



Motivational Interviewing

SAMPLE SCRIPT

It can be challenging to navigate conversations when there is a difference of opinion. For patients with prolonged symptoms who desire long-term antibiotics or other interventions that may be harmful, it can be hard to know how best to explain why they are not recommended while maintaining a positive clinician-patient relationship. Here are some examples of what you might say when a patient is seeking a treatment that is not medically indicated.



Validate their feelings.

“I can understand why you feel that way.”



Encourage discussion about harmful outcomes.

“What side effects have you experienced in the past? What problems do you think more antibiotics might cause?”



Concisely state your stance on the treatment in question, in clear terms the patient can understand.

“Multiple studies have shown there is not a benefit to taking antibiotics for a long time. Many people have experienced real harms, like blood stream infections from IV lines. I don’t want you or any of my patients to experience something like that.”



Open the door for alternative therapies.

“Besides antibiotics, what has worked for you? What else are you interested in trying?” or “I think antibiotics are too risky, but I do want to help you feel better. What other options do you think might help?”





Help the patient navigate some options, looking at pros and cons.

“This option might cause [x], but there are some reasons why it might work for you.”



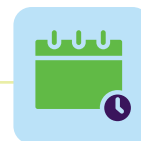
Acknowledge the patient’s control of the situation.

“I think these are good options, but which one do you think you’d like to start with? It’s up to you.”



Encourage a structured way to measure treatment failure or success.

“How do you like to document your response to medication?”



Agree upon a time frame to try the new treatment before returning.

“Generally, it takes some time to see if a medication is going to work for you. I’m thinking of having you come back with your symptom diary for a follow up in about 4 weeks. Do you think that’s enough time?”



The most important thing is to use open-ended questions, let the patient lead wherever possible, and work together as a team on a treatment plan.

While documentation is important, keeping good eye contact and not being distracted by electronic medical records helps in all clinician-patient interactions. Keep in mind that you will have multiple visits and conversations with patients. It can be helpful to let the topic sit until the next visit after everyone has had time to consider the other side.