



Objectives: Interviewing Skills (Motivational Interviewing, Breaking Bad News, Difficult Patient)

Motivational Interviewing

1. Describe the stages of change and utilize these principles with respect to motivational interviewing.
2. Apply motivational interviewing to a variety of clinical scenarios including, but not limited to, smoking cessation, alcohol dependence and insulin initiation.

Breaking Bad News

3. When giving bad news, ensure the setting is appropriate and ensure patient's confidentiality.
4. Give bad news in an empathetic and compassionate manner, utilizing methods such as SPIKES, when appropriate.
5. Obtain patient consent before involving the family in all patient encounters.

Difficult Patient

1. When confronted with difficult patient interactions, seek out and update, when necessary, information about the patient's life circumstances, current context and functional status.
2. In patients with chronic illness, expect difficult interactions from time-to-time and exhibit compassion and sensitivity at those times.
3. With difficult patients, remain vigilant for new symptoms and physical findings to be sure they receive adequate attention (e.g. psychiatric patients, patients with chronic pain).
4. When confronted with difficult patient interactions, identify your own attitudes and your contribution to the situation.
5. When dealing with difficult patients, set clear boundaries.
6. Take steps to end the physician-patient relationship when it is in the patient's best interest.
7. With a difficult patient, safely establish common ground to determine the patient's needs.

Multiple Medical Problems

1. In a patient presenting with multiple medical concerns, take an appropriate history to determine the primary reason for consultation.
2. In all patients presenting with multiple medical concerns, prioritize problems appropriately to develop an agenda that both you and the patient can agree upon (e.g. determine common ground).
3. In a patient with multiple medical complaints, consider underlying depression, anxiety or abuse as the cause of the symptoms, while continuing to search for other organic pathology.
4. In patients with multiple medical problems and recurrent visits for unchanging symptoms, set limits for consultations when appropriate (e.g. limiting the duration and frequency of visits).

*Adopted from CFPC's Priority Topics