

Measuring Proficiency in Motivational Interviewing Skills Among Pediatric Dentistry Residents

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ORL5524-001 Final Report

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1-Introduction

a. Motivation Interviewing

Motivational Interviewing (MI) was first introduced by William Miller in the early 1980s as a behavioral modification technique used in adult health addiction services (1). Soon after, MI utility had expanded to include other chronic health conditions especially physical health services (2). As more evidence for the effectiveness of MI has developed (3,4), MI has grown out of the context of counseling to other provider–patient relationships including nursing, medicine, and nutrition (2). In recent decades, there has been a great focus on using MI in pediatric settings working with families of young children with various developmental stages (5,6).

b. How dose MI work?

MI is a collaborative conversation style designed to reinforce personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change in an environment of compassion and acceptance (2).

MI has four major components; MI processes, MI guiding principles, MI spirit, and MI skills. MI skills are the basic interviewing skills an interviewer needs to master in order to deliver an effective MI therapy (2). Skills include; asking open-ended questions, offering affirmation, reflections, summaries, and exchanging information with clients (2). There are four key interrelated elements of the spirit of MI; partnership, acceptance, compassion, and evocation (2). MI guiding principles are also four; express empathy, roll with resistance, support self-efficacy, and develop discrepancy (2). MI processes or stages include engaging, focusing, evoking and planning (2).

c. Assessment of Quality of Motivational Interviewing

There are currently few available instruments for assessing interviewers’ qualities in delivering MI in both clinical and research settings (7,8). Such fidelity assessment systems like the Motivational Interviewing Treatment Integrity (MITI) (Moyers, Martin, Manuel, Miller, & Ernst, 2010) and Motivational Interviewing Skills Code (MISC; Miller, Moyers, Ernst, & Amrhein, 2008) typically used behavioral coding of MI sessions (7,8). The MITI and MISC were designed to assess MI fidelity by recognizing both interpersonal and individual behavioral features of therapy sessions (7,8). Each utterance (i.e., complete thought) spoken by the counselor and client during the MI interview is assigned a behavioral code. MISC is designed to assess both interviewer and client’s behavior, and MITI assess interviewer’s behavior only(7,8).

Both systems include global ranking and behavior counts. Global ranking mostly captures the rater’s overall impression of the interviewer’s performance during the interview, while behavior count captures specific behaviors regardless of the context of quality(7,8). Such behavioral codes include statements in favor of changing a problem behavior “change talk” and also statements against changing such behavior “sustain talk” (7). Interviewer behavioral code includes variety of behavior counts mostly related to

counseling techniques like “open and closed questions” and “number of reflections” etc. (7,8).

d. Target population for whom the instrument is to be designed

First and second year pediatric dentistry residents at CDM. Pediatric dentistry residents are dentists pursuing advanced training in pediatric dentistry to specialize in treating young children. In their two-year residency program, the residents provide variety of dental services to their patients including preventative, therapeutic and behavioral management as well.

As a part of larger HRSA grant that aims to train post-doctoral dental students at CDM on behavior management, MI was first introduced to the Pediatric Dentistry Program in 2016. The program consists of 3-hour MI Workshop, coaching, and direct observation of the dental residents while they are counseling parents of young children on dental related behaviors.

2. Purpose of my validation study

A-Inference(s): To make interpretations about pediatric dentistry residents’ proficiency levels in delivering MI while counseling parents of young children about dental health related behaviors.

B. Intended use(s): To modify MI teaching strategies taught at the pediatric dentistry residency programs, and to provide a specific feedback to the residents about their performance and how to improve their MI skills.

3. How the Assessment methods and techniques that you believe will best capture the construct and domain(s) of interest in the most valid way.

While current available tools (MISC, MITI) reported to have good reliability and validity (3,4), they are primarily designed to assess MI in classic counseling settings, and requires intensive training, and labor to needed for behavior coding. Additionally, global ratings used to assess interviewing qualities, tend to capture counselor behaviors in a subjective manner. For example, to measure MI spirit among counselors, the rubric system asks raters to assess if the counselor “superficially responds” or encourages” clients. In my study, I plan to measure two major MI components; MI processes and interviewing skills because these two were the main focus of the provided training. More importantly, I want to design a practical tool that more objectively measures dental resident’s behaviors during MI.

4. Application of the process model and methods

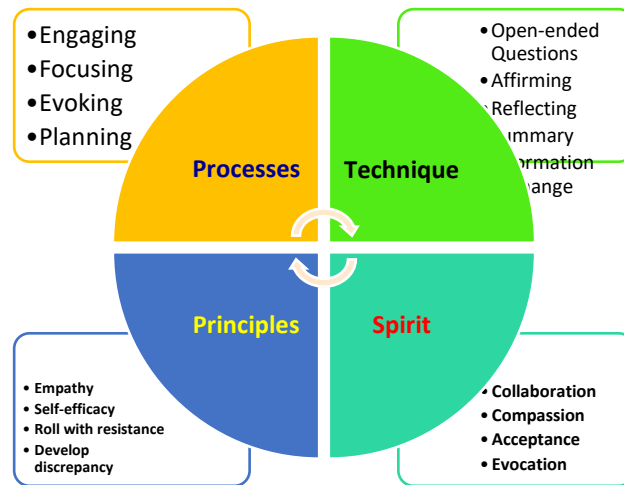
4.1. Construct Domain Specifications

Construct: (behavioral, cognitive): Proficiency in Motivational Interviewing Practice

Domains:

A thorough literature reviews briefly described in the introduction (1-8) led me to believe that mastering MI requires; 1) commitment to the underlying MI spirit, 2) development of basic MI skills, 3) Adherence to MI guiding principles, and 4) deliberate direction of MI four phases/processes to elicit client's behavior change.

While I also presented on Domain 4 in class, only domain 2 is included in this study because of ;1) relevance to the MI training under study, and 2) time constraints related to my content validation reviewers.



Domain (1): Proficiency in Interviewing Technique (Cognitive, behavioral)

Sub-domains (OARS & I)

1. Asking Open-Ended Questions, to encourage client to reflect and elaborate)
2. Affirming, to acknowledge client's strength, efforts, and success)
3. Reflective Listening, to keep the person talking, exploring and considering)
4. Summarizing, to draw together the client's motivation, intentions, and plans for change)
5. Information Exchange with permission: to help clients reach their own conclusion

Indicators/sub-indicators, and item by subdomain. See Table 1

Table 1: General and Specific Indicators by Subdomain

<p>General and Specific Indicators by Subdomain</p>	<p>Item(s)</p> <p><u>Ratings</u> 1-Little or no evidence of this behavior 2-Some evidence of this behavior 3-Consistent evidence of this behavior 4-Not applicable, resident has no opportunity to demonstrate this behavior</p>
<p>Subdomain 1: Asking Open ended questions (cognitive)</p> <p><u>General Indicator:</u></p> <p>1. Resident demonstrates proficiency in probing for information or eliciting parent’s perspective (regardless of context)</p> <p><u>Specific Indicators:</u></p> <p>1.1.1 Resident asks more open-ended questions, less close-ended questions</p> <p>1.1.2 Resident uses open-ended questions that goes from general to specific as informed by the parent’s response</p> <p>1.1.3 Resident uses open-ended questions that encourage the parent to think and talk</p>	<p><u>Asking Open-Ended Questions Items</u></p> <p>In regard to probing for information or eliciting parent’s perspective, the resident,</p> <p>1- Asked open-ended as opposed to close-ended questions 2-Asked open-ended questions that goes from general to specific 3-Asked open-ended questions one at a time (no string of questions) 4-Used proper wording that encourages openness (no threatening or confrontation)</p> <p><u>Manual</u> (Open-ended questions allow for wide range of possible answers. They usually start with who, what, when, how. Closed-ended questions require short, or restricted range answers. They usually start with would, do, where. Wording that encourage threatening or confrontation such as using “why” or “how could you do that?”</p>
<p>Affirming (behavioral, cognitive, affective)</p> <p><u>General Indicator:</u></p> <p>2. Resident acknowledge the positive aspects in relation to the parents’ strength, success or good efforts</p> <p><u>Specific indicators</u></p> <p>2.1 Resident offers affirmations about the parent’s strength, success or good efforts during the interview</p> <p>2.1.1 Resident uses genuine</p>	<p>Affirming Items</p> <p>Acknowledging the positive aspects in relation to the parent’s strength, success or good efforts, the resident,</p> <p>1- Offered 1-2 affirmations after each open ended question 2- Offered affirmations focused on the parent’s and not on the resident (e.g. don't start with “I”)</p>

