

# The BATHE Technique as a Method for Teaching Patient-Centered Medical Interviewing

Joseph Dusseau, MD; Firuzan Sari Kundt, MA; Doug Post, PhD

College of Medicine, The Ohio State University

## Background

**Goal: Teaching first year medical students to develop and retain patient-centered medical interviewing skills.**

### Benefits of patient-centered communication:

- Improved patient satisfaction
- Improved compliance
- Improved health outcomes
- Decrease in malpractice claims

### Challenges to teaching patient-centered interviewing skills:

- Students perceive interviewing skills to be “common sense” despite their lack of training
- First year students often have little medical knowledge to help guide them during patient encounters
- Students need a framework/guide to help them through the interview
- Previously taught framework (CODIERS) - very doctor-centered

### Solution -The BATHE Technique:

- Originally developed as a psychotherapy technique for primary care physicians
- Has been shown to improve patient satisfaction

### The BATHE acronym:

- **B: Background:** “What is going on in your life?” & “What brings you in today?”  
Connector: “I can see that there is a lot going on in your life, but how is it making you feel?”
- **A: Affect:** “How do you feel about that?”
- **T: Trouble:** “What troubles you the most?”
- **H: Handling:** “How are you handling that?” & “What have you done to try to help the problem?”
- **E: Empathy:** “That must be very difficult.”

## Methods

### New Curriculum Developed for 2008-2009:

- Delivered in small group of 12 students & 1 faculty member
- Three, 3 hour sessions
- Introductory topics included
- Information management (open- and closed-ended questions)
- Rapport building skills
- Active listening
- Appropriate nonverbal behaviors

### BATHE acronym taught as the sole method of obtaining an HOPI

- “B” component expanded to include additional questions about the patient’s chief complaint
- “H” component expanded to include any medications or treatments that the patient has attempted for their condition

### Students observed videotapes of two faculty members with different interviewing styles using the BATHE technique to obtain an HOPI

### Students also had the opportunity to practice their skills on SPs. Each student had 2 practice interviews:

- 1. Interview: Students had 20 minutes to obtain an HOPI
- 2. Interview: Students had 30 minutes to obtain a full medical history including the HOPI.

### The videotapes of these interviews were reviewed by the small group facilitators and each student received individual feedback on both videos via a standardized feedback form.

## Results

Students were sent a course evaluation at the conclusion of the fifth interviewing session asking about their experiences using the BATHE technique. A total of 187/207 students (90%) responded to the survey. Results are listed in table 1.

Table 1. Student Opinions on using the BATHE technique (raw numbers)

| Question   | strongly disagree | disagree | neutral | agree | strongly agree | average | St. d. |
|--|-------------------|----------|---------|-------|----------------|---------|--------|
| The BATHE technique helped me feel comfortable in my ability to communicate with patients at an early stage in my medical training | 6                 | 15       | 40      | 93    | 33             | 3.71    | .96    |
| Using the BATHE technique helped me understand the patient’s illness experience  | 4                 | 24       | 42      | 87    | 30             | 3.61    | .97    |
| I felt comfortable using the BATHE technique on standardized patients  | 2                 | 7        | 28      | 104   | 46             | 3.99    | .80    |
| I felt prepared to obtain a history of present illness from a standardized patient after learning the BATHE technique              | 3                 | 20       | 23      | 106   | 35             | 3.80    | .92    |
| I applied the BATHE technique during my videotaped interviews  | 1                 | 10       | 21      | 104   | 51             | 4.04    | .81    |
| Using the BATHE technique helped improved my competence in conducting a medical interview early in my training                     | 3                 | 17       | 34      | 101   | 32             | 3.76    | .90    |

We have further collapsed the categories “strongly disagree” and “disagree” into “overall disagree” as well as “agree” and “strongly agree” into “overall agree” to get a simplified look at the data. Table 2 shows collapsed categories as percentages.

