



The Pedagogical Perspective of Motivational Interviewing Applied in Medicine

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Abstract: Motivational interviewing is increasingly used as an active pedagogical method for developing patient-centered communication skills. Empathy and effective communication are considered not to be innate traits, but ones that can be cultivated through a structured educational process. This approach integrates cognitive components (understanding the process of change), socio-emotional elements (developing empathy), and practical aspects (simulations and role-playing). The teaching methods involve participatory learning, personal reflection, and formative feedback, contributing to the development of a professional and ethical attitude in the doctor-patient relationship. Motivational interviewing supports patient autonomy and respect for their pace of change, becoming an essential part of the modern medical curriculum and a marker of quality in health education. **The objective of the research** to examine motivational interviewing through the lens of medical pedagogy, emphasizing its formative role in the physician-patient relationship, the essential competencies required for its effective application by healthcare professionals, its influence on patients' health-related behavioral changes, and the development of a methodological framework for its integration into the professional education of medical personnel **Previous** studies highlight motivational interviewing as an effective tool in modern medicine, demonstrating a significant impact on health behavior change, increased treatment adherence, and the strengthening of the physician-patient relationship. Duică et al. (2024) emphasize the importance of pedagogical techniques and emotional intelligence in professional

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training, thereby providing a robust theoretical framework for integrating this model into medical practice. **The approach** to motivational interviewing from a pedagogical perspective in medicine combined literature research, theoretical synthesis, comparative analysis and concept modeling, highlighting how these stages contribute to its formative effectiveness, which directly depends on the identification and development of essential competencies of medical students. **The research results** highlight a significant trend: the increased interest in the application of a methodological framework that facilitates the integration of motivational interviewing in the professional training of medical personnel. **Implications:** Research findings can contribute to the improvement of professional training programs in the medical field and can support the decisions of academics involved in the development of curricula for post-secondary and university education. At the same time, the study provides a solid basis for future research in the field of medical pedagogy. **The value of the research** consists in highlighting the central role of skills in the professional training of medical students, with a special emphasis on the development of professional communication, providing a significant contribution to scientific knowledge in the field of medical pedagogy by applying the motivational interview in practice.

Keywords: motivational interview; medical communication competence; pedagogical perspective; educational approach; experimental learning methods

1. Introduction

Patient-centered communication is one of the essential skills in contemporary medical training, being associated with an increase in the quality of medical care, patient satisfaction, and the effectiveness of the therapeutic process. From this perspective, the development of communication skills is no longer considered a spontaneous process, but the result of structured and coherent pedagogical interventions, oriented towards practical exercise and critical reflection. Motivational interviewing, initially established as a clinical method to support behavioural change, is frequently integrated into education, where it is used as a tool for training future healthcare professionals. From a pedagogical perspective, motivational interviewing is a complex formative content that combines cognitive (understanding the mechanisms of change), socio-emotional (developing empathy and active listening), and practical (applying techniques in simulated contexts) dimensions.

The use of active and experimental learning methods—simulation, role-playing, formative feedback, and personal reflection—facilitates the assimilation of professional attitudes based on respect, collaboration, and ethics. Motivational interviewing is emerging not only as a clinical communication strategy, but also as a pedagogical resource of prime importance, contributing to the consolidation of a doctor-patient relationship culture based on respect for individual autonomy and support for individual decisions. Investigating the formative value of the

motivational interview is becoming a priority in the modernization of the medical curriculum, providing benchmarks for both optimizing the university education process and ensuring the quality and sustainability of medical practice in the current context of health systems.

2. Analysis of the Theoretical Framework Regarding the Role of Motivational Interviewing as a Patient-Centered Communication Strategy and as a Pedagogical Tool in Medical Education

Motivational interviewing (MI), developed by W. Miller and S. Rollnick (1991), is based on behavioral change theory and Prochaska and DiClemente's (1983) transtheoretical model. According to this model, change is not a linear process, but a staged one (precontemplation, contemplation, preparation, action, maintenance), in which the patient goes through stages of ambivalence. MI intervenes as a patient-centered communication strategy, designed to stimulate intrinsic motivation and facilitate the transition through these stages at the individual's own pace. From a clinical communication perspective, MI is based on relational and directive principles: expressing empathy, developing discrepancy, avoiding direct confrontation, and supporting patient autonomy. These resonate with the patient-centered communication paradigm (Stewart et al., 2003), which emphasizes the importance of collaboration, respect, and adapting the medical message to the person's needs and values. Pedagogically, motivational interviewing is associated with experiential learning theories (Kolb, 1984), in which learning occurs through cycles of direct experience, reflection, conceptualization, and application.

Techniques such as role-playing, simulation, and formative feedback allow students to integrate both the cognitive dimension (understanding the process of change) and the socio-emotional dimension (developing empathy, active listening). At the same time, from the perspective of social constructivism (Vygotsky, 1978), guided interaction with mentors and colleagues facilitates the construction of professional knowledge and attitudes. The motivational interview emerges as an intersection between medical communication and formative pedagogy: on the one hand, it optimizes the doctor-patient relationship through ethical and collaborative communication; on the other hand, it provides a valuable teaching framework for the development of professional skills through practice in controlled contexts and critical reflection on one's own practice.

