# Center for Care Innovations

# *PHASE and TC3 Motivational Interviewing Community of Practice*

# Request for Applications

## **Application Narrative Questions for Facilitators**

Name:

Email:

Phone number:

Title:

Organization:

Please respond to the following questions in a Word or PDF document and upload it to the Application Form.

1. What motivated you to want to participate in the MI CoP and become an MI facilitator?
2. Tell us what you feel most passionately about when it comes to communication in the healthcare field.
3. Tell us about any experience you already have as a trainer, teacher, or coach. It doesn’t have to be just from work, it can be in any place in your life. If you don’t have experience in these areas, don’t worry – you will learn these skills in the CoP.
4. Give us an example of how you have successfully influenced your co-workers, team, or department to adopt a new practice or support a new initiative.
5. We know you are busy! How will you manage the extra time the Community of Practice will take (1 day a month for 4 months attending the MI CoP sessions and an additional 3-5 hours per month)?
6. What else should we know about you? We are interested in anything you would like to share.
7. If your organization is selected to participate in the CoP, Elizabeth and Sam, who are leading the MI CoP, would like to have a conversation with you before the course begins to hear more about your experiences, goals, and any fears you might have about the course. Please let us know if you are okay with Elizabeth or Sam reaching out to you. If so, let us know the best way to reach you.

I had a conversation with my supervisor, who understands the time commitment and they are supportive of my participation in the CoP.

Supervisor Name:

Supervisor Title: