Developing a Skilled Workforce: Do Dental Core Trainees have knowledge and skills in using Motivational Interviewing?

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BACKGROUND/AIM

Health behaviours are influenced by a complex and wide range of factors including a persons' health beliefs, education, mental, physical and societal circumstances[1] as well as the rapport between practitioner and patient.

Achieving behaviour change is a recognised challenge in healthcare, including Dentistry. Research indicates that brief motivational interventions can lead to beneficial changes[2]. Motivational interviewing (MI) is a counselling technique used to help individuals facilitate change by promoting intrinsic motivation and overcoming ambivalence[3].

The aim of this project was to assess baseline knowledge and skills in using MI amongst a cohort of Dental Core Trainees (DCTs).

METHODS

A questionnaire was used to collect demographic data from 17 DCTs attending a study day.

The Motivational Interviewing Knowledge and Attitudes Test (MIKAT), developed by Leffingwell[4] was used to test for knowledge and attitudes consistent with motivational interviewing.

Results were collated and analysed following completion of the study day.

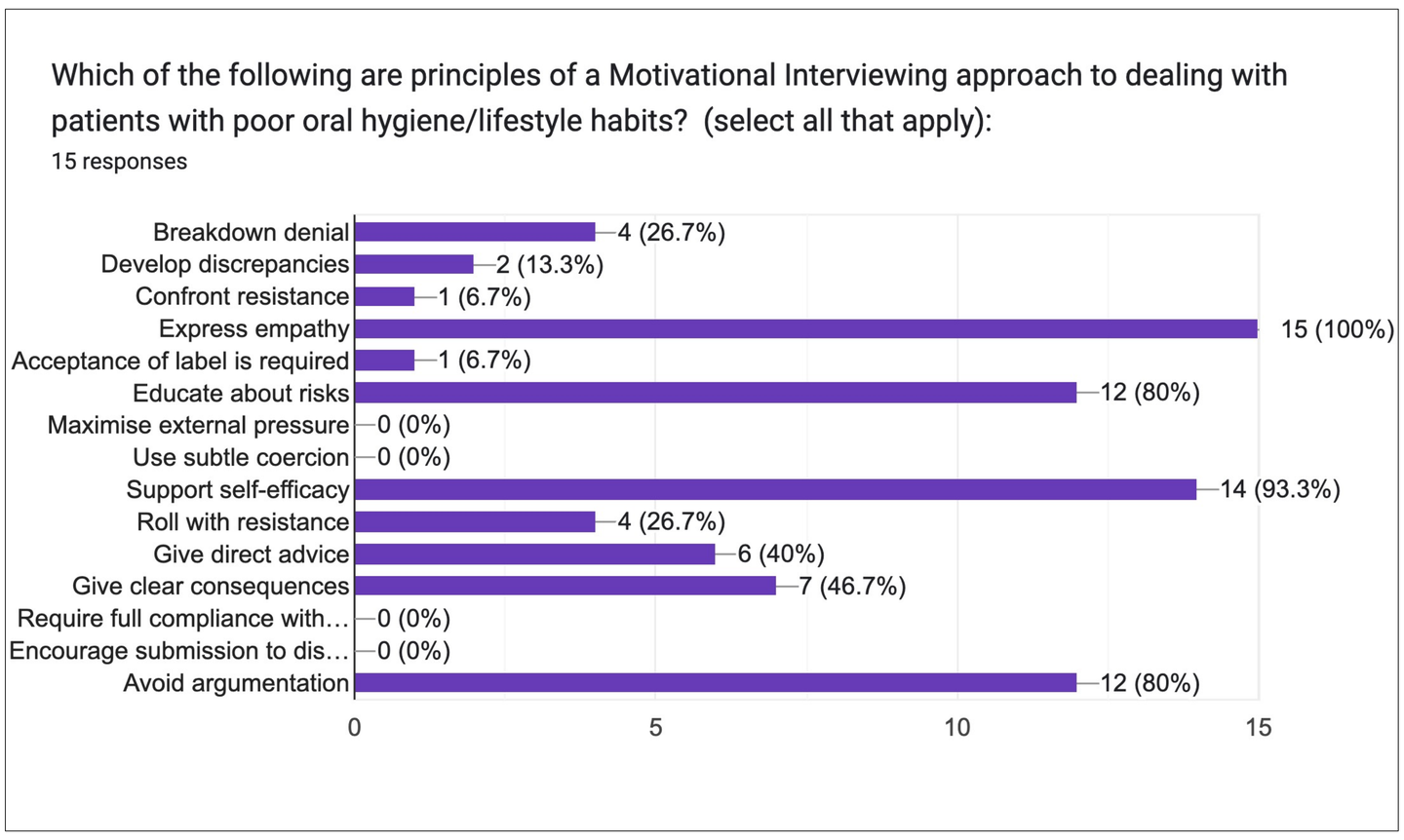

Figure 1. Results of participant recognition of MI principles. Principles of MI were: develop discrepancies, express empathy, support self-efficacy, roll with resistance and avoid argumentation.

