

A blurred background image showing several people sitting at a long table in a modern, brightly lit room, possibly a conference or meeting space. The people are out of focus, and the room has large windows and a clean, minimalist design.

Conquer the Conversation: Strategies for Incorporating Difficult Conversations into Athletic Training/Therapy Education

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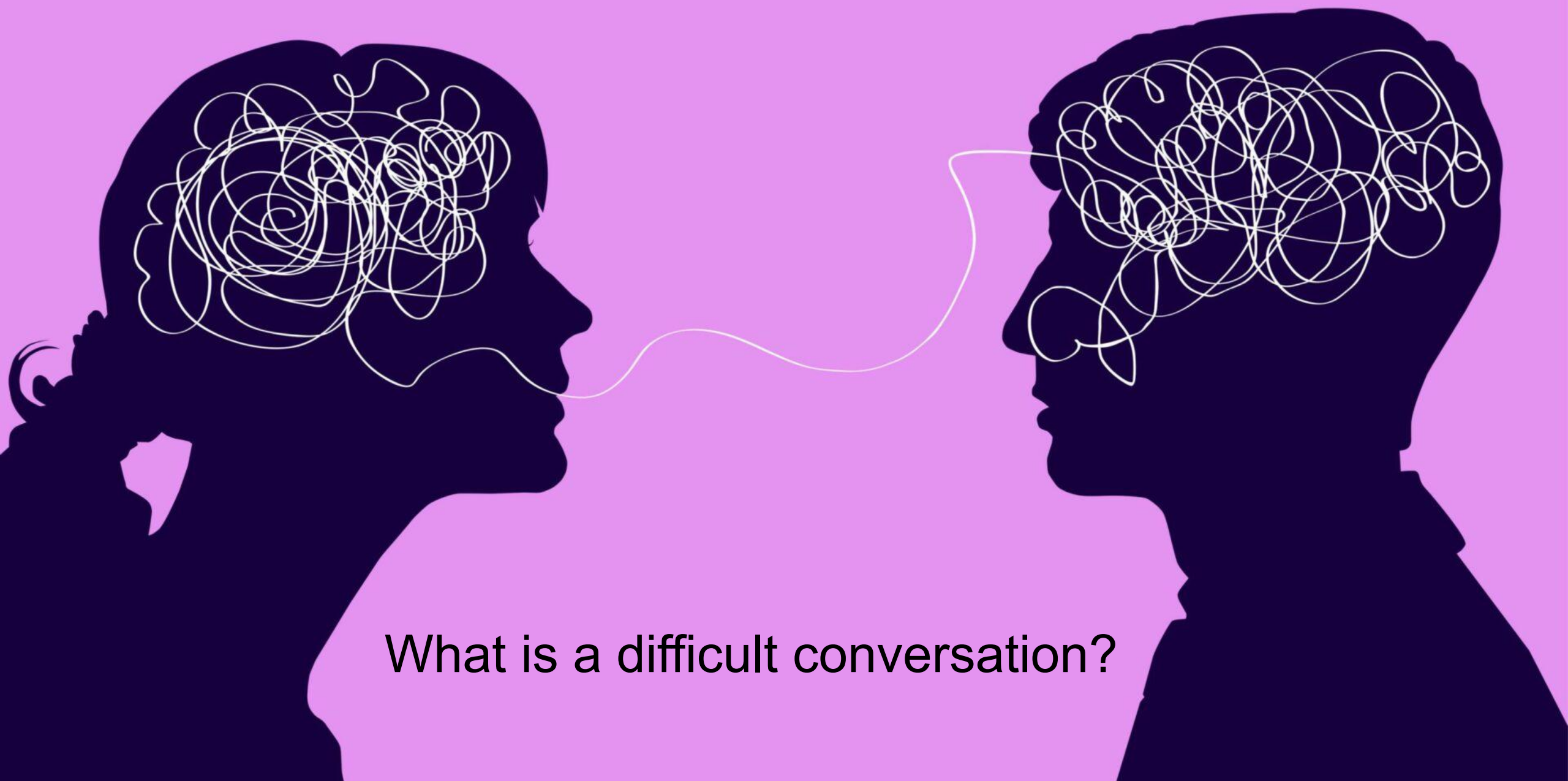


I have no conflicts to disclose



Objectives

- Describe difficult conversations in athletic training/therapy
- Identify need for effective communication strategies
- Develop strategies to teach students how to navigate difficult conversations



What is a difficult conversation?

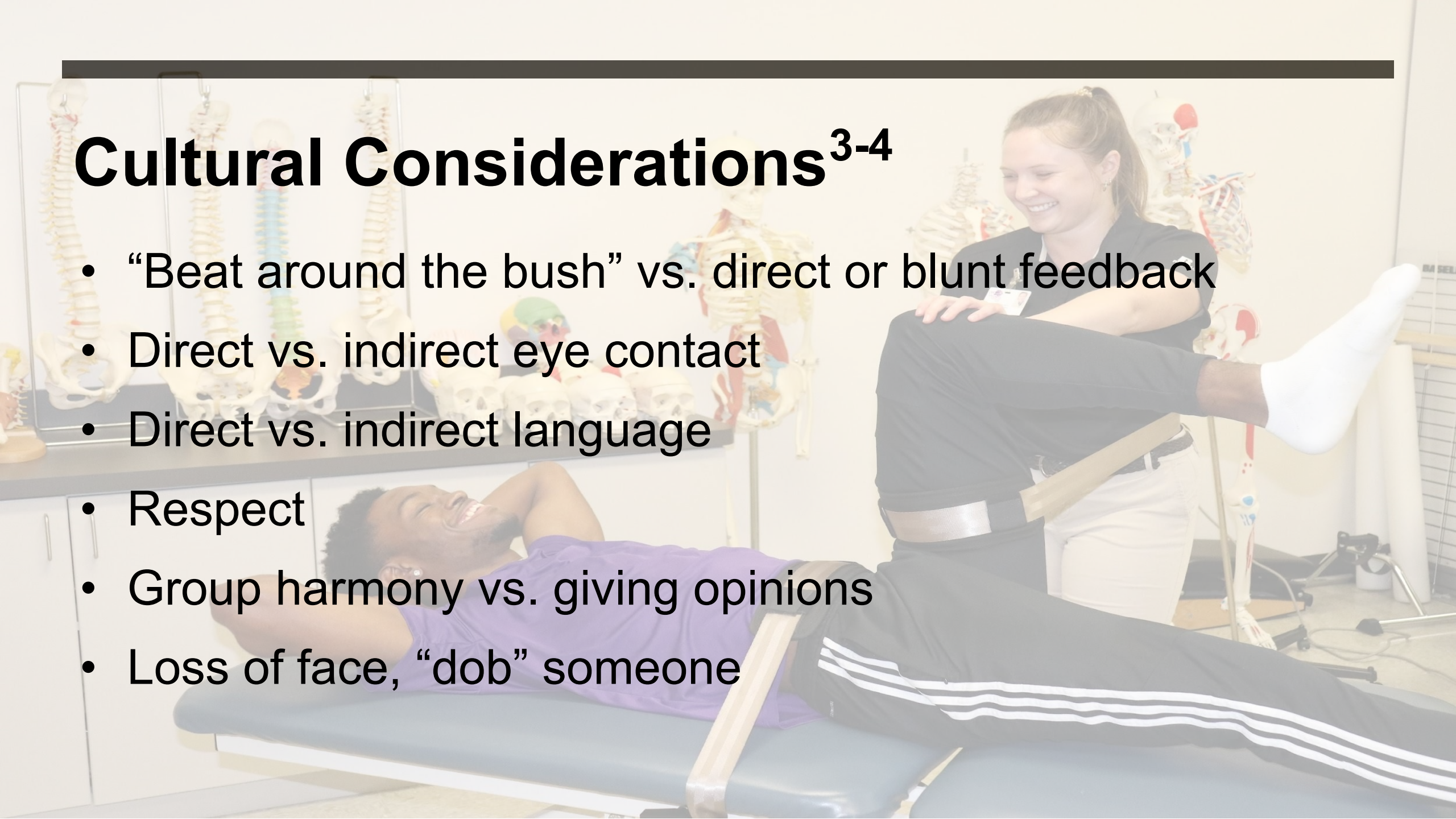
What makes conversations difficult¹⁻²

- Emotions
- Stress and anxiety
- Situational aspects (e.g., timing)
- Nature of Athletic Training and Athletic Therapy
- Working with difficult people



Cultural Considerations³⁻⁴

- “Beat around the bush” vs. direct or blunt feedback
- Direct vs. indirect eye contact
- Direct vs. indirect language
- Respect
- Group harmony vs. giving opinions
- Loss of face, “dob” someone





Why do we care?⁴⁻⁷

- In healthcare, **57%** of individuals will avoid difficult conversations at any cost
- **60%** of medication errors and **70%** of sentinel errors are linked to poor communication.
- **85%** of healthcare workers have been in a situation where a safety measure was identified as an issue, **but more than half** felt unsafe bringing it up
- Ineffective communication leaves patients feeling **anxious, uncertain, and dissatisfied** with the level of care

Why do we avoid difficult convos?^{3,8}



- Fear of negative consequences
- Distaste for confrontation
- Want to protect the patient from unpleasant news
- Lack of confidence in their skills to have the conversations
- Personality type and communication style
- Perceived cultural barriers

New ATs perceptions of navigating difficult conversations²

- Feel underprepared for interpersonal communication and difficult conversations
- Recognize there is a duty to have the conversation





Communication Preparation²

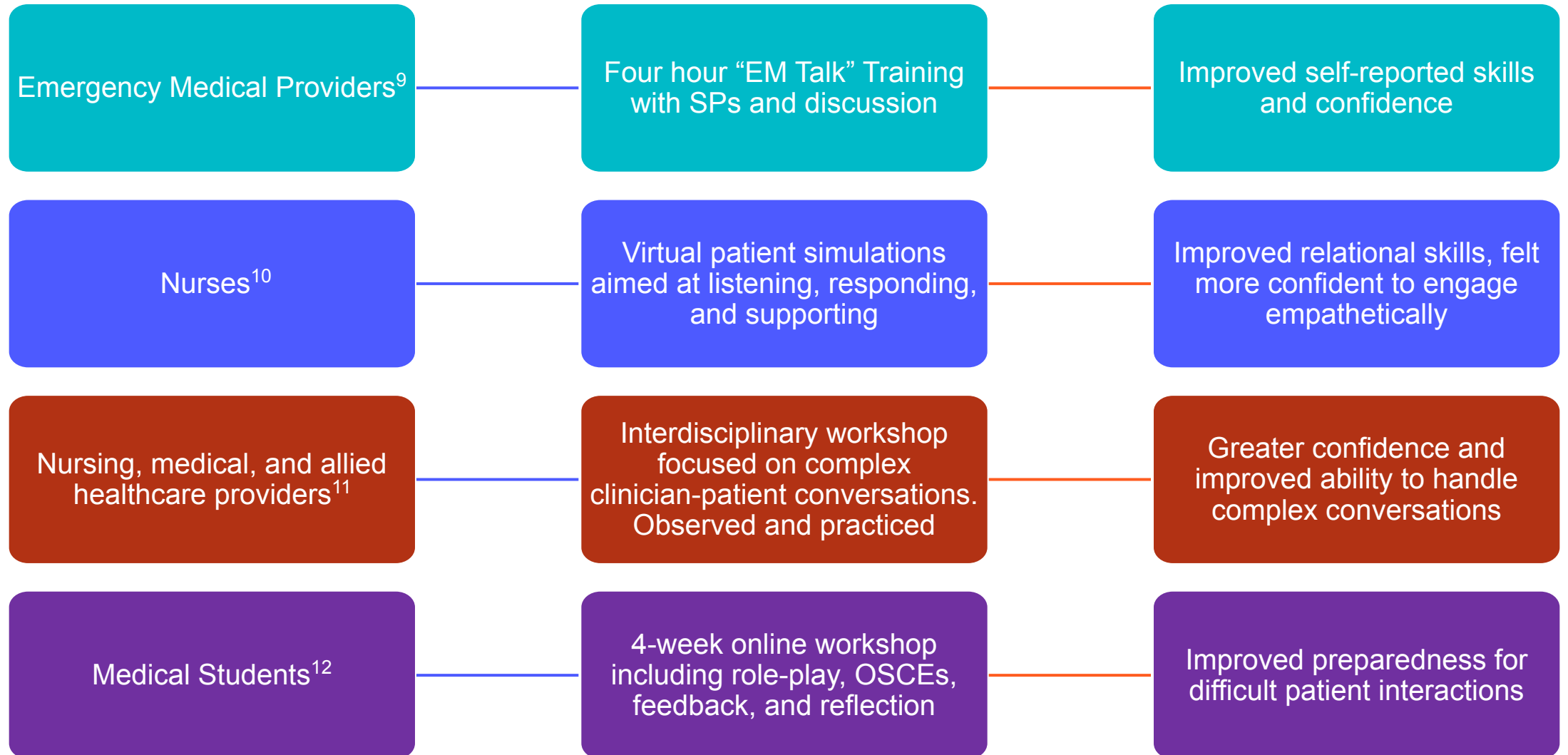
What AT students get

- Informally prepared to communicate with patients
- Often not specific to difficult or uncomfortable conversations
- Few get role play or standardized patient experiences
- Mental Health First Aid

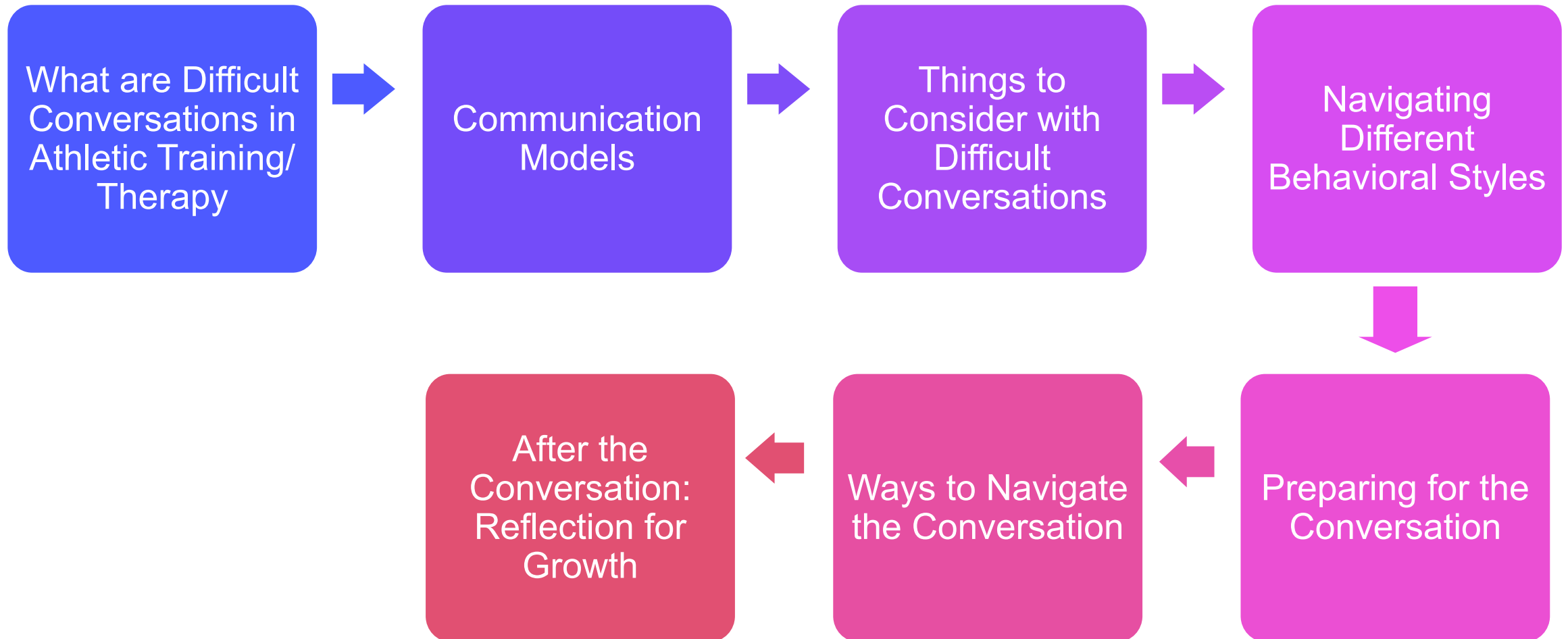
What ATs students want

- Role Play and simulation
- Tips from the field
- Information about difficult personalities and how to handle those

Teaching how to Navigate Difficult Conversations



Ideas for Implementing Difficult Conversations into Athletic Therapy and Athletic Training Programs^{2,13}