Table 2. Overall Trend about using the BATHE technique (%)

| Question   | Overall Disagree % | Neutral % | Overall Agree % |
|--|--------------------|-----------|-----------------|
| The BATHE technique helped me feel comfortable in my ability to communicate with patients at an early stage in my medical training | 11.23              | 21.39     | 67.38           |
| Using the BATHE technique helped me understand the patient’s illness experience  | 14.97              | 22.46     | 62.57           |
| I felt comfortable using the BATHE technique on standardized patients  | 4.81               | 14.97     | 80.21           |
| I felt prepared to obtain a history of present illness from a standardized patient after learning the BATHE technique              | 12.30              | 12.30     | 75.40           |
| I applied the BATHE technique during my videotaped interviews  | 5.88               | 11.23     | 82.89           |
| Using the BATHE technique helped improved my competence in conducting a medical interview early in my training                     | 10.70              | 18.18     | 71.12           |

A Chi-Square test of the 3 categories in Table 2. showed that the observed data is significantly different than the expected data at the  $\alpha = 0.05$ , meaning that the 3 different answer categories are significantly different from each other. The data show that a large proportion of students agree with using the BATHE mnemonic as a useful tool and that this trend is significant.

## Summary

### Student survey results show a positive response to this curricular intervention:

- A majority of the students at this level of training find the use of BATHE helpful and easy to apply.
- They are also more likely to feel prepared and competent to conduct a medical history at this level of their medical training.
- Overall, students feel positive about using the BATHE technique and that using it will get them the results they are trying to get.
- **LIMITATION:** Students did comment that strict use of the BATHE technique did not allow them to gather specific symptom information with as much detail as the use of the CODIERS mnemonic.
- **REMEDY:** Future course development will focus on integrating the CODIERS with the BATHE technique to give students the tools for successful medical interviewing.

## References

1. Beardsley RS, Gardocki GJ, Larson DB, et al. (1988). Prescribing of psychotropic medications by primary care physicians and psychiatrists. *Archives of General Psychiatry*, 45, 1117-8.
2. Creed F & Olden KW. (2007). Gastrointestinal disorders. In: Levenson JL (ed.). *Essentials of psychosomatic medicine* (pp. 55-74). Washington, DC: American Psychiatric P.
3. Ficklin J, Pappach I, & Tokar A. (2004). Teaching medical students what they think they already know. *Education for Health*, 17(1), 35-41.
4. Haas LJ & DeGruy FV. (2004). Primary care, psychology, and primary care psychology. In: Haas LJ (ed.). *Handbook of primary care psychology* (pp. 5-20). New York: Oxford UP.
5. Kroeke K & Mangelsdorff AD. (1989). Common symptoms in ambulatory care: incidence, evaluations, therapy, and outcome. *American Journal of Medicine*, 86, 262-6.
6. Leblum SR, Schmal E, Seshuam M, & DeMaria A. (2008). To BATHE or not to BATHE: Patient satisfaction with visits to their family physician. *Family Medicine*, 40(6), 407-11.
7. Levinson W. (1994). Physician-patient communication: A key to malpractice prevention. *JAMA*, 267, 1619-20.
8. Lieberman JA, 3rd (1997). BATHE: An approach to the interview process in the primary care setting. *Journal of Clinical Psychiatry*, 58 Suppl.3, 3-6, discussion 7-8.
9. McCulloch, J, Ramesar, S, & Peterson, H. (1998). Psychotherapy in primary care: the BATHE technique. *American Academy of Family Physicians*, 57(9): 2131-4.
10. Miranda J, Hohmann AA, & Atkinson CC (1994). Epidemiology of mental disorders in primary care. In: Miranda J, Hohmann AA, Atkinson CC, & Larson DP (eds.), *Mental disorders in primary care* (pp. 3-15). San Francisco, CA: Jossey-Bass.
11. Rees GE, Sheard CE, & McPherson AD. (2002). A qualitative study to explore undergraduate medical students’ attitudes towards communication skills learning. *Medical Teacher*, 24(3): 289-93.
12. Simon GE, VonKorff M, & Barlow W. (1995). Health care costs of primary care patients with recognized depression. *Archives of General Psychiatry*, 52, 850-6.
13. Stewart MA. (1995). Effective physician-patient communication and health outcomes: a review. *Canadian Medical Association Journal*, 152: 1423-33.
14. Strohshki K. (1998). Integrating behavioral health and primary care services: the primary mental health care model. In: Blount A (ed.). *Integrated primary care: the future of medical and mental health collaboration* (pp. 139-68). New York: Norton.
15. Wedding D & Mengel M. (2004). Models of integrated care in primary care settings. In: Haas LJ (ed.). *Handbook of primary care psychology* (pp. 47-60). New York: Oxford UP.