Bir Üniversite Hastanesi Ortamında Temel İletişim Becerileri Eğitici Eğitimi Programının Değerlendirilmesi
Evaluation of a Basic Communication Skills Train-the-Trainer Program in a University Hospital Setting

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Özet

Amaç: Bu çalışmanın amacı, hastane çalışanlarına uygulanan Temel İletişim Becerileri-Eğitici Eğitimi Programı'nı değerlendirmektir.

Gereç ve Yöntem: Öntest-Sontest tasarımında planlanan çalışma Ege Üniversitesi Tıp Fakültesi Hastanesi (EÜTFH) çalışanları ile yürütüldü. Temel İletişim Becerileri-Eğitici Eğitimi Programı katılımcıları (n:44), yeni eğitici olarak diğer EÜTFH çalışanlarına (n:190) Temel İletişim Becerileri Kursu düzenledi. Temel İletişim Becerileri-Eğitici Eğitimi Programı'nın değerlendirilmesinde Kirkpatrick'in 4 Düzey Model'i modifiye edilerek kullanıldı. Katılımcılar, Düzey 1: Tepki için Oturum Değerlendirme Formu ve Eğitim Programı Değerlendirme Formu'nu doldurdu. Düzey 2: Öğrenme için katılımcılara Öntest-Sontest Formu uygulandı, katılımcıların hazırladıkları sunumlar değerlendirildi. Düzey 3: Davranış için, Temel İletişim Becerileri Kursu'nda, katılımcıların Temel İletişim Becerileri-Eğitici Eğitimi Programı'nda öğrendikleri bilgi ve becerileri nasıl uyguladıkları incelendi. Bunun için Temel İletişim Becerileri Kurs katılımcılarının yeni eğiticileri Oturum Değerlendirme Formu, Eğitim Programı Değerlendirme Formu aracılığı ile değerlendirmeleri istendi ve ÖnTest-Sontest Formu ile kazandıkları bilgi ölçüldü. Sekiz yeni eğitici ile Derinlemesine Görüşme Formu aracılığıyla görüşüldü. Düzey 4: Sonuçlar için programı tamamlayan ve programdan ayrılan Temel İletişim Becerileri-Eğitici Eğitimi Programı katılımcılarının ve yeni eğiticiler tarafından eğitilenlerin sayısı incelendi.

Bulgular: Temel İletişim Becerileri-Eğitici Eğitimi Programı katılımcılarının, oturumlardan ve programdan memnun kaldıkları (Düzey 1), bilgi ve beceri düzeylerinde artış (Düzey 2) olduğu saptandı. Temel İletişim Becerileri Kurs katılımcılarının öğrenme düzeylerinde artış olduğu, oturumlardan, eğitim programından ve yeni eğiticilerden memnun kaldıkları görüldü. Derinlemesine görüşmelerde, yeni eğiticiler Temel İletişim Becerileri-Eğitici

Anahtar sözcükler:

İletişim Becerileri; Program Değerlendirme; Eğitici Eğitimi Programı

Keywords:

Communication Skills; Program Evaluation; Train-The-Trainer Program

Eğitimi Programı'nın kazanılan bilgiyi uygulamada beceriye dönüştürmede etkili olduğunu ifade ettiler (Düzey 3). Kırkdört katılımcının 26'sı programdan ayrıldı. 18 yeni eğitici tarafından 18 Temel İletişim Becerileri Kursu yapıldı; 190 hastane çalışanı eğitildi (Düzey 4).

Sonuç: Temel İletişim Becerileri-Eğitici Eğitimi Programı, yeni eğiticilerin bilgi ve becerilerini geliştirmek için uygulanabilir.

Abstract

Background: The purpose of this study was to evaluate a Basic Communication Skills Train-the-Trainer Program implemented among hospital staff.

