfeiffer C, Walters C, Martino S. Assessment of a motivational interviewing curriculum for year 3 medical students using a standardized patient case. *Patient Educ Couns*. 2011;84(1):27-30.
4. Kelly CW, Davis JM, DiCocco M. Assessing the current status of tobacco dependence education curricula in U.S. physician assistant programs. *J Physician Assist Educ*. 2011;22(3):4-14.
5. Miller WR, Rollnick S. *Motivational interviewing : preparing people to change addictive behavior*. New York: Guilford Press; 1991.
6. Minino AM, Arias E, Kochanek DK, Murphy SL, Smith BL. Deaths: final data for 2000. *National Vital Statistics Reports* 2002; 50(15):1-120.
7. Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. *JAMA*. 2004; 291(10):1238-1246.
8. O'Hara C. *Physician assistants and their role implementing motivational interviewing about weight loss*. Master's and Doctoral Projects: Physician Assistant, The University of Toledo; 2012.
9. Söderlund LL, Madson MB, Rubak S, Nilsen P. A systematic review of motivational interviewing training for general health care practitioners. *Patient Educ Couns*. 2011;84(1):16-26.

Questions?
