# Center for Care Innovations

# *PHASE and T3 Motivational Interviewing Community of Practice*

# Request for Applications

## **Application Narrative Questions for the Organization**

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

1. Please share with us some of the ways your organization already supports your employees in skilled communication with patients.
2. You may already be engaged in supporting MI practices in your organization. Tell us a bit more about what your organization does currently to embed motivational interviewing principles and skills in care delivery.
3. Why are you applying for the MI CoP and how does it align with your planned work for PHASE or TC3?

There is an expectation for organizations sending employees to the MI CoP to send the same 2 staff to the following 4 MI workshops, and conduct MI training with your staff. If you are part of a consortium, you would conduct MI training with staff at your member health centers.

* Tuesday, January 21, 2020, 9:30am- 3:30pm
* Tuesday, February 18, 2020, 9:30am- 3:30pm
* Tuesday, March 17, 2020, 9:30am- 3:30pm
* Tuesday, April 14, 2020, 9:30am- 3:30pm
1. What are your initial thoughts on how to ensure the employees you send will have protected time between January and April for the workshops, homework, and practice (approximately 10 hours a month)?
2. What are your initial thoughts about infrastructure support for the MI facilitators conducting workshops during and after the course? (For example, who will schedule workshops? how will participants be informed? who will make room reservations? etc.)
3. How competent and effective do you feel your workforce is in regard to using MI communication techniques? (1-10, 1 is not competent at all, 10 is incredibly competent and effective)
4. At your organization (or if you are a consortium, among your member health centers), how widespread is MI expertise? (1-10, 1 is very localized, only a few people use MI; 10 is every single person in the organization uses MI competently and consistently)
5. What are the employee names of those who you selected to participate in the MI CoP? How and why were they selected?

Please have the chosen employees each fill out the Facilitator Information sheet attached and submit with this form.