Methods: This pretest–posttest study was conducted with the staff of Ege University Medical Faculty Hospital (EUMFH). Participants in the Basic Communication Skills Train-the-Trainer Program (n=44) organized Basic Communication Skills Courses for other staff (n=190) as new trainers. The Basic Communication Skills Train-the-Trainer Program was evaluated using a modified Kirkpatrick's 4-Level Model. For Level 1 (Reaction), participants completed a Session Assessment Form and Training Program Assessment Survey. For Level 2 (Learning), the participants were assessed using a pretest–posttest form and evaluation of presentations they prepared. For Level 3 (Behavior), the participants were observed as they delivered Basic Communication Skills Courses to other hospital staff to evaluate how they applied the knowledge and skills they learned in the Train-the-Trainer Program. Personnel attending these courses were asked to evaluate the new trainers using the same Session Assessment Form, Training Program Assessment Survey, and pretest–posttest form. Eight new trainers were interviewed via the In-depth Interview Form. Level 4 (Results) evaluation was based on the number of new trainers and the number of hospital staff trained by the new trainers.

Results: Participants in the Basic Communication Skills Train-the-Trainer Program were satisfied with the sessions and the program (Level 1) and demonstrated increased knowledge and skill (Level 2). Staff who attended the Basic Communication Skills Courses conducted by the new trainers also demonstrated learning and were satisfied with the sessions, training program, and new trainers. In the in-depth interviews, they stated that the Basic Communication Skills Train-the-Trainer Program was effective in transforming acquired knowledge into a practical skill (Level 3). Twenty-six of the 44 participants did not complete the program; the 18 new trainers who completed the program held 18 Basic Communication Skills Courses with 190 hospital staff (Level 4).

Conclusions: The Basic Communication Skills Train-the-Trainer Program can be applied to develop the knowledge and skills of new trainers.

Background

Communication is at the core of all interactions that take place during the provision of health care services. Training health care personnel on how to communicate with their patients and colleagues is imperative because effective communication is closely related to satisfaction, compliance, and medical outcomes (1). Communication skills training can result in a noticeable improvement in the communication behaviors of health care personnel (2,3,4). Train-the-trainer programs implemented to develop the communication skills of health care personnel are effective in improving clinical behaviors, increasing knowledge, and obtaining better patient outcomes (5,6).

In a train-the-trainer program, individuals are trained on a specific subject and learn how to train, observe, and supervise others in that subject. Such programs may facilitate the effective implementation and dissemination of curricula created for health care personnel (5). Establishing a permanent, local team of internal employees within an institution that will take responsibility and work to improve the communication skills of the other health care personnel has several advantages. These include having a better understanding of and more effectively addressing topics specific to the

institution compared to outsider trainers, reducing long-term institutional training-related expenditures, building community consciousness, and enabling employees to learn from one another (7,8).

This study aimed to evaluate a Basic Communication Skills Train-the-Trainer Program (BCSTTP) developed to produce knowledgeable and skilled trainers able to provide Basic Communication Skills courses to employees of a large public university hospital. The objective was to obtain a BCSTTP that can be used in various institutions.

Methods

Design

The study was based on a pretest–posttest design, and Kirkpatrick's 4-Level Model was used to guide the evaluation of the BCSTTP. In this model, programs are evaluated on 4 levels: The trainees' perceptions of the training are determined (Level 1: Reaction), their learning is assessed by objective measures (Level 2: Learning), their on-the-job performance is examined according to the training program objectives (Level 3: Behavior), and an analysis is performed to determine if the desired outcomes have been achieved (Level 4: Results) (9,10,11).

The participants' reactions to the program were measured using a Session Assessment Form and Training Program Assessment Survey. Extent of learning was assessed by administering a pretest–posttest and a session in which the participants made presentations and received feedback. In the feedback sessions, which were conducted by the trainers, the participants attempted to execute the skills they learned and were supported by the verbal feedback they received.

Modifications to Kirkpatrick's 4-Level Model were made at the behavior and results levels. The Train-the-Trainer Program participants' performance as trainers during the Basic Communication Skills Course (BCSC) was regarded as the expected behavioral change. Their performance as trainers was evaluated by the personnel attending the Basic Communication Skills Courses using the same Session Assessment Form, Training Program Assessment Survey, and Pretest-Posttest Form used in the Train-the-Trainer Program. The new trainers were also asked to self-assess their performance in in-depth interviews.