3. Analysis of the Theoretical Framework Regarding the Role of Motivational Interviewing as a Patient-Centered Communication Strategy

Motivational interviewing (MI), developed by Miller and Rollnick (1991), describes change as a gradual process with distinct stages (precontemplation, contemplation, preparation, action, maintenance), in which the person exhibits varying levels of motivation and ambivalence. In this framework, MI functions as a patient-centered communication strategy, designed to stimulate intrinsic motivation and support progress through the stages of change at the individual's own pace. From a clinical communication perspective, MI aligns with the patient-centered communication paradigm (Stewart et al., 2003), which is based on collaboration, partnership, and respect for patient autonomy. The fundamental principles of Motivational interviewing, expressing empathy, developing discrepancy, avoiding confrontation, and strengthening self-efficacy, reflect the shift from a paternalistic model of medical communication to a participatory and collaborative one.

4. Motivational Interviewing as a Pedagogical Tool in Medical Education

From a pedagogical point of view, Motivational Interviewing is based on experiential (participatory) learning theories (Kolb, 1984), according to which knowledge is constructed through a cycle of direct experience, reflection, conceptualization, and application. Methods such as simulation, role-playing, or formative feedback create active learning contexts in which students practice listening, empathy, and guiding the patient through the decision-making process. Similarly, the perspective of social constructivism (Vygotsky, 1978) supports the idea that learning occurs through interactions with mentors and peers in a collaborative environment. In this sense, IM exercises become spaces for co-constructing professional knowledge and attitudes, where students receive support and feedback but gradually take responsibility for their own development.

Table 1. Educational Paradigm of Motivational Interviewing in a Comparative Plan of Traditional Education Vs. Experiential (Participatory) Education

№	Dimension	Traditional (transmissive) education	Experiential/constructivist education	The role of motivational interviewing (MI)
1	The role of the student	Passive receiver of information	Active participant, builder of knowledge	Practice empathy, listening, and guidance through role-playing and simulations. (Kolb, 1984; Vygotsky, 1978)
2	The role of the teacher	Transmitter of knowledge	Facilitator, guide of the learning process	Create contexts for practice, provide formative feedback. (Knowles, 1984; Schön, 1987)
3	Teaching methods	Lectures, theoretical presentation	Simulation, role-playing, reflection, learning by doing	Motivational interviewing used as an active and interactive method. (Miller & Rollnick, 1991/2013)
4	Dominant component	Cognitive (accumulation of information)	Cognitive + socio-emotional + practical	Integration of theoretical knowledge with empathy and clinical application. (Stewart et al., 2003; Kolb, 1984)
5	Evaluation	Summative (tests, exams)	Formative (feedback, self-assessment, reflection)	Continuous feedback on communication skills (Black & Wiliam, 1998)
6	Expected result	Standardized theoretical knowledge	Integrated skills (cognitive, emotional, practical)	Development of professional patient-centered communication skills (Prochaska & DiClemente, 1983; Miller & Rollnick, 2013)

Table 1 reflects the dimensions of the educational paradigm of motivational interviewing in a comparative plan of traditional education vs. experiential (participatory) education, highlighting the basic differences between traditional-transmissive and experiential-constructivist educational models, centered on the student, emphasizing the place that motivational interviewing (MI) occupies in the transition to a modern pedagogy, aligned with the modern, participatory, and empathetic paradigm (Vygotsky, 1978; Biggs & Tang, 2011).

The role of the student in the traditional paradigm is reflected as a passive receiver of information, and the teacher as the sole holder and transmitter of knowledge. In this context, the emphasis is on cognitive accumulation and summative assessment, with predominantly theoretical and standardized results. In contrast, experiential and

constructivist education places the student in an active role as a co-creator of knowledge, and the educator becomes a facilitator of the learning process. The methods used—simulation, role-playing, reflection, and formative feedback—allow for the simultaneous development of cognitive, emotional, and practical dimensions, favoring authentic and adaptable professional skills. The motivational interview is configured as a complex pedagogical tool, capable of mediating the transition from the transmissive to the constructivist model.

When used in teaching contexts, MI not only supports the development of empathy and active listening skills but also strengthens student autonomy and their ability to apply knowledge in simulated clinical situations. Thus, motivational interviewing becomes both a patient-centered communication strategy and an indicator of the modernization of the medical education process. Analysis of the theoretical framework demonstrates that motivational interviewing transcends its status as a simple clinical communication technique and asserts itself as an integrative pedagogical tool, valuable in medical professional training. By anchoring itself in the paradigms of experiential and constructivist education, MI facilitates the development of cognitive, socio-emotional, and practical skills, contributing to the consolidation of a patient-centered communication culture.

This theoretical foundation justifies the need to investigate how motivational interviewing can be applied in medical university curricula and its impact on the training of future healthcare professionals.

