Welcome to today’s session!

- Please use chat to **All Participants** for questions
- For technology issues only, please chat to **Host**
- Follow the instructions in the pop-up box to connect your audio (either by phone, or through your computer)
Objectives

- Learn strategies and tips for motivational interviewing, particularly as it relates to your Chapter and Recover Hope Campaign work
- Hear from Chapter Leaders from the Baylor College of Medicine about how they’ve utilized motivational interviewing in their work
- Build community across the Chapter Network
Today’s Agenda

- Welcome and Introductions
- IHI Open School Overview
- Motivational Interviewing Overview
- Chapter Example from the Baylor College of Medicine
- Debrief and Discussion
- Next Steps
Help us get to know you!

- In the chat box, select “All Participants” as the recipients and share:
  - Your Name
  - Chapter Name (University/Organization)
  - What motivated you to join or start your Open School Chapter?
  - What would you like to learn from today’s call?
IHI Open School Team

Shubhi Tandon
Project Assistant, IHI Open School

Hannah Flath
Program Coordinator, IHI Open School

Greg Alfaro
Project Manager, IHI Open School

Becka DeSmidt
Senior Community Manager, IHI Open School

Mike Briddon
Executive Director, IHI Open School
Global Chapter Leaders

- **Global Chapter Leaders Team**
  - Support Chapter development and create sense of identity and belonging to IHI Open School Chapter Network.

- **Group 1: New Chapter Coaches**
  - Welcome, guide, and support new Chapters, including those participating in the campaign.

- **Group 2: Global Chapter Coaches**
  - Support, coach, and strengthen established Chapters, including those participating in the campaign.

- **Group 3: Chapter Network Coaches**
  - Build capacity and opportunities for collaboration and learning across Chapter Network.
Global Chapter Leaders on today’s call:

Tori Scholl, MPA
*New Chapter Coach*
Project Coordinator, Comagine Health
Former Co-President, PSU & OHSU IHI OS Chapter

Kristen Swain, RN, BSN
*Chapter Network Coach*
Performance Improvement Project Manager
Our Mission

“Advance quality improvement, patient safety, and leadership competencies of health and health care professionals worldwide.”
Our Strategy

- **Online Courses**: Educational modules and activities
- **Community**: Interprofessional Chapters and networks
- **Project-Based Learning**: Guided experiential training
- **IHI Open School**
Online Courses

- **30+** online courses in Improvement Capability, Patient Safety, Person- and Family-Centered Care, Triple Aim for Populations, Leadership – all free to students, residents, and faculty
- **Almost 800,000** students and residents registered on IHI.org and taking courses
- **More than 4 million** course completions
- **More than 1,500** institutions use the courses as a core part of their training programs or curriculum
Project-Based Learning

Leadership & Organizing for Change

- Improvement Science
- Organizing & Leadership Training
- Subject Matter Knowledge

Change
IHI Open School Community

- 800,000+ students and residents registered
- Over 950 Chapters started in over 95 countries
- Over 50% of our Chapters are interprofessional
“Motivational Interviewing”

Tori Scholl
New Chapter Coach, IHI Open School Global Chapter Leader Program
Project Coordinator, Comagine Health
Former Co-President, IHI OS Chapter at OHSU & PSU
What is Motivational Interviewing (MI)?

- Collaborative, goal-oriented conversation style
- Non-judgmental facilitation of thought and discussion
- Compassionate exploration of the possibility of change

The purpose of motivational interviewing is to address ambivalence about change and strengthen a person’s own motivation and commitment to alter their behavior.
The Spirit of MI: PACE

- **PARTNERSHIP** with an individual; MI is performed in collaboration *with* a person, it is not done *to* a person

- **ACCEPTANCE**; including accurate empathy, affirmation, absolute worth of the person, and support of the person’s autonomy

- **COMPASSION**; active promotion of the individual’s welfare and needs

- **EVOCATION** of the individual’s motivations, hopes, dreams, desires, values, goals, and abilities
Basic MI Skills: OARS

- **OPEN-ENDED QUESTIONS** to encourage self-exploration and keep the conversation moving forward

- **AFFIRMATIONS** of the individual’s strengths, efforts, character and worth

- **REFLECTIVE LISTENING** to stay focused on the individual and convey understanding and empathy

- **SUMMARIZING** to provide the big picture and to transition
### Open-Ended Questions

<table>
<thead>
<tr>
<th>OPEN</th>
<th>CLOSED</th>
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<tbody>
<tr>
<td>How…?</td>
<td>Did you…?</td>
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<tr>
<td>Why…?</td>
<td>Will you…?</td>
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<tr>
<td>To what extent…?</td>
<td>Can you…?</td>
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<tr>
<td>Tell me about…?</td>
<td>Do you…?</td>
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<tr>
<td>Help me understand…?</td>
<td>Is it…?</td>
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<tr>
<td>What else…?</td>
<td>Anything else…?</td>
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</table>
Affirmations