The results of the program were assessed using the number of new trainers who completed the entire program and the number of Basic Communication Skills Courses delivered by those trainers (BCSTTP outcomes). As a result, new trainers who can give courses at EUMFH were determined and a summative decision was made.

Intervention

The BCSTTP was conducted to train BCSC trainers in the Ege University Medical Faculty Hospital (EUMFH). The basic aim of the program is to make courses on basic communication skills accessible throughout EUMFH with new trainers.

The BCSTTP consists of two consecutive parts (Figure 1). The first part of the program is a combination of a Train-The-Trainer Course and BCSC that lasts 32 hours. In the second part of the program, teams of 2–3 participants apply the BCSC they received in the first part to other EUFMH staff. The BCSTTP was developed based on an experimental learning approach targeting skill acquisition. Therefore, the first part of the BCSTTP consisted primarily of theoretical knowledge transfer accompanied by interactive practice in small groups (psychodrama techniques, cognitive-behavioral therapy techniques, practice scenarios, feedback).
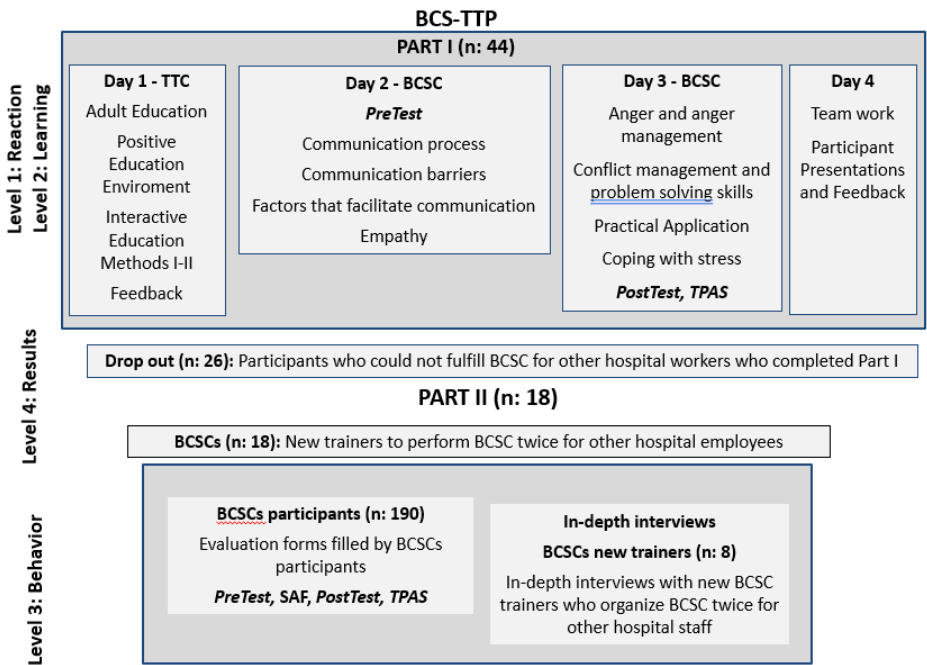
Figure 1. The Train-The-Trainer Program for Basic Communication Skills (BCS-TTP: Basic Communication Skills-Train-the-Trainer Program, TTC: Train-The-Trainer Course, BCSC: Basic Communication Skills Course, TPAS: Training Program Assessment Survey, SAF: Session Assessment Form)

Participants

Basic Communication Skills Train-the-Trainer Program Trainees

Forty-four employees initially participated in the BCSTTP. Criteria for acceptance to the BCSTTP included being a permanent hospital employee, volunteering to be a trainer, and committing to conduct at least two Basic Communication Skills Courses in the EUMFH after the training.

Basic Communication Skills Course Attendees

A total of 190 employees were internally appointed to attend the 18 Basic Communication Skills Courses given by the new trainers (n=18).

