Student self-assessment of motivational interviewing skills

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BACKGROUND

• Accreditation Council for Pharmacy Education (ACPE) has recognized the need to educate pharmacy students in:
  1. Effective patient communication skills (Standards 3.5 and 3.6)
  2. Ability to accurately self-evaluate personal knowledge and skills (Standard 4.1)
• Motivational interviewing (MI) is a patient–centered style of counseling that seeks to have the patient talk themselves into a change.4,5
• Done through eliciting change talk from the patient and accessing the patient’s own motivation for making the change.4,5
• Four key components comprise all MI techniques4,5,6:
  1. Expressing empathy
  2. Rolling with resistance
  3. Supporting self-efficacy
  4. Developing discrepancy
• Current data shows that MI education improves pharmacy student counseling abilities.4,5

OBJECTIVES

To determine if students accurately assess their own MI skills by comparing:
1. Persistence baseline competence before and after educational sessions.
2. Self-assessment and faculty evaluation of MI skills

METHODS

• Pretest-retrospective post-test study in 35 second professional year pharmacy students.
  MT Sessions:
  1. Pre-test (August 2015)
  2. Sessions 1 & 2 (September 2015):
    - Brief overview of MI and patient communication.
    - Facilitator led small group practice sessions.
    - Training in patient encounter evaluation tools.
  3. Session 3 (October 2015):
    - 5 minute recorded interview with a standardized patient.
    - On completion of interview, students self-evaluated their encounter using the Modified Motivational Interviewing Treatment Integrity Code (mMITI).
  After Session 3:
    1. Students viewed videotaped standardized patient interview and completed the mMITI again on the videotape.
    2. Students completed a retrospective post-test.
    3. Trained faculty members also completed mMITI evaluations of each videotaped encounter.

Assessment Tools:
• Pretest and posttest surveys were developed by adapting previously used surveys.
• 6-point Likert-type scale was used in a forced-choice style that eliminated the “neutral” option.
• Quality control items led to the discarding of 3 sets of scores (analysis performed with n = 35).
• Modified Motivational Interviewing Treatment Integrity Code (mMITI) was used by student and faculty to measure student competence in patient interview session.

Data Analysis:
• Data was de-identified and entered into Excel.
• Analyses were performed in SPSS v.22.0 (Armonk, NY).
• An a priori of α=0.05 was used for statistical significance.

mMITI data was divided into quartiles based on the faculty total mMITI score for each student.

RESULTS

Survey Measure

Pre-test Median | Retest Post-test Median | p-value
--- | --- | ---
It is easy to show an interest in what a patient is saying | 5 | 5 | 0.007
It is easy to use reflective listening | 5 | 4 | 0.030
It is easy to collaborate with a patient | 4 | 4 | 0.069
It is easy to accept that the patient might choose not to change | 3 | 3 | 0.284
It is easy to ask permission to share | 4 | 3 | 0.011
It is easy to affirm a patient | 5 | 5 | 0.603
It is easy to explain the patient’s control over the agenda and action plan | 4 | 3 | 0.002
It is easy to express support for a patient | 5 | 5 | 0.735
It is easy to avoid arguing with a patient | 4 | 4 | 0.942
It is easy to ask open ended questions | 4 | 3 | 0.001
It is easy to avoid asking closed ended questions | 3 | 2 | 0.329
It is easy to reflect back to a patient a summary of what they are saying | 5 | 4 | 0.051

Student survey results: 1 = Strongly disagree, 6 = Strongly agree. Bolded p values indicate significance.

DISCUSSION AND CONCLUSIONS

Discussion
• Student pre-test scores decreased on 4 of the survey measures.
  1. As a whole, the class scored similarly to faculty on the mMITI.
• Students in the upper quartile tended to score themselves lower than faculty on their total mMITI score and empathy and understanding sub-scores.
• Students in the lower quartile tended to score themselves higher than faculty on mMITI measures.

Conclusions
• Pharmacy students may have difficulty self-assessing their MI skills.
• Students with better skills viewed themselves as less competent than faculty did.
• Students with poorer skills viewed themselves as more competent than they actually were.
• Self-assessment training should be improved in the pharmacy curriculum.

REFERENCES