Childhood overweight and obesity problems are continually growing in the United States. Health care settings provide an important opportunity for providers to take a step in eliciting lifestyle change for not only the patient but also the family as a whole. Many professionals however do not have the skills to successfully communicate these ideas to the patient correctly. A skill known as Motivational Interviewing can aid in making this process a positive and constructive one. Motivational Interviewing is currently defined as “a collaborative, person-centered form of guiding to elicit and strengthen motivation for change.” The LiveWell Greenville “At the Doctor” initiative supports local clinicians in promoting healthy lifestyles in the clinical setting. The purpose of this study was to determine if Motivational Interviewing (MI) training provided in a Dine and Learn training and an In-Depth training improved MI utilization in the clinical setting.

The Dine and Learn MI training provided a one hour introduction of basic MI knowledge and opportunity to engage in MI techniques. The In-Depth MI training was intended for those who have established basic MI knowledge and provided a three hour intensive training with practice of MI techniques. Each session was facilitated by Dr. Stephen LaRowe.

Target attendees for the sessions were family practice and pediatric clinicians in Greenville County, South Carolina. In advance to each session a six question pre-assessment determined if attendees had heard of MI prior to LiveWell Greenville’s advertisements (if yes where), past training of MI (if yes where), past use of MI in daily practice, current use of MI, demographics including title, area and experience, and why the participant was attending the event. Sixteen of the 25 Dine and Learn participants and 33 of the 35 In-Depth training participants completed the pre-assessment. Approximately 63% of attendees had prior knowledge of MI, while 25% had previous training in MI. About 49% previously used MI in daily practice, while 45% currently used MI techniques in daily practice. Almost 40% currently used MI to counsel patients with elevated BMI. About 60% were providers of direct care, 13% provided allied health services, 20% were healthcare administrators, and 4% were interns.

The seven question feedback survey developed by the evaluation team was given to healthcare providers following the conclusion of each session. A total of 19 of the 25 Dine and Learn participants and 19 of the 35 In-Depth training participants completed the feedback survey for a total of a 63% response rate. It allowed for feedback of satisfaction of specific areas of each event including overall satisfaction, registration, location, facility, date, time of day, and length of the event. Each participant was asked to describe most and least valuable aspects of the session as well as any additional comments they felt a concern to include. Satisfaction ratings were also asked of the content, audience engagement, and presenter. Practitioners were asked if they felt improvement MI practices in regard to knowledge, technique and practical ability, whether they would attend another even such as this in the future, suggestions for future content and recommendations for improvements. Researchers used descriptive statistics to summarize the data. About 79% were very satisfied overall with the event, 18.4% were satisfied and 2.6% were neutral. In regard to registration for the event 81.6% were very satisfied, 15.8% were satisfied and 2.6% were neutral. The location of the event was found very satisfactory by 73.7%, 21.1 were satisfied and 5.3 were unsatisfied. In respects to the facility 78.9% were very satisfied, 15.8 were satisfied and 5.3 were unsatisfied. The day of the week on which the events were held was very satisfying to 78.9%, satisfying to 18.4%, and neutral to 2.6%. The time of day was found to be very satisfying to 81.6%, satisfying for 15.8\* and neutral to 2.6%. In terms of the length of the event 68.4% were very satisfied, 21.1% were satisfied and 7.9% were neutral. Content satisfaction was found to be very satisfactorily to 73.7%, satisfying to 21.1, 2.6% were neutral and 2.6% were very unsatisfied. Engagement of the audience was 76.3% very satisfying, 21.1% satisfied, and 2.6% very unsatisfied. In esteem to the speaker 81.6% were very satisfied with his presentation, 15.8% were satisfied and 2.6% was very unsatisfied.

The next set of questions was centered on improved information of MI techniques and practices. About 68% strongly agree that they improved their MI knowledge, 18.4% mildly agree and 5.3% were neutral. Technique improvement was strongly agreed upon by 55.3%, were 34.2% mildly agree and 2.6% remained neutral. Approximately 66% strongly agreed that they improved their practical ability, 21.1% mildly agree and 5.3% were neutral. Participation in future sessions offered by LiveWell was expressed definitely by 52.6% and probably by 39.5%.

Food satisfaction was also inquired the variety was found very satisfactory by 68.4%, satisfying by 15.8% and neutral by 5.3%. The taste and presentation was found very satisfying to 73.7%, satisfying to 13.2% and 2.6% were neutral.

Feedback of the most valuable material was distributed into four categories; 26.3% found the speaker’s presentation material and techniques to be most beneficial, 13.2% enjoyed the take-away points and reflections, 26.3% valued the interactive experiences and role play, and 10.5% found the videos and examples to be the most valuable. About 13.2% found no material to be considered “the least valuable”, 2.6% did not find the video of value, 5.3% were lost in the terminology and information, 2.6% did not like the time frame, 5.3% found the pole obstructing their view to be invaluable, and 5.3% did not find it valuable that there was no take home material. Comments and suggestions for LiveWell At the Doctor fell into four categories. Twenty-five percent had completely positive comments (i.e. “excellent, great job”), 13.2% want to have more sessions held in the future, 13.2% showed appreciation for the time, location and material, and 5.3% suggested that the presentation or a summary of material be available to them. As for suggestion of future content it was unanimous with the three suggestions offered that it be centered on family education and support. Finally recommendation on improvement (from four people) is distributed with 2.6% desiring take home notes and summaries, 5.3% prefer a better layout and venue, and 2.6% suggested for the seminar to be longer with a break in between.

Feedback was overall positive with several specific suggestions that can be taken into consideration for future sessions; these can be summarized include future workshops, a pocket guide or handouts to take home, better venue, and more practice experiences. The major assets of the events included role-play scenarios (active participation), 3 “take-away” points, videos, and the presentation skills of the speaker. Overall the experience was said to be “excellent” and “overall great experience.” The topic suggested for future seminars was centered on family education techniques. Finally, a post assessment will be sent out the first week of November to evaluate how the attendees utilized the knowledge obtained from Dine and Learn and the Workshop In the clinical setting as well as interest in future seminars and topic ideas.