<p>affirmations that communicate sincerity to the parent during the interview</p> <p>2.1.2 Resident uses affirmations that are parent centered rather than resident centered</p> <p>2.2 Residents encourages the parent to self-affirm</p>	<p>3- Offered genuine affirmations appropriate to the parent's efforts or success</p> <p>4- Asked the parent to describe her strength, success or good efforts.</p> <p><u>Manual</u> Affirmations focused on parent. i.e you did great. Affirmations focused on interviewer suggest parental and patronizing. i.e. I am proud of you Non-genuine affirmations include over-compliments, praising that is not consistent with the encounter)</p>
<p>Subdomain 3: Reflective listening (cognitive, behavioral)</p> <p><u>General Indicator:</u></p> <p>3. Resident demonstrates proficiency in listening and reflecting on the parent's thinking and feelings.</p> <p><u>Specific indicators:</u></p> <p>3.1 Resident demonstrates ability to listen carefully to the parent during the interview</p> <p>3.1.1 Resident allows the parent to talk without interrupting or changing the subject while the parent is talking</p> <p>3.1.1 Resident encourages the parent to talk using small verbal comments like yes, and uh huh.</p> <p>3.1.2 Resident asks questions to clarify certain points during the interview</p> <p>3.2 Resident demonstrates proficiency in reflecting back to the parent what she has said about her feelings and behaviors</p> <p>3.2.1 Resident offers simple reflections about the parent's general and the in the moment experiences</p> <p>3.2.2 Resident offers complex reflections about the parent's general and the in the moment experiences</p> <p>3.2.3 Residents draws together different elements the parent has offered in different parts of the interview and summarize them back</p>	<p>Reflective Listening Items</p> <p>In regard to listening and reflecting on the parent's thinking and feeling throughout the interview, the resident;</p> <ol style="list-style-type: none"> 1- Allowed the parent to talk without interruption 2- Asked questions to clarify certain points, or used small verbal comments that acknowledge listening 3- Used simple reflections to reflect what the parent had said about her behaviors or feelings 4- Used complex reflections to reflect what the parent said about her behaviors and feelings 5- Offered summaries of the key points of the parent's talk (pulling together different elements said in different parts of the interview) <p><u>Manual</u> <u>Verbal comments</u> that acknowledge listening include yes, and uh huh, good etc. <u>Simple reflection:</u> direct rephrasing, paraphrasing of what the parent has said about her behavior during the interview <u>Complex reflection:</u> adding substantial meaning or direction to what the parent has said about their behavior during the interview, or reflection of feelings</p>

to the parent	Summaries are different from reflections that offered immediately back to the parent. Summaries tend to pull together different elements the parent has offered in different part of the interview and summarize them back to the parent. Summaries include collecting, linking or transitional summary
Sub-domain 4: Summarizing (cognitive)	
Sub-domain 5: Information Exchange with Permission <u>General indicator</u> 5. Resident demonstrates proficiency in exchanging information with the parent during the interview (regardless of content) <u>Specific indicators</u> 5.1 Resident honors the autonomy of the parent before offering advice, information or feedback <ul style="list-style-type: none"> 5.1.1 Residents ask for permission before exchanging information 5.1.2 Resident uses autonomy-supportive language to emphasis personal choice 5.2 Resident uses Elicit-Provide-Elicit approach when offering advice, information or feedback to the parent <ul style="list-style-type: none"> 5.2.1 Resident honors that the parent is the expert on herself 5.2.2 Resident offers information, advice, or feedback that are clear and manageable 5.2.3 Resident verifies parent's understanding or reaction to the offered information, advice, or feedback. 	Information Exchange Items During information exchange with the parent, the resident, <ol style="list-style-type: none"> 1- Asked question(s) to find out what information parent needs or wants 2- Asked for parent permission before offering advice, information, or feedback. 3- Offered advice, information or feedback in a clear and manageable way 4- Offered choice using minimizing language while offering information, advice, or feedback to the parent. 5- Asked question(s) to assess understanding or reaction to the offered advice, information or feedback Manual <u>Ask permission:</u> (unless parent asks first) <u>Minimizing language.</u> i.e. you may not find this useful.....” or “It’s up to you”.

4.2. Validation plan

Table 2 describes validation plan.

Validation Question	Rational	Evidence South	Design/Analytic Method
Does the MI performance assessment tool contains only the behaviors and tasks that match the theoretical definition of MI including all its subdomains	To ensure content relevance and representativeness	Content validity	Content analysis of the assessment tool to make sure that it covering MI construct and its subdomains as described in the literature and reviewed by at least two-three experts in the field
Do groups of MI performance indicators inter-correlate with theoretical hypotheses about the construct	To assess internal structure	Internal structure	Empirical correlations/factor analyses
Do MI performance scores converge with other existing measures of MI as a construct/domain or any of its subdomains?	To build credibility	Convergent validity	Empirical correlations of scores with data from similar comprehensive measures or other subdomain measures
Would the MI scores remain constant irrespective of the rater	To ensure that results from the different raters are not influenced by random factors	Inter-rater reliability	Have two or more raters judge and score performance of the same interviewer (s). User either Cohen or Kapa (K), or r^{AB}

5-Results of Content Validation

Content validation forms (Appendices 1-3) were prepared and shared with three experts in the field;

- 1- Shelley Mesznik, Clinical Psychologist and Motivational Interviewing Course Instructor at TC. Shelley also delivers the MI workshop to the pediatric dentistry residents at CDM.
- 2- Ben Liu Pediatric Dentist currently working in Virginia, and former Chief Pediatric Resident at NYU
- 3- Angela Award is a dental hygienist with a doctoral degree in Health Education. Dr.Award has experience in MI working in tobacco cessation in dental settings.

5.1 Validation of Domain/Subdomains/Indicators: The first part of validation aims to validate the construct of MI, its main domain in this study (Interviewing Skills) and its four subdomains (Asking Open-ended questions, Affirming, Reflecting and Summarizing, and Exchanging Information with Permission). See Appendix 1.

All three raters either agreed or strongly agreed that the construct, domains are appropriate to use with this population (Pediatric Dentistry Residents). However, one rater strongly disagreed about combining two subdomains together “Reflective Listening and Summarizing). Another rater additionally disagreed about the general indicators used for sub domain “Information Exchange with Permission”. Both issues are discussed in details in the discussion section.

5.2 Item Validations: Calculation of I-CVI and S-CVI

The main aim of the content validity study is to answer the question; does the MI performance assessment tool contains only the behaviors and tasks that match the theoretical definition of MI focusing on the first Domain: Proficiency in Interviewing Techniques (Basic Skills).

All three experts were asked to rate relevance, clarity, and concision of the items in 4-point scale as described by Waltz & Bausell (1983) (10).

For example, to rate relevance of the items to the domain and subdomains, this scale was used; 1) not relevant, 2) somewhat relevant,3) quite relevant, and 4) highly relevant as. To calculate the proportion in agreement about relevance for each item, the I-CVI was computed as the number of experts giving a rating of either 3 or 4, divided by the number of expert.

