

HELPING PEOPLE WALK THEIR OWN PATH: LAY NAVIGATORS' PERCEPTIONS OF USING MOTIVATIONAL INTERVIEWING

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Background



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NEW ZEALAND

Objectives

- Can lay health navigators be taught how to use motivational interviewing?
- Would they use it and if so what would their experiences be?

Rationale for interest

- “An effective team adds capacity by sharing the care between clinician and non-clinician”.

Estimated Primary Care Physician Time Savings

Type of care	Percent of physician's time in traditional practice	Estimated percent of physician's work that can be reallocated to nonclinicians	Estimated percent of physician's time saved
Preventive	17	60	10
Chronic	37	25	9
Acute	46	10	5
Total	100	— ^a	24

Ghorob, A., Bodenheimer, T. Sharing the care to improve access to primary care. N Engl J Med. 2012; 366 (21): 1955-1957

Bodenheimer, T & Smith, MD. Primary Care: Proposed solutions to the physician shortage without training more physicians. Health Affairs 2013 32 No. 11: 1881-1886

Methods

- Semi-structured interviews guided by an interview schedule were completed with all four navigators;
- All interviews were audio recorded and transcribed verbatim;
- Nvivo software was used for data storage and management;
- Text data was analysed using an inductive approach.



“I suspect that prior to that
(the training), we did a bit of
motivational interviewing, but
we wouldn't have known that
it was it (MI)”.

New but not new

“To recognize that, what's sustain talk and what's change talk. Once we realize that it's change talk, having something in our toolbox to actually say to them, "Oh, I can see that you are interested in stopping smoking", or, "getting more exercise", and then knowing what to do with them”.

Benefits of using MI

“I find I'm always critiquing the way I work with people. I feel that, I've noticed after the MI training that I respond, I ask different questions to different people, depending on the relationship”.

Reflective practice

“I think, I don't know, maybe this is my thing. To me, MI seems great in a situation where you have time. Time is a huge thing, because I would have to stop and get off autopilot and think about what's going on. As long as I know that I wasn't pressed for time. Yeah, time must be the hugest thing”.

Challenges of using MI

X is always chipping in on us; is it sustain or change talk when we ..

There's a bit of coaching going on in the team, a little bit.

Peer support

“I think the revision is, is opportunistic for us like yesterday, so and when we need to, we perhaps don't look enough for opportunities, so it was lucky it (ML training day) was on the Coast.”

“Maybe another training day in ML, that was an awesome refresher”.

The future – training needs

Conclusion	Research implications	Implications for rural
<p>Training lay navigators in MI is feasible and relevant to their work;</p> <p>The team did use the communication strategies they had learnt;</p> <p>The benefits and challenges identified, align with those other health professionals highlight after MI training.</p>	<p>A larger study with more lay health workers is required to establish the efficacy of this approach.</p>	<p>With the ageing of the rural workforce and the increasing complexity of patients, being able to refer patients to trained lay health workers for support with changing adverse lifestyle behaviours is a potential solution to a growing problem for general practice.</p>

“I mean, there are not many jobs you have that you feel humble by what you do, by doing one small thing for a person, that can just make that difference”.



CELEBRATING TEN YEARS AS A TEAM

Connecting



For those of you interested: BMJ
Learning Professor Stephen
Rollnick demonstrating brief MI:
[https://www.youtube.com/watch?
v=bTRRNWrwRCo](https://www.youtube.com/watch?v=bTRRNWrwRCo)

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