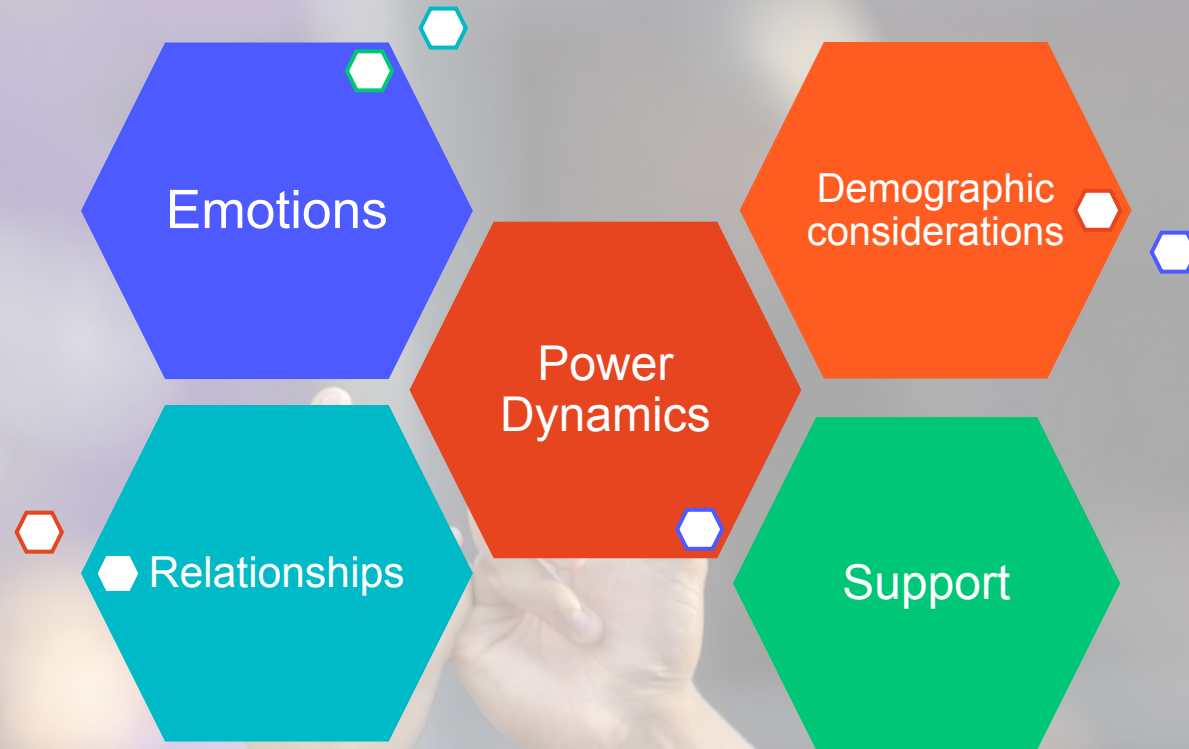


Common frameworks

- SPIKES¹⁴
- Ask-Tell-Ask¹⁵
- Crucial Conversations¹
- ABCDE¹⁶
- ADEPT¹⁷

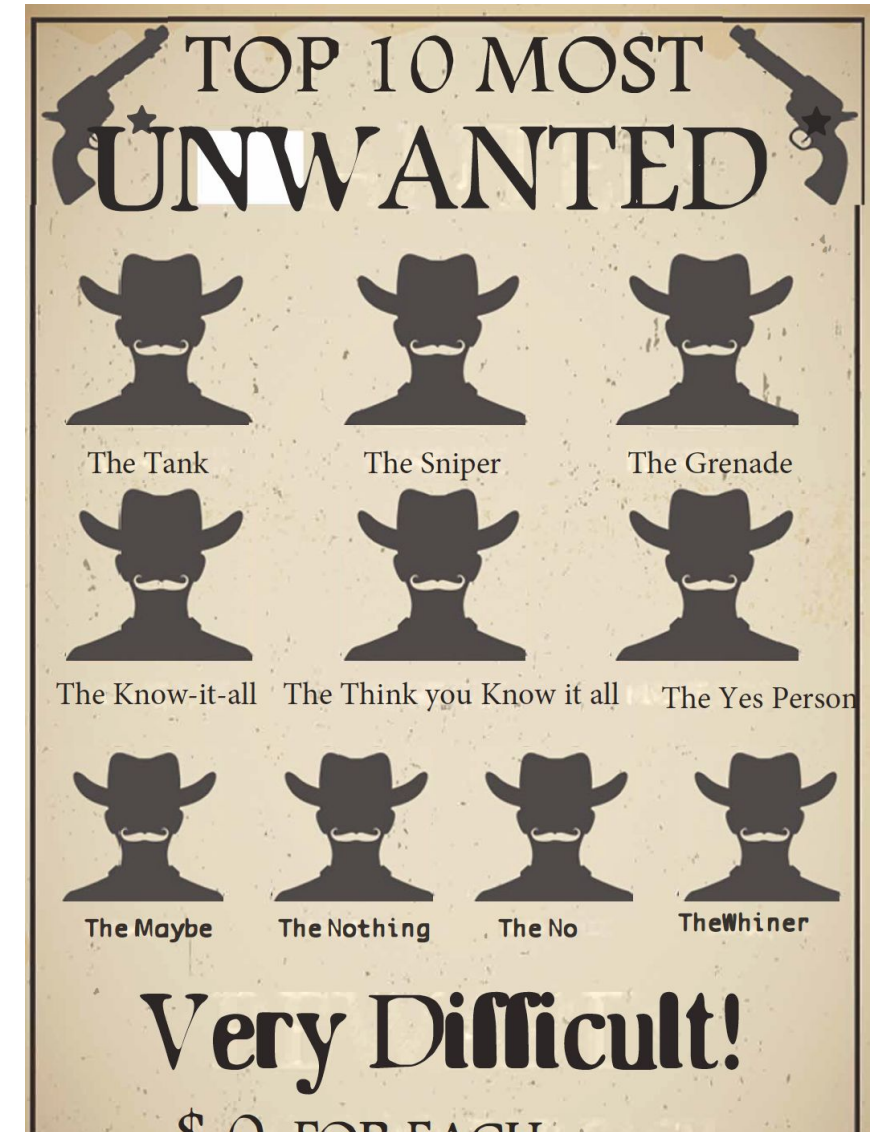


Considerations 2,13,18-19



Navigating Behavioral Styles

- Discuss some difficult behavioral styles and how to work with each type²⁰
 - Brinkman R, Kirscher R. *Dealing with people you can't stand: How to bring out the best in people at their worst.* 4th Ed. McGraw Hill; 2024
- Help students determine their styles under stress
 - DISC Profile²¹
 - Strength Finder²² (has a free version)²³
 - 5 Paths to Leadership²⁴
 - The Big 5 Personality traits (has a free version)²⁵



Preparing for the Conversation^{1-2,1}

3



Develop the plan



Gather information



Provide a case to students and have them prepare. Brainstorm what info they need, gather the appropriate information. Determine setting.



Rehearse and role play

Navigating the Actual Conversation



- Watch videos of successful and less successful difficult conversations and discuss and debrief^{2,13}
- Guided conversations with preceptors^{2,13}
- Practice with role play,^{2,11-13} simulations,^{2,11-13,26} improv²⁷
- Standardized patient experiences^{2,11-13,26}