5.2.1 Content Relevance

The average CVI for the relevance of all items to MI skills was 0.88. CVIs for raters were 0.83 for rater 1, 0.88 for rater 2, and 0.94 for rater 3.

Two items were rated below acceptable. Item 2 was rated 0.33, and item 5 was rated 0.00. See Table 3.

Table 3: Ratings on a18-Item Scale by Three Experts: Items Rated 3 or 4 on 4-Point Relevance Scale

Relevance: 1) not relevant, 2) somewhat relevant, 3) quite relevant, and 4) highly relevant				
Items	Rater 1	Rater 2	Rater 3	Item CVI
1	No	Yes	Yes	0.66
2	No	No	Yes	0.33
3	Yes	Yes	Yes	1.00
4	Yes	Yes	Yes	1.00
5	No	No	No	0.00
6	Yes	Yes	Yes	1.00
7	Yes	Yes	Yes	1.00
8	Yes	Yes	Yes	1.00
9	Yes	Yes	Yes	1.00
10	Yes	Yes	Yes	1.00
11	Yes	Yes	Yes	1.00
12	Yes	Yes	Yes	1.00
13	Yes	Yes	Yes	1.00
14	Yes	Yes	Yes	1.00
15	Yes	Yes	Yes	1.00
16	Yes	Yes	Yes	1.00
17	Yes	Yes	Yes	1.00
18	Yes	Yes	Yes	1.00
Proportion relevant	0.83	0.88	0.94	
Average CVI				0.88

5.2.2 Items Clarity The average CVI for the relevance of all items to measuring MI skills was 0.94. CVIs per raters were 0.88 for raters 1, 2, and 0.94 for rater 3.

Two items were rated below acceptable. Item 2 was rated 0.33, and item 5 was rated 0.00. One item was rated below acceptable (Item 2= 0.33). See Table 4.

Table 4: Ratings on a18-Item Scale by Three Experts: Items Rated 3 or 4 on 4-Point Clarity Scale

Clarity 1 =not clear, 2 = item need some revision , 3 = clear but need minor revision 4 = very clear				
Items	Rater 1	Rater 2	Rater 3	Item CVI
1	Yes	No	Yes	0.66
2	No	No	Yes	0.33
3	Yes	Yes	Yes	1.00
4	Yes	Yes	Yes	1.00
5	Yes	Yes	Yes	1.00
6	No	Yes	No	1.00
7	Yes	Yes	Yes	1.00

8	Yes	Yes	Yes	1.00
9	Yes	Yes	Yes	1.00
10	Yes	Yes	Yes	1.00
11	Yes	Yes	Yes	1.00
12	Yes	Yes	Yes	1.00
13	Yes	Yes	Yes	1.00
14	Yes	Yes	Yes	1.00
15	Yes	Yes	Yes	1.00
16	Yes	Yes	Yes	1.00
17	Yes	Yes	Yes	1.00
18	Yes	Yes	Yes	1.00
Proportion relevant Average CVI	0.88	0.88	0.94	0.94

5.2.3 Conciseness

The average CVI for the relevance of all items to MI skills was 0.88. CVIs per raters were 0.83 for rater 1, 0.94 for rater 2, and 0.83 for rater 3.

Two items were rated below acceptable. Items 7 and 8 were CVI was 0.33. See Table 5.

