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Teaching Interprofessional Communication Skills in Athletic Training Professional Programs: A Mixed Methods Study

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**OBJECTIVE**
The purpose of this study was to determine the effectiveness of a six-week communication skills training on athletic training students’ interpersonal communication skills during initial patient encounters and whether athletic training students utilize effective interpersonal communication in the athletic training clinical education setting.

**DESIGN and SETTING**
This was a mixed methods experimental randomized baseline post-test control group study designed to determine the effectiveness of a six-week communication skills training on athletic training students’ interpersonal communication skills during initial patient encounters, whether athletic training students utilize effective interpersonal communication in the athletic training clinical education setting, and to understand athletic training students’ perceptions of their interpersonal communication skills.

**PARTICIPANTS**
A total of 8 (1 male, 7 female) athletic training students enrolled in an athletic training professional program during fall 2018. The subjects varied in the level of the athletic training professional program (5 sophomores, 2 juniors, and 1 senior). The sampling scheme used was convenience sampling with groups stratified to balance demographic variables (gender and year in the athletic training professional program).

**INTERVENTION**
Students were observed during a patient encounter with a standardized patient by two researchers using a modified Calgary-Cambridge Observation Guide-Medical Skills Evaluation during baseline, post-, and repeated post-testing. The experimental group received six training sessions of communication skills training with each consisting of two hours (thirty minutes of presenting and discussing the skills within each task of the evaluation form (one task per session), thirty minutes viewing videotapes of appropriate interpersonal communication skills during a patient encounter, thirty minutes of practicing the skills in the session utilizing role play with partners, and thirty minutes for questions and answers).

**MAIN OUTCOME MEASUREMENT**
Demographic information included gender, year in the athletic training program, previous communication training, and GPA. Total scores on the modified Calgary-Cambridge Observation Guide-Medical Skills Evaluation were calculated using a Repeated Measures Analysis of Variance (ANOVA) to determine the impact interpersonal communication skills training had on an athletic training student’s interpersonal communication skills during a patient encounter at baseline, post-testing, and repeated post-testing. Self-assessment forms were completed by the subjects following their patient encounters during baseline and post-testing. Descriptive and pattern coding were used to identify categories and themes from the data to develop themes and categories as to application of communication skills into clinical practice and athletic training students’ perceptions with interpersonal communication skills.
RESULTS
Results indicated athletic training students improved their communication skills over time by a mean score of 10 points out of 120 points once taught communication skills. Qualitative findings suggested students attempted to incorporate communication training techniques in clinical practice. Themes that emerged regarding application in clinical practice included evidence of skill application, purpose of skill application, and a focus on technical skills. Lastly, students perceived their communication skills to improve by a mean of 24.38 points out of 120 points, which was significantly higher than the researcher's scores, which aligns with current research indicating higher self-assessment scores may be due to a student being less confident in a skill. Additional themes discovered through subject self-assessment of their communication skills included more frequent responses with verbal and non-verbal communication skills and building the relationship with the patient but were less frequent in response to patient care and satisfaction.

CONCLUSION
Athletic training students can improve their communication skills once taught and when provided the chance to practice such skills in the clinical setting. Therefore, it is recommended interpersonal communication skills be taught both in the classroom and within clinical education, as well as early in the curriculum to allow the student to gain multiple practice opportunities over time. Athletic trainers may become more competent healthcare providers with effective interpersonal communication skills. Such skills are necessary in the athletic training profession to improve patient satisfaction and patient outcomes. Determining how to further incorporate and assess communication skills training in athletic training professional programs is suggested.

KEY WORDS: interpersonal communication, athletic training student, athletic training professional program