

Mnemonic	Clinical Setting & Validated Use	Reference(s)
ABCDE: Advance preparation Build therapeutic relationship Communicate well Deal with patient and family reactions Encourage and validate emotions	General medical/Breaking bad news	Rabow MW, McPhee SJ: Beyond breaking bad news: how to help patients who suffer. <i>West J Med</i> 1999;171:260–263.
BATHE: <u>Background</u> (“What has happened since I last saw you?”) <u>Affect</u> (“Many people who’ve experienced _____ have reported feeling _____. Do you feel similarly?”) <u>Trouble</u> “What bothers/troubles you most about the situation?” <u>Handle</u> “How are you handling or coping with this situation?” <u>Empathy</u> “It sounds like this has been very difficult for you.”	Primary care / history-taking/Addressing Psychosocial Problems	Lieberman JA: BATHE: an approach to the interview process in the primary care setting. <i>J Clin Psychiatry</i> 1997;58(Suppl 3):3. Searight, H. Russell. "Realistic approaches to counseling in the office setting." <i>Am Fam Physician</i> 79.4 (2009): 277-284.
ICE: Ideas Concerns Expectations	General medical/History-taking	Matthys J, Elwyn G, Van Nuland M, et al.: Patients’ ideas, concerns, and expectations (ICE) in general practice: impact on prescribing. <i>Br J Gen Pract</i> 2009;59(558);29–36.
LEARN: Listen and understand Explain Acknowledge Recommend Negotiate	General medical/Cultural competency	Berlin E, Fowkes W: A teaching framework for cross-cultural health care; application in family practice. <i>West J Med</i> 1983; 139:934–938.
NURS: Name—state the patient’s emotion	Any / Responding to emotions and establishing	Tierney L, Henderson M, Kraytman M. <i>The Patient History:</i>

<p>Understand—empathize with and legitimize emotion Respect—praise patient for strength Support—show support</p>	<p>empathetic partnership with the patient</p>	<p>Evidence-based Approach. pg 10. New York, NY: McGraw-Hill; 2005.</p>
<p>SOLER: Squarely face the other person Open posture Lean towards the person Eye contact Relax</p>	<p>Effective body language</p>	<p>Buse D, Lipton R: Facilitating communication with patients for improved migraine outcomes. Curr Pain Headache Rep 2008;12:230–236.</p>
<p>SPIKES <u>Set up an interview;</u> <i>(also consider appropriate setting, sit down, stay, significant others present)</i> <u>Perception</u>—ask what patient knows <i>(Before you tell, ask)</i> <u>Invitation</u>—explore patient’s wishes regarding information <i>(How much information? What style (verbal, visual, etc)?</i> <u>Knowledge</u>—warn patient bad news is coming, explain diagnosis <i>(Consider health care literacy, education level; Who would the patient like present with them when receiving the information?)</i> <u>Emotions and empathy</u> <i>(Validate emotion)</i> <u>Strategy and summary</u>—discuss treatment options</p>	<p>Breaking bad news- Oncology/Palliative Medicine/Hospice</p>	<p>Baile WF, Buckman R, Lenzi R, Gliner G, Beale EA, Kudelka AP: SPIKES—a six step protocol for delivering bad news: application to the patient with cancer. The Oncologist 2000; 5:302–311.</p>
<p>VALUE: Value what family members say Acknowledge emotions Listen Understand who the patient is by asking questions Evaluate</p>	<p>Family meeting/ Intensive care</p>	<p>Lautrette A, Darmon M, Megarbane B, et al.: A communication strategy and brochure for relatives of patients dying in the ICU. N Engl J Med 2007;356:469–478.</p>