Table 5: Ratings on a18-Item Scale by Three Experts: Items Rated 3 or 4 on 4-Point Conciseness Scale

Concision 1 =not concise, 2 = item need some revision , 3 = concise but need minor revision 4 = very concise				
Items	Rater 1	Rater 2	Rater 3	Item CVI
1	Yes	Yes	Yes	1.00
2	Yes	Yes	Yes	1.00
3	Yes	Yes	Yes	1.00
4	No	Yes	Yes	0.66
5	Yes	Yes	Yes	1.00
6	Yes	Yes	Yes	1.00
7	No	Yes	No	0.33
8	No	No	yes	0.33
9	Yes	Yes	Yes	1.00
10	Yes	Yes	Yes	1.00
11	Yes	Yes	Yes	1.00
12	Yes	Yes	Yes	1.00
13	Yes	Yes	Yes	1.00
14	Yes	Yes	Yes	1.00
15	Yes	Yes	Yes	1.00
16	Yes	Yes	Yes	1.00
17	Yes	Yes	No	0.66
18	Yes	Yes	Yes	1.00
Proportion relevant/	0.83	0.94	0.83	0.88

Average CVI				
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5.3 Scoring Rubrics Used to rate all items

To rate the evidence of MI consistent behavior among residents, the raters will use a scoring rubric in a Likert Scale from 1-4; 1= No-evidence for this behavior, 2= Evidence for this behavior, 3=consistent evidence of this behavior, 4= Not applicable, resident has no opportunity to demonstrate this behavior. 4 will not be counted in total score.

Reviewers were asked to rate their agreement level about the clarity, relevance, appropriateness, and practicality of this scoring rubric. All Reviewers either agreed or strongly agreed to the rubric with one exception, there were no anchor samples provided to supplement the rubric.

6. Discussion of results.

While two raters agreed about the relevance of the subdomains to the main domain, one rater disagreed about combining two subdomains together “Reflective Listening and Summarizing”. She mentioned that “Summarizing” is very different from “Reflective listening” as its purpose is unique. It’s meant to collect, link or transition conversation in a certain direction and not just to reflect on what the client has said. It has to be a subdomain in itself with its own indicators and items.

Another rater additionally mentioned that my “Exchange Information” subdomain indicators were relevant, however there are other indicators that would make a good fit as well. Nonetheless, I used Elicit –Provide-Elicit approach to create core specific indicators for this subdomain because it is the main approach taught to our students in the workshop.

In validating items relevance, raters indicated that item # 2 “Asking Open-ended questions that goes from general to specific” and item # 5 the resident “offered 1-2 affirmations after each open ended question” are not so relevant for the subdomain. One rater recommended to further clarify this item because questions can go any way depending on the task, and not necessarily from general to specific. If I want to keep this item, she mentioned, that I have to make it more precise. For example, the resident “asked questions that goes from general to specific while seeking direction or elaboration about a particular topic”. Another rater also reminded me that Item # 5 is incorrect; affirmations are needed only once in a while probably one for each utterance. On the other hand, reflections are needed in a proportion of 1-2 following each question which I need to added.

In general, the overall results indicate that subdomains need to be re-specified with new indicators created. few items that were irrelevant and also unclear need to be discarded or substantially edited. Anchor samples also needed to supplement the scoring rubric.

Appendices 1-3:

Validation of Content Relevance and Representativeness of Item Pool

Proficiency in Motivational Interviewing Clinical Skills (MICS)

Thank you very much for agreeing to review my Assessment Tool (MICS) for content validation. The purpose of this instrument is to assess pediatric dentistry residents' proficiency in applying basic MI skills (regardless of context) while counseling parents of young children about disease and diet.

I kindly invite you to examine the content and match of the domains, subdomains, and items, with attention to content relevance and content representativeness against theory and practice. This structured review has three Validation parts; 1) Domain/Subdomains/Indicators, 2) Item validation Check List, and 3) Scoring Rubric.