RESULTS

Seventeen participants (100%) completed a questionnaire on demographics and previous experience of MI. Six participants (35%) had some prior training in MI, this was in the form of an undergraduate lecture, seminar or workshop. Sixteen participants (94%) completed the MIKAT, including one partially completed questionnaire.

All 16 participants who completed the MIKAT, correctly recognised the importance of resolving ambivalence to help motivate change.

The majority of participants correctly recognised principles such as ‘express empathy’, ‘support self-efficacy’ and ‘avoid argumentation’ – see Figure 1. 80% also selected ‘educate about risks’ as a principle of MI. Only 2 participants selected developing discrepancies to be consistent with MI.

Confidence in using MI was low, 15 participants (88%) rated this as ≤5 on a scale of 1-10, see Figure 2.

DISCUSSION

Although MI based oral health counselling has been found to be of greater benefit than traditional methods[5],interestingly over half of the DCTs responding to this survey had no prior training in MI. Additionally, DCTs reported possible barriers to MI, thirteen DCTs (76%) cited lack of confidence, skills, knowledge and time constraints as barriers. Confidence in using MI was low. These findings indicate training in MI may be beneficial to improve effectiveness of behaviour change techniques and clinician confidence. Nonetheless, as shown in Figure 2, DCTs were able to recognise some principles of MI. ‘Educate about risks’ is not a core principle of MI, yet this was frequently selected, this may be because health promotion and patient education is often seen as intrinsic to the role of a Dentist.

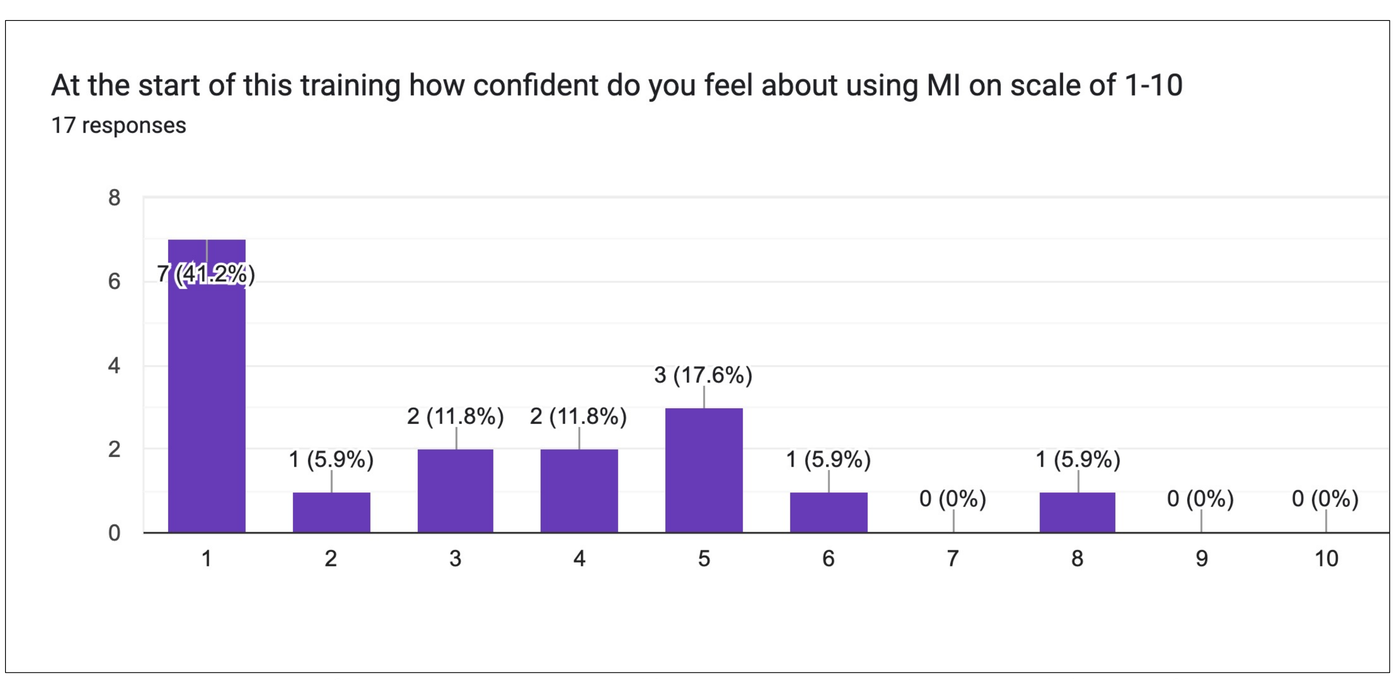

Figure 2. Participant confidence in using MI varied however most participants rated their confidence ≤5 on a scale of 1-10.

CONCLUSION

There is a need for training development in MI to translate research findings on its benefits into dental practice and provide clinicians with the confidence and tools to foster collaborative relationships with patients.

If MI was routinely found within undergraduate dental students' curricula, proficiency in MI techniques could be developed at an earlier career stage.

Early training may potentially mitigate barriers identified at the study day such as lack of time, knowledge and skills.

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