Description & Evaluation of a Motivational Interviewing Curriculum for Family Medicine Residents at North York General Hospital
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Background
Family Physicians are the front line workers in the provision of health care in Canada and around the world. There has been a recent paradigm shift in the role of Primary Care from the management of acute illness to the prevention of chronic disease. Despite the importance of preventative care to address high-risk health behaviors, most family physicians lack the skills to effectively counsel patients about behavior change. Motivational interviewing (MI) is an evidence-based method of behavior change counseling which is patient-centered, empathic, and utilizes a patient’s own resources to promote behavior change. Research on the benefit of teaching MI to medical trainees has grown exponentially in recent years, however, there have been few MI Curricula developed for postgraduate trainees. This poster presents the first MI curricula developed for Family Medicine residents in Canada.

Method
The Foundations of MI course will be a brief 8-hour course integrated into the existing family medicine academic half-days. A needs assessment will be completed prior to course initiation to evaluate family medicine residents’ understanding of, and need for, MI training. Residents will complete the Helpful Responses Questionnaire (HRQ) before and after the MI course intervention to evaluate skill improvement over time. Material will be taught using a combination of didactic lectures, small group discussion, personal reflection, evaluation of video vignettes and role-play. Residents will be encouraged to practice newly learned MI skills while on their Psychiatry and Family Medicine rotations and will be evaluated by Motivational Interviewing Treatment Integrity (MITI) scale scoring of videotaped interviews by preceptors while on these rotations.

Proposed Foundations of MI curriculum for NYGH Family Medicine Residents

Ongoing clinical practice of MI during Family Medicine and Psychiatry Rotations

MI General Principles
1. Express Empathy
2. Develop Discrepancy
3. Avoid argumentation
4. Roll with resistance
5. Support self-efficacy

“OARS”
Open-ended questions
Affirmations
Reflections
Summaries

Session 1: Introduction to MI
• Introduction: Completion of pre-course tests, introduction to the structure of the course (30 minutes)
• Lecture: The Spirit of MI and Basic Principles (30 minutes)
• Video and Discussion: Case Example of MI in Primary Care (20 minutes)
• Personal Reflection: How I deal with challenging patients (10 minutes)
• Role Play: Guiding, Directing and Following Styles (30 minutes)

Session 2: OARS, Empathy and the Interview Process
• Lecture: OARS, Empathy and the Interview Process (30 minutes)
• Role Play: Roadblocks exercise (20 minutes)
• Role Play: Persuasion exercise (20 minutes)
• Role Play: MI example (20 minutes)
• Video and Discussion: Observing Interaction Using OARS Tracking Sheet (30 minutes)

Session 3: Stages of Change and Recognizing Change Talk
• Lecture: Prochaska’s Stages of Change and Recognizing Change Talk (30 minutes)
• Role Play: Recognizing Change Talk (30 minutes)
• Written Exercise: Understanding Ambivalence in the Setting of Change (15 minutes)
• Group Discussion: Rolling with Resistance (15 minutes)
• Video and DARN-C Worksheet: Recognizing Change Talk (30 minutes)

Session 4: Applying MI to Everyday Clinical Practice
• Interactive Lecture: Practical Applications of MI in Primary Care (30 minutes)
• Case Discussion: Residents present cases they have seen in past week and discussion of how to apply MI principles to patient scenarios (30 minutes)
• Role Play: Give Advice and Information (30 minutes)
• Wrap-up and Debrief: Completion of post-course tests and feedback (30 minutes)

“DARN-C”
Desire – “I want, I wish…”
Ability – “I can…”
Reason – “If I can, then I can…”
Need – “I have to…”
Can – “I will…”