1- Domain/Subdomains/Indicators

Domain: Proficiency in Interviewing Techniques (MI Basic Clinical Skills)

Subdomains: 1) Proficiency in using Open-Ended Questions

2) Proficiency in Affirming

3) Proficiency in Reflective listening, and Summarizing

4) Proficiency in Exchanging Information

General/Specific Indicator(s) by subdomain: See Table 1 attached to the same email

Please use this scale in response to the questions below

Domain/Subdomain/Indicators	Score			
	1	2	3	4
1- The domain "MI Clinical Skills" appropriately address the construct "Motivational Interviewing"				
2- The subdomains (competencies) of Asking Open-ended questions, Affirmation, Reflective listening, Summarizing, and Information Exchange are appropriate for the area of MI Clinical Skills				
3- The enabling skills (specific indicators) encompass all key elements of general indicators of these domain				

4-	Overall the domain seem appropriate to meet training standards of pediatric dentistry residents				
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Additional comments if needed

1. Are there certain enabling skills (general or specific indicators) that must be assessed?.....
2. Please recommend any changes you would like to the domain, subdomains, indicators

2. Item Validation Check List

Items by Subdomain Relevance: 1) not relevant, 2) somewhat relevant, 3) quite relevant, and 4) highly relevant Clarity: 1) =not clear, 2) = item need some revision, 3) = clear but need minor revision, 4) = very clear Concision: 1) =not concise, 2) = item need some revision , 3) = concise but need minor revision, 4) = very concise	Indicate 1-4, your judgment of quality of each item		
	Matches skill targeted	Clear and easy to understand	Concise with no unnecessary wording
Subdomain 1 (Skill): Using Open-Ended Questions Items In regard to probing for information or eliciting parent's perspective, the resident;			
1- Asked open-ended as opposed to close-ended questions			
2-Asked open-ended questions that goes from general to specific			
3-Asked open-ended questions one at a time (no string of questions)			
4-Used proper wording that encourages openness (no threatening or confrontation)			
Subdomain/Skill 2: Affirming items To Acknowledge the positive aspects in relation to the parent's strength, success or good efforts, the resident;	Matches skill targeted	Clear and easy to understand	Concise with no unnecessary wording
5-Offered 1-2 affirmations after each open ended question			
6-Offered affirmations focused on the parent's and not on the resident (e.g. don't start with "I")			
7-Offered genuine affirmations appropriate to the parent's efforts or success			
8-Asked the parent to describe her strength, success or good efforts.			
Subdomain/Skill 3: Reflective Listening & Summarizing Items In regard to listening and reflecting on the parent's thinking and feeling throughout the interview, the resident;	Matches skill targeted	Clear and easy to understand	Concise with no unnecessary wording

9-Allowed the parent to talk without interruption			
10-Asked questions to clarify certain points, or used small verbal comments that acknowledge listening			
11-Used simple reflections to reflect what the parent had said about her behaviors or feelings			
12- Used complex reflections to reflect what the parent said about her behaviors and feelings			
13-Offered summaries of the key points of the parent's talk (pulling together different elements said in different parts of the interview)			
Subdomain/ Skill 4: Information Exchange with Permission During information exchange with the parent, the resident,	Matches skill targeted	Clear easy to understand	Concise with no necessary wording
14-Asked question(s) to find out what information parent needs or wants			
15-Asked for parent permission before offering advice, information, or feedback			
16-Offered advice, information or feedback in a clear and manageable way			
17-Offered choice using minimizing language while offering information, advice, or feedback to the parent			
18-Asked question (s) to assess understanding or reaction to the offered advice, information or feedback			

3- Scoring Rubrics Used to rate all items

Each item will be scored by rater(s) as 1= No-evidence for this behavior 2= Evidence for this behavior 3=consistent evidence of this behavior 4= Not applicable, resident has no opportunity to demonstrate this behavior (will not be counted in total score)	Score 1=Strongly Disagree (major modifications needed) 2=Disagree (some modifications needed) 3=Agree (no modifications needed but could be improved with minor changes) 4=Strongly Agree (no modifications needed)			
	1	2	3	4
1. Are the scoring rubrics clear				
2. With operationally defined scale points?				
3. Linked to target domain indicators				
4. Appropriate for the assessment purposes and populations				
5. Are Anchor samples provided to supplement the rubric				
6. Are the assessment and rubric easy to use and practical				

Any comments about Scoring Rubrics.....

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