- Statements recognizing and pointing out a person’s strengths

- Elicit feelings of empowerment and self-efficacy

- Can be tricky – affirmations are not compliments
  - Compliments often begin with “I” and have an implicit judgment
  - Affirmations often begin with “You” and are non-judgmental (e.g. “You followed through with the plan you made last time we spoke.”)
Reflective Listening

• Actively listening to the words being said as well as the emotions behind the words

• Lets you check your understanding in the form of reflections
  – Reflections are statements rather than questions
  – Make a guess about the other person’s meaning (rather than asking)
  – Encourage the other person to elaborate, amplify, confirm, or correct

• Also comes with silence; giving the other person ample time to think and respond
Summaries

• A statement that links together parts of the conversation and reinforces the other person’s thoughts, concerns, and plans

• Summaries help the other person…
  – Recall the conversation
  – Think of new ideas
  – Plan next steps
  – Feel more confident
• Listen to **understand** (not to respond)

• Let the other person do the majority of the talking…

  Why
  Am
  I
  Talking?

• Encourage elaboration and ask about their next steps

• Resist the “righting reflex” -- avoid convincing, arguing, trying to fix, prescribing, directing
Additional Resources

• https://motivationalinterviewing.org/motivational-interviewing-resources

• https://www.integration.samhsa.gov/clinical-practice/motivational-interviewing

• https://ireta.org/resources/motivational-interviewing-toolkit/

• https://www.guilford.com/companion-site/Motivational-Interviewing-Third-Edition/9781609182274
Motivational Interviewing for Substance Use Disorders
Results from a Pilot Workshop for Health Professions Students
Baylor College of Medicine
IHI Open School Chapter
IHI Open School at BCM

- 17-member exec board across all 4 years
- Host regular programming on monthly basis
- Major Strengths
  - Increasing QI education opportunities
  - Connecting students with research
  - Raising awareness (event attendance from 20-80)
  - Engaging allied health professions
IHI Open School at BCM

- Supplement BCM’s formal curriculum
  - MS1 Spring Translational Research & Population Health
  - MS2 Fall Patient Safety Course
- Electives for credit
  - MS1 Spring Intro to QI
    - Leads to IHI Open School Basic Cert in QS
  - MS2 Fall Advanced Topics in QI
  - 2 clinical & research electives for capstone projects
- Workshops
  - PDSA, RCA, Process Mapping, Handoffs, EBM
- Lecture series
  - Business in Medicine, Academic vs Private Practice, Research Panels
- Med Ed Research
  - Several manuscripts in progress
  - Posters at various conferences
IHI Recover Hope at BCM

1) Seminar on Prescription Monitoring Programs (PMPs) & Pain Management
   – Led by Texas Pain Society President
   – Collab with Psychiatry Interest Group
   – 80 attendees

2) Motivational Interviewing Workshop
   – Led by BCM Addiction Medicine Specialist
   – 17 attendees
Background

• Motivational interviewing (MI) is a patient-centered communication style
  – Patients are counseled to make behavioral changes
  – Explore and resolve “ambivalence” or resistance to change
  – Important in all patient interviews, but esp health coaching and psychotherapy
• MI can be a powerful tool for many illnesses
  – Substance use (originally for alcohol use)
    – Anxiety and depression after traumatic brain injury
    – Treatment adherence in dementia and schizophrenia
    – Dietary counseling for obesity
    – Emphasized in psychiatry and primary care (family medicine)
  – Efficacy supported by research trials and reviews
Objectives

1. Improve health professions students’ **competence** in using MI with their patients
2. Increase their **ability to educate** their colleagues on MI
3. Spread **awareness** and foster interest in the IHI Recover Hope Campaign
Methods

**Didactic Phase**
- **ACE** - autonomy, collaboration, evocation
- **OARS** - open-ended questions, affirmation, reflection, summary

**Application Phase**
- Small Groups
  1) **Written Scenarios**
  2) **Simulated Scenarios** (2 person role-play, 1 evaluator)

**Pre-Survey**

**Post-Survey**

**5 Stages of Change**
- Decisional Balance Scale

**Change Talk vs Sustain Talk**
1. **Open Ended Questions:** Convert the close-ended questions to open-ended questions:

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tr>
<td>How many times have you used meth in the last 6 months?</td>
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<td>Is there some reason you can’t check your blood sugar twice a day?</td>
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<td>You know your smoking puts your kids at risk for getting asthma? Right?</td>
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2. **Affirmations:** Read the patient scenario below and answer the following questions.

   Trudy smokes two packs of cigarettes a day. She knows it isn’t good for her and is fed up with people reminding her of it. Over time, she has come to realize that her smoking has moved from a social habit to a harmful addiction. She feels guilty about her smoking and tries to hide it from her family. At some point, she will stop, but just not yet. With everything else going on in her life, this is one area she feels is her own.