Reflection



KOLB'S
REFLECTIVE
CYCLE²⁸⁻²⁹

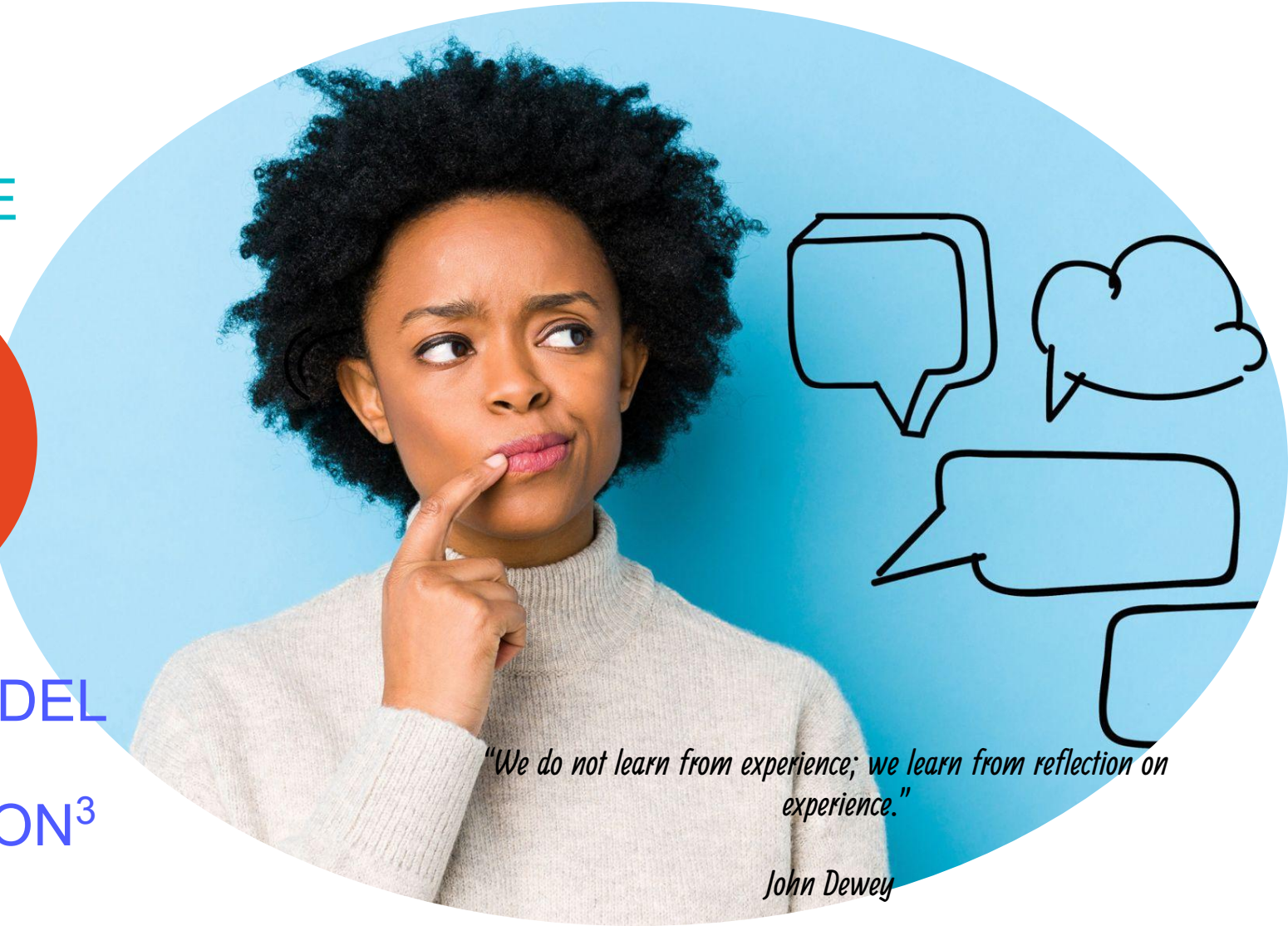


GIBB'S
REFLECTIVE
CYCLE³⁰



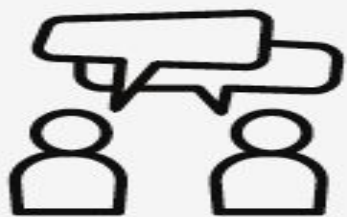
DRISCOLL'S MODEL
OF
SELF-REFLECTION³

1



"We do not learn from experience; we learn from reflection on experience."

John Dewey



COMMUNICATION

Self reflection



SCENARIO:

PERSON(S) INVOLVED

DATE:

Initial Impressions

How did I feel going into the conversation?
How do I feel now, after the conversation?
What were my goals for the conversation?

Communication Check In

What went well in how I communicated? What could I have done differently? What did the other person do well? What did I find challenging about their communication? Was I able to discuss my main points?

Ways to Assess^{9-13,26-27}

- OSCE style stations
- Rubrics
- Self-efficacy questionnaires
- Debriefing
- Reflective writing



Summary

Outline Frameworks

- SPIKES
- ABCD
- Crucial Conversations
- ADEPT
- SBAR
- NURSE
- BREAKS
- ARCHES
- So many others!

Tips from the field

- Videos and discussion
- Guided discussions with preceptors

Simulations and Role Play

- Develop cases for student practice (conflict with coach, breaking bad news to patient, professionalism, negotiating salary)
- Debrief and provide Feedback

Standardized Patient Experience

- Difficult cases with assessments
- Debrief
- Reflection

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