Instruments

Session Assessment Form

BCSTTP trainees were asked to rate the sessions on a 5-point Likert scale for 8 items. They were also asked to write any comments they had for the trainer on the Session Assessment Form. BCSC Trainees also provided feedback using a 7-item version of the Session Assessment Form (the item about the session title being self-explanatory was omitted) and wrote their comments.

Training Program Assessment Survey

The Training Program Assessment Survey consists of 10 items on a 5-point Likert scale, as well as 7 open-ended questions.

Pretest–Posttest Form

The Pretest–Posttest Form included 20 true/false statements measuring knowledge related to Basic Communication Skills.

In-depth Interview Form

The In-depth Interview Form contained

questions concerning the participants' previous experience as a trainer, self-confidence as a BCSC trainer, readiness for training, teaching methods and techniques used, content, training material, compliance with the program duration, team cohesion, achievement of BCSTTP objectives, and the benefits of being a trainer in the program.

Data Collection

All participants completed the Session Assessment Form at the end of each session, Training Program Assessment Survey at the end of the Basic Communication Skills Course, and Pretest-Posttest Form at the beginning and end of the Basic Communication Skills Course. In-depth interviews were done with 8 new BCSC trainers. In-depth interviews were terminated after 8 interviews, as data saturation was reached. The interviews were conducted by a researcher who attended only the Train-the-Trainer Course part of the BCSTTP.

2.6. Analyses

Quantitative data were analyzed with SPSS, using descriptive statistics and paired-samples t-test. MAXQDA12 software was used for qualitative data analysis.

Results

Basic Communication Skills Train-the-Trainer Program Trainees

Demographics of the BCSTTP trainees are given in Table 1.

Table 1. Sociodemographic characteristics of Basic Communication Skills Train-the-Trainer Program and Basic Communication Skills Course participants.

Traits		Basic Communication Skills Train-the-Trainer Program participants						Basic Communication Skills Course participants					
		Women		Men		Total		Women		Men		Total	
		n	%	n	%	n	%	n	%	n	%	n	%
All		38	86.3	6	13.6	44	100	135	71.1	55	28.9	190	100
Age	20 to 24							1	0.7			1	0.5
	25 to 29	2	5.3			2	4.5	32	23.7	16	29.1	48	25.3
	30 to 34	3	7.9			3	6.8	30	22.2	12	21.8	42	22.1
	35 to 39	5	13.1	1	16.7	6	13.6	16	11.8	4	7.3	20	10.5
	40 to 44	5	13.1	3	50	8	18.2	19	14.1	6	10.9	25	13.2
	45 to 49	13	34.2	1	16.7	14	31.8	12	8.9	6	10.9	18	9.5
	50 to 54	2	5.3			2	4.5	7	5.2	1	1.8	8	4.2
	55 to 59	3	7.9			3	6.8	5	3.7	3	5.5	8	4.2
	60+	2	5.3	1	16.7	3	6.8						
	Missing	3	7.9			3	6.8	13	9.6	7	12.7	20	10.5
Profession	Nurse	21	72.4	1	6.7	22	50	58	42.9	7	12.7	65	34.2
	Physician	13	86.6	4	13.8	17	38.6	16	11.8	10	18.2	26	13.7
	Psychologist	4	13.8	1	6.7	5	11.4						
	The other health care personnel							22	16.3	17	30.9	39	20.5
	Hospital Office Staff							39	28.9	21	38.2	60	31.6
Work section	Basic Medical Sciences	4	10.5	2	33.3	6	13.6	16	11.8	16	29.1	32	16.8
	Internal Medical Sciences	23	60.5	3	50	26	59.1	61	45.2	17	30.9	78	41.1
	Surgical Medical Sciences	3	7.9			3	6.8	15	11.1	3	5.5	18	9.5
	Other Health Care Providers	6	15.8	1	16.7	7	15.9	9	6.7	8	14.5	17	8.9
	Administrative Units	2	5.3			2	4.5	34	25.2	11	20	45	23.6

Level 1: Reaction

Session Assessment Form and Training Program Assessment Survey Quantitative Results

Only 63.6% of the trainees stated that it would not be difficult for them to address the subject of anger and conflict management as a trainer (Table 2).

The great majority of the BCSTTP trainees were satisfied about the training program, and declared they could apply what they learned when training others (Table 3).

Table 2. Results of the responses of the BCSTTP and BCSC participants to the Session Assessment Form.*

Session Assessment Form items	Basic Communication Skills Train-the-Trainer Program (n: 44)												Basic Communication Skills Course (n: 190)							
	Train-The-Trainer Course				Basic Communication Skills Course															
	Adult Education	Positive Education Environment	Interactive Education Methods	Feedback	Communication process	Communication barriers	Factors that facilitate communication	Empathy	Anger and anger management	Conflict management and problem solving skills	Practical Application	Coping with stress	Communication process	Communication barriers	Factors that facilitate communication	Empathy	Anger and anger management	Conflict management and problem solving...	Practical Application	Coping with stress
	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %	N %
Aim and learning objectives were reached	42 / 95.5	44 / 100	42 / 95.5	42 / 95.5	44 / 100	42 / 95.5	42 / 95.5	44 / 100	42 / 95.5	43 / 97.7	40 / 90.9	40 / 90.9	179 / 94.2	181 / 95.3	184 / 96.9	180 / 94.8	182 / 95.8	185 / 97.3	165 / 86.8	186 / 97.9
The session was meet my expectations	38 / 86.4	42 / 95.5	41 / 93.1	41 / 93.1	43 / 97.7	41 / 93.1	41 / 93.1	41 / 93.1	38 / 86.4	42 / 95.5	40 / 90.9	40 / 90.9	172 / 90.5	172 / 90.5	180 / 94.8	172 / 90.5	175 / 92.1	177 / 93.1	161 / 84.8	182 / 95.8
The session was useful in terms of content	40 / 90.9	43 / 97.7	41 / 93.1	41 / 93.1	44 / 100	40 / 90.9	42 / 95.5	42 / 95.5	39 / 88.6	43 / 97.7	40 / 90.9	40 / 90.9	176 / 92.7	178 / 93.7	183 / 96.4	178 / 93.7	181 / 95.3	182 / 95.8	165 / 86.8	183 / 96.4
Used methods in the sessions were facilitator to learning	41 / 93.1	44 / 100	41 / 93.1	39 / 88.6	43 / 97.7	41 / 93.1	43 / 97.7	42 / 95.5	39 / 88.6	40 / 90.9	39 / 88.6	40 / 90.9	171 / 90.0	181 / 95.3	180 / 94.8	181 / 95.3	179 / 94.2	178 / 93.7	168 / 88.4	183 / 96.4
Participate to active to the session was ensured	41 / 93.1	42 / 95.5	41 / 93.1	38 / 86.4	44 / 100	41 / 93.1	40 / 90.9	44 / 100	40 / 90.9	42 / 95.5	40 / 90.9	40 / 90.9	176 / 92.7	183 / 96.4	184 / 96.9	183 / 96.4	185 / 97.3	181 / 95.3	167 / 87.9	182 / 95.8
Trainer's prepare for session was enough	43 / 97.7	44 / 100	42 / 95.5	40 / 90.9	42 / 95.5	42 / 95.5	43 / 97.7	44 / 100	41 / 93.1	42 / 95.5	40 / 90.9	40 / 90.9	176 / 92.7	179 / 94.2	186 / 97.9	179 / 94.2	186 / 97.9	186 / 97.9	166 / 87.4	183 / 96.4
Time was used productive	40 / 90.9	44 / 100	41 / 93.1	40 / 90.9	42 / 95.5	41 / 93.2	42 / 95.5	43 / 97.7	39 / 88.6	41 / 93.1	38 / **86.4**	40 / 90.9	178 / 93.7	183 / 96.4	182 / 95.8	183 / 96.4	182 / 95.8	182 / 95.8	163 / 85.8	185 / 97.3
I do not difficulty express the subject					33 / 75	34 / 77.3	35 / 79.5	32 / 72.7	28 / **63.6**	28 / **63.6**	33 / 75	32 / 72.7								

*It was present to only 5 (Agree)-4 (Agree) point according to Likert Scale.

Table 3. Basic Communication Skills Train-the-Trainer Program and Basic Communication Skills Course participants opinions according the Training Program Assessment Survey.

	Basic Communication Skills Train-the-Trainer Program (n: 44)	Basic Communication Skills Course (n: 190)
	n (%)	n (%)
Reaching to educational goals	42 (95.5)	175 (92.1)
Reaching personal expectations	41 (93.2)	167 (87.9)
Applying what they learned when training others	37 (84.1)	-
Educational organization	41 (93.2)	176 (92.6)
Enough time allocation for practices and questions	40 (90.9)	172 (90.5)
Interaction with trainers	41 (93.2)	178 (93.7)
Training period	36 (81.8)	154 (81.1)
Pre-training communication and being informed	33 (75.0)	146 (76.9)
Training environment	37 (94.1)	152 (80.0)
Start sessions on time and finish on time	37 (94.1)	167 (87.9)

* Very good (5) / Good (4) responders were presented.

Session Assessment Form and Training Program Assessment Survey Qualitative Results
Five themes were identified for the trainees' opinions about the BCSTTP; examples of sentences from written comments are given in Table 4.

Table 4. The themes and examples of sentences from the Session Assessment Form and Training Program Assessment Survey for the Basic Communication Skills Train-the-Trainer Program and the Basic Communication Skills Course.

	Themes	Examples of sentences
The Basic Communication Skills Train-the-Trainer Program	Satisfaction	*"I was able to take a more detailed look at the points that I need to pay attention to when giving the training, I was able to work on my weak points and receive feedback."*
	Suggestions	*"There could be new sessions similar to version 2, as well as reminder sessions, similar to booster shots."*
	Subjects that will be useful in professional life	*"I think nearly all of them will be very useful."*
	Subjects that can be allotted less time	*"The [sessions] on the first day about presenting were good but could have been shorter."*
	Personal development	*"I noticed that I had difficulty expressing my anger. I decided to try the solutions presented."*
The Basic Communication Skills Course	Satisfaction	*"The best part was feeling that we were heard and were considered important, at least in this matter."*
	Suggestions	*"I believe that this type of training should be given regularly and it should even be mandatory."*
	Personal development	*"It it easier to question myself, to reflect and assess my self-control. It was englightening."*
	Training program	*"Knowing that the trainer is one of us was better because I felt I could express myself more freely."* *"The trainers explained the subject very effectively. Actively participating in the training made me very happy. The only problem was that the training setting was too hot."*
	Using What Was Learned	*"I noticed that I don't use I-statements and that I use ineffective coping method at the hospital. I will try and see whether what I have learned in the training is useful in the field."*

Satisfaction: The majority of the trainees described BCSTTP as informative, constructive, productive, and awareness-raising. They said the "Anger", "Conflict Management", and "Practical Application" sessions were especially useful. They stated that the methods used in the sessions were thought-provoking, relaxing, flowing, challenging, and included many examples. They expressed satisfaction with the trainers.

Suggestions: The trainees suggested providing the training materials at the beginning of the course; extending the training duration; having all employees participate in the course; making the training continuous.

Subjects that will be useful in professional life: The trainees mostly cited "Anger", "Conflict Management", "Using I-statements", and "Empathy" as the topics that would be effective on the job.

Subject that can be allotted less time: Some trainees stated that less time could be allotted to the sessions on "Trainer Training" and "Communication Barriers".

Personal development: Most of the trainees said that the course had a positive effect on their personal development in areas such as staying calm and solving problems. They also stated that the course raised their awareness concerning anger management, communication barriers, interpersonal communication, and the qualities of a trainer.

Level 2: Learning
Pretest–Posttest Form
The BCSTTP trainees' mean pretest–posttest scores (81.90±10.87; 88.21±11.67, p=0.0001) indicated that they had increased their knowledge about Basic Communication Skills.
Participant presentations and feedback
At the end of the first part of the BCSTTP, pairs of participants were placed into groups in which they presented two of the BCSC topics to their fellow group members using the trainer materials

and used the guidelines to have them practice. Each participant received oral feedback from the group members and trainers regarding their training skills and cohesion with their partner.

The participants were observed to be proficient in transferring the theoretical knowledge and they exhibited greater self-confidence. Regarding their training skills, it was pointed out that they should be clearer when giving instructions and develop their observation skills.

Level 3: Behavior
Basic Communication Skills Course Trainees
Demographics of BCSC trainees are given in Table 1.

Session Assessment Form and Training Program Assessment Survey
Quantitative Results
The BCSC participants were highly satisfied with the training delivered by the new trainers (Table 2). Most of them rated the Training Program Assessment Survey statements as "very good" or "good". Participants expressed the highest level of satisfaction (93.7%) with having the opportunity to interact with the trainers (Table 3).

Qualitative Results
Five themes emerged in the qualitative analysis of Session Assessment Form and Training Program Assessment Survey data, examples of sentences from written comments are given in Table 4.

Satisfaction: Participants described the course as being inspiring, relaxing, instructive, memorable, productive, informative, enlightening, and effective. Most of the participants were satisfied with the trainers' communication skills and helpfulness as well as their knowledge, interest, understanding, and friendliness. Their feedback about how the topics were presented and the group work, role-playing, and use of interactive methods was positive. They said they felt valued during the

course and were able to express themselves comfortably.

Suggestions: Some participants suggested extending the duration of the course; repeating, or making the course continuous; making the course more widely available. The BCSC participants stated that the course could be given to different professional groups in particular and even to mixed groups, including the hospital management.

Personal development: Participants stated that the sessions contributed to their personal development with regard to reflection, coping methods, and self-expression. They emphasized that they had become more aware of their personal issues and improved in terms of anger management.

Training program: Participants agreed the training fulfilled its objective. Participants most often mentioned anger and anger management, coping with stress, I-statements, and empathy as the subjects they believe will be useful in their professional lives. Because four of the Basic Communication Skills Courses were held in a different location that was less comfortable, participants expressed dissatisfaction with the physical conditions of the training environment. Using What Was Learned: All participants but one expressed positive statements.

Pretest-Posttest Results

Based on the Pretest-Posttest results (82.52±-10.82; 91.57±8.11, p=0.0001), the course resulted in learning.

In-depth Interviews

In the in-depth interviews conducted with eight of the new trainers, they expressed both positive and negative experiences while applying the knowledge/skills they gained in the BCSTTP. Five themes were identified in the content analysis of the in-depth interviews, examples of statements from interviews are given in Table 5.

Trainer Training: Five participants expressed their satisfaction with the trainer training. They said the presentation on the first day about training techniques was very helpful for the training they provided later. They reported that in the two-day BCSC included in the BCSTTP, complex subjects were simplified and the training techniques used served as a role model for the training they would deliver themselves. Five of the trainers emphasised that they made use of the coaching methods applied during and after the training.

Training Process: All of the participants said they prepared for the training, which was particularly effective for team cohesion. All but one of the participants emphasized that team training made the training process easier, that the teammates supported each other and provided mutual feedback, which contributed to the development of their training skills. Only one participant mentioned feeling inadequate compared to their teammate.

All of the participants mentioned having problems addressing the topic of anger management and four participants had difficulty with I-statements. The subject of anger management was problematic due to its difficult theoretical content, including concepts such as CBT techniques, which were unfamiliar and hard for the new trainers to describe, as well as the tendency of participants to have difficulty delving into their emotions during practice. They also found it difficult to apply the example I-statements to real life. However, four other participants said that I-statements was the easiest subject to present.