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<td>What strengths does Trudy have?</td>
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<td>What affirmations (write down 1-2) would you give Trudy?</td>
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3. **Reflections:** Imagine that a patient makes the statement below to you during an encounter. Verbalize and brainstorm reflective responses with your team members

   - “I don’t know what to do anymore."
   - “I just feel like a terrible mother.”
   - “So, I’m not too worried, but it’s been over a year since I’ve had an HIV test.”
   - “I probably should, but I don’t use condoms. It’s not my thing”
   - “I might have a problem, but who are you to be giving me advice. What do you know about drugs? I bet you’ve never even smoked a joint!”
## Activity Feedback

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Quantitative Results

Figure 2. Confidence in Counseling Ability

- MI Skill Level: Avg Diff = 1.29, p<0.005
- For Changes NOT Related to Substance Use: Avg Diff = 1.00, p<0.025
- For Substance Use: Avg Diff = 1.29, p=0.0018
Quantitative Results

Figure 3. Comfort in Teaching MI to Peers

Avg Diff = 1.79  
p=0.0012

Figure 4. Knowledge of MI Concepts (2-Question Quiz)

Avg Diff = 34.60%  
p=0.002
Quantitative Results

- 100% likely to use skills learned with future patients
- 79% interested in learning more about IHI Recover Hope
  - Only 14% were previously aware of Recover Hope
  - 50% interested in leading Recover Hope project
- 93% likely to pursue QIP projects during career
- 93% reported that 1-hour was sufficient
- 43% had received prior MI education
  - PA: Extensive mandatory program in preclinical curriculum
  - MD: Little formal education, despite attempts at integration
    - Briefly discussed in preclinical course
    - Briefly discussed in Fam Med & Psychiatry clinical clerkships
Qualitative Results

Students reported interest in the workshop because:

• MI is relevant to specialties such as psychiatry, neurology, addiction medicine, and pain medicine;
• Current MD courses had not covered MI;
• This workshop served as a “succinct” refresher for PA students with previous MI education; and
• MI “is an important skill to have in all patient encounters.”
Conclusions & Future Steps

- Increased health professions students’ confidence, comfort, and knowledge regarding MI
- Illuminated reasons why students are interested in MI
- Offer workshop biannually to continue collecting data
- Plan opportunities for students to practice MI with patients, under professional supervision
  - Ongoing nicotine cessation program at student-run clinic for homeless population
Discussion
Examples of Open-Ended Questions

• How will you meet your Chapter aims this year?

• How will the Recover Hope Campaign change your Chapter’s goals?

• What stakeholders can you map to include in your snowflake diagram for Chapter or Campaign work?
Discussion

• How will you incorporate motivational interviewing tactics into your own Recover Hope Campaign and/or Chapter projects?

• How might motivational interviewing be used in your career as a health care leader?
Next Steps
Next Steps

- Mark your calendars for the next Chapter Network Call! We’ll discuss “Recruitment and Relational Tactics” on **September 9 from 12 to 1 PM ET**
- Register for the fall offering of *Leadership and Organizing for Change*, which **starts on September 12**!
  - Academic and need-based scholarships are available – [apply here](#)
- Register for the [National Forum](#), which will be in Orlando from December 8 – 11 and [submit a storyboard](#) to present at the Forum by September 13!
- Get involved in the [Recover Hope Campaign](#) by hosting a Recovery Month event in your local community!
We aim to improve the lives of 50,000 people affected by substance use disorders by April 2020.

IHI Open School
Recover Hope Campaign

1. Change the Narrative
Sharing stories to raise awareness of substance use disorders as a chronic disease, reduce stigma, and confront systematic oppression underlying substance use

2. Save Lives from Overdose
Train individuals to recognize overdoses and intervene by administering naloxone

3. Improve Pain Management
Support best practice opioid prescribing and alternative pain management in health systems

4. Reform Curricula
Promote education and training on prevention, diagnosis, and treatment of substance use disorders into trainings, organizational events, resident programs, and university curricula

AWARENESS
Raise awareness and reduce stigma with a focus on equity

PREVENTION
Prevent substance use disorders and unhealthy substance use

TREATMENT & RECOVERY:
Improve treatment for individuals with substance use disorders
Recover Hope Campaign Timeline

- **Foundation**: Jan – Dec 2018
- **Kick-Off**: Dec 2018
- **Change the Narrative Challenge**: April - May 2019
- **Leadership Academy**: July 2019
- **Recovery Month Events**: September 2019
- **Aim**: April 2020
- **Evaluation & Next Steps**: April – June 2020
Recovery Month Events

Aim: Mobilize the OS network to help save lives from overdose through recovery-focused events rooted in harm reduction principles during SAMHSA Recovery Month

Ask: host an event in September related to recovery from SUD or prevention of overdose that is rooted in harm reduction principles

- Examples: 5k Recovery Run, house meeting on Harm Reduction, educational panel on overdose, naloxone training, etc.
- Goals: 25 chapters and 10 organizations to host an event
Feedback for us?

- What did you like about this call?
- What was missing?
- What would you like to see on a follow-up call?
Thank you!