5. Teaching Methods for Integrating Motivational Interviewing into Medical Professional Training

Identifying appropriate teaching methods for integrating motivational interviewing into medical training highlights the fact that the educational process favors experiential and reflective approaches over the transmission of theoretical knowledge. Clinical simulation is emerging as a central method, as it offers students the opportunity to practice communication techniques in a safe and controlled environment, close to clinical reality. Role-playing complements this approach by promoting empathy and understanding of the dynamics of the doctor-patient relationship, which are fundamental aspects for the application of motivational interviewing. Personal reflection becomes an essential tool for self-analysis, as it stimulates awareness of one's own attitudes and professional values, facilitating the internalization of patient-centered communication principles.

At the same time, formative feedback ensures a process of constructive correction, supporting the transformation of mistakes into learning opportunities and consolidating a culture of continuous improvement. Thus, the combination of these teaching methods supports the integrated development of cognitive, socio-emotional, and practical skills necessary for effective and ethical medical communication.

The results of the analysis confirm that motivational interviewing, introduced through active methodologies, becomes not only a clinical technique but also valuable pedagogical content that contributes to the formation of a professional culture based on respect, empathy, and collaboration.

Table 2. Teaching Methods for Integrating Motivational Interviewing into Medical Education

№	Method	Pedagogical role	Benefits for students	Bibliographic sources
1	Clinical simulation	Practicing communication techniques in controlled and realistic contexts.	It increases confidence, reduces anxiety, and promotes the transfer of theory into practice.	Motorola et al., 2013; Lateef, 2010
2	Role play	Experimenting with the roles of professional and patient.	Develops empathy, active listening, communication flexibility, and the ability to understand different perspectives.	Nestel & Tierney, 2007; Joyner & Young, 2006
3	Personal reflection	Self-assessment and awareness of one's own communication style.	Promotes critical thinking, the integration of professional values, and the development of an ethical, patient-centered attitude.	Mann et al., 2009; Sandars, 2009
4	Formative feedback	Providing immediate, specific, and constructive feedback after exercises or simulations.	Strengthens skills, corrects errors in a safe environment, and transforms mistakes into learning opportunities.	Archer, 2010; Ramani & Krackov, 2012

Simulation, role-playing, reflection, and formative feedback prove to be effective methods for integrating motivational interviewing into medical training. These approaches develop cognitive, emotional, and practical skills, stimulate empathy and critical thinking, and support the development of a professional and ethical attitude

in the doctor–patient relationship. Thus, motivational interviewing becomes a valuable pedagogical tool, naturally integrated into the modern curriculum.

6. Evaluation of the Formative Impact of Using Motivational Interviewing on the Development of Cognitive, Socio-Emotional, and Practical Skills of Medical Students

Motivational interviewing (MI) is a person-centered communication method developed by Miller and Rollnick (2012) that aims to facilitate change by exploring and strengthening intrinsic motivation. In the context of medical education, MI is emerging as a valuable training tool with the potential to support the development of cognitive, socio-emotional, and practical skills of future health professionals.

From a cognitive perspective, MI stimulates critical thinking, analytical skills, and informed decision-making, contributing to the development of a reflective approach in medical practice (Miller & Rollnick, 2012; Arkowitz et al., 2015). In addition, by emphasizing active listening, empathy, and authentic relating, MI promotes the development of socio-emotional skills, which are essential in doctor-patient interaction (Macovei, 2020; Moyers et al., 2016).

In practical terms, the use of motivational interviewing in medical student training has proven effective in improving clinical communication skills, increasing professional autonomy, and adapting to the demands of the real medical context (Zomahoun et al., 2017). Meta-analyses conducted by Vasilaki et al. (2006) and Lundahl et al. (2013) confirm the effectiveness of MI in promoting healthy behaviors and reducing resistance to change, including in educational contexts. Integrating motivational interviewing into the medical curriculum can lead to increased student engagement in the learning process, reduced anxiety, and strengthened motivation for personal and professional development (Schwalbe et al., 2014). Thus, assessing the formative impact of this method becomes a relevant research direction for optimizing pedagogical strategies in medical education.

7. Arguing the Curricular Relevance of the Motivational Interview as an Indicator of the Quality of the Teaching-Learning Process in the Field of Health

The integration of motivational interviewing into the health education curriculum is emerging as a relevant and effective teaching strategy, capable of reflecting the

quality of the instructional-educational process. By promoting a student-centered approach that values empathy, reflection, and professional responsibility, motivational interviewing contributes to the development of essential skills for contemporary medical practice. The curricular relevance of this method lies not only in its clinical effectiveness, but also in its ability to transform the educational act into an authentic formative process, adapted to the real needs of future health professionals. Thus, the motivational interview can be considered an indicator of the quality of medical education, supporting the student's integral development and facilitating their transition from learning to responsible application in a professional context.

8. Conclusion

From a pedagogical perspective, motivational interviewing has proven to be a valuable tool in the professional training of healthcare professionals, integrating cognitive, socio-emotional, and practical dimensions. Through active methods such as simulation, role-playing, reflection, and formative feedback, this approach supports the development of empathy, critical thinking, and ethical, patient-centered communication. The motivational interview optimizes the doctor-patient relationship, becomes an indicator of the quality of modern medical education, and contributes to the training of responsible, reflective professionals who are adaptable to current demands in the field of healthcare.

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