Achieving the Training Objectives: Although two of the trainees made negative or neutral comments about the training achieving its objective, seven stated that the objects of the training had been attained. However, three of the trainees who believed the training objective was achieved were skeptical about whether this knowledge and experience would be applicable on daily routine, particularly due to reasons

related to the work environment.

Training package: Four participants stated that the topics in the program were presented in a logical order and were cohesive. Six participants said that two days was sufficient for the training. However, some of them felt pressed for time in sessions involving many examples and active participation. All of the participants said they were comfortable participating in the practice sessions using interactive training techniques and that they were effective for learning.

All of the participants said the training material was well structured, was written in clear and precise language, and the visuals were effective. As for the forms used in the training, all of the participants said the forms were useful and convenient.

Being a trainer: Seven participants expressed their satisfaction with being a trainer and a feeling of competence. They stated that the structured training and the role-modeling and peer training with coaching before and after the training were factors contributing to their feeling competent as a trainer. The other participant reported feeling inadequate because his/her teammate was more active.

The new trainers working in the Emergency department said that the training they conducted in their own unit was more effective. They attributed this to a better understanding of the communication-related problems faced in their own unit. However, trainers from the same group said this may also lead to participant resistance in some cases.

All of the trainers said that they learned from this process, not only in terms of being a trainer or learning about the subjects but also in raising their self-awareness with regard to communication in both their professional and personal lives.

Level- 4: Results

The results of the BCSTTP were evaluated based on the program outcomes. Fifty-nine percent (n=26) of the participants quit the program before completing the second part. Reasons cited for leaving the program included change of position within the institution, leaving the institution, unwillingness to be a trainer in a subject other than their area of medical specialization, and the inability of nurses and psychologists to leave their departments due to high workload.

The 18 BCSTTP participants conducted 18 Basic Communication Skills Courses within the EUMFH.

Discussion

In this study, the BCSTTP developed for EUMFH health workers was evaluated using Kirkpatrick's 4-Level Model. This evaluation showed that the BCSTTP was effective on three levels of Kirkpatrick's model: reaction, learning, and behavior.

Reaction:

The participants were satisfied with the program overall, and found it valuable in terms of preparing them be BCSC trainers.

According to the principles of adult education, adults want the subjects covered in training to be relevant to their experiences and the things they learn to be applicable in the workplace (12). In our study, the topics that participants expected to benefit most from in the workplace were anger and anger management, conflict management, I-statements, and empathy. Anger and conflict are a serious and growing problem in health care centers in Turkey. The interest in these subjects shown by the participants likely reflects their similarity to the problems they face in the workplace and their motivation to learn potential solutions.

Some of the participants expressed dissatisfaction with the organization of the program. They said although the official notice for the training was sent one month before the due date, it was delivered too late, and they were assigned to work night duty in the hospital before

the training. Conducting training activities while health care services are being provided in the institution can cause disruptions in the organization of the training. For effective training, participants should be invited or appointed at a suitable time (taking into consideration their workload, night shifts, annual leave, etc.), the trainee and their department should be informed well in advance, and the trainee's normal duties should be handled by others during the training so that they are not met with an accumulation of work upon their return.

Learning:

Similar to the results of other studies, participants exhibited an increase in levels of knowledge about the target topic after the training intervention (13).

Behavior:

The BCSC participants' satisfaction with the performance of the new trainers and their feelings of appreciation may be related to the fact that the trainers work in the same institution/department and face the same problems.

The examples given by the new trainers helped the participants have a better understanding of the subject. This could be because non-expert trainers are more likely to use concrete language and examples, and may therefore be more easily understood when presenting information compared to experts (14).

However, some of the BCSC participants reported low levels of satisfaction concerning the training achieving its objectives and meeting their personal expectations. This finding may be related to the fact that participation in the Basic Communication Skills Courses was mandatory. When inviting or assigning health care personnel for communication skills training, there is a risk they may perceive themselves as a "troublemaker." To avoid such misperceptions, the purpose of in-service communication skills training must be stated clearly.

Adults require a learