

The use of motivational interviewing to help patients achieve better self-management...

[Health & Medicine](#), [Diabetes](#)



Operationalization of motivational interviewing in primary care for diabetes patients

The institutionalizing of motivational interviewing techniques in patient care is always a challenge for many health care organizations. The process is costly because it requires continuous training of health care providers, great involvement of health care practitioners and periodic evaluation (Butler et al, 2007).

In the process of operationalizing motivational interviewing for diabetes care, it is necessary for the management of health care organizations to provide the necessary resources and support for training of health practitioners and the evaluation of the operationalization process.

Proposed budget for the operationalization of motivational interviewing for diabetes patients.

Activity

Timeline

Cost in dollars

Initial training of primary care providers in motivational interviewing

2 weeks continuous training

6000 dollars per a primary care provider

Total cost= 60, 000 dollars

Periodic, continuous training of primary care providers

1 week every year

30, 000 dollars

Overhaul of the process of provision primary care

2 weeks

20, 000 dollars

Evaluation and provision of feedback

continuous

30, 000 per year

Total cost= 140, 000 dollars

Training of primary care providers

The Provision of primary care for diabetes is a process that relies on communication, feedback and collaboration between primary care providers and patients. According to Miller & Rollnick, (2007), although primary care providers utilize guidelines on handling difficult conversations with patients who have ambivalence to change, many primary care providers do not know how to handle difficult patients.

Many primary care providers also struggle to support the autonomy of patients when they disagree with the choices of the patients. Training of primary care providers in Motivational interviewing can help primary care providers address the concerns of patient ambivalence and support of patient choices. The elements of motivational interviewing are applicable at different settings in healthcare (Miller & Rollnick, 2007).

Training of primary care providers to know which element to use for every patient is necessary in the operationalization of this program. Primary care

providers in hospitals need to learn the eight stages of motivational interviewing by Miller & Moyers (2007) as outlined in the table.

Stage of motivation interviewing

Description

Allocated Time

1)The spirit of motivational interviewing

Openness in thinking, respect for patient autonomy and suspension of authoritarian rule.

One day

2)Acquisition of 3)Client centered counseling skills

Proficiency in client centered skills of counseling to provide a facilitative and supportive role to clients.

Two to three days

Recognizing and sustaining change talk

Learning how to initiate and maintain change talk in clients so that they can explore their ambivalence.

2-3 days

Initiating and strengthening change talk

Learning the ability to evoke and reinforce patient change talks and language commitment

Rolling with sustenance talk and handling resistance from clients

Ability to handle resistance and sustenance of change behavior with respect for patient autonomy

2-3 days

Developing change plans

Learning to negotiate specific change plans in a manner that is acceptable to clients

2-3 days

Consolidation of commitment from clients

Implementation intentions and strengthening of change behavior

2days

Transition and blending of motivational interviewing with other strategies

Learning the ability to blend motivational interviewing with other interventions strategies

1 day

Institutionalization of motivation interviewing in the organization

After training of the primary care providers in the concepts of the motivational interviewing, the next step in the operationalization of the program should be laying the necessary infrastructure in place to support motivational interviewing.

An overhaul of the process of providing care to diabetes patients is necessary in the operationalisation of motivational interviewing in the areas outlined below.

1)The revision of the process of providing primary care to diabetes patients to include more time for diabetes patients with primary care providers .

2) Allocation and provision of many channels of communication between primary care providers and patients.

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- 3) The provision of many avenues for feedback between patients and the primary care providers.
- 4) Provision for periodic one-on-one interviews between the diabetes patients and primary care providers so that they can have enough time for motivational interviews.
- 5) Elimination of bureaucracy in consultations between diabetes patients and primary care providers
- 6) Provision for Continuous training of primary care providers about new advances in motivational interviewing techniques can also enhance the operationalisation of motivational interviewing in the organization.

Periodic evaluation and review of motivation interviewing

The periodic review of the success of motivational interviewing programs is essential for the operationalisation of motivational interviewing in any organization. Periodic review of the success of the organization in motivational interviewing is suitable for benchmarking. Benchmarking can help health care organizations pinpoint into the areas where primary care providers are not utilizing motivational interviewing techniques properly (Butler et al, 2007). The measures that can be used in the evaluation process include,

- 1) An increase in the number of diabetes patients accessing motivational interviewing techniques
- 2) Improvement in the health outcomes of diabetes patients
- 3) Provision of more feedback from patients regarding their diabetes management programs.

The process of institutionalizing motivational interviewing in primary care is a continuous process (Miller & Rollnick, 2007). Health care organizations should therefore make the necessary arrangements to ensure that health care practitioners utilize motivational interviewing techniques technique in a continuous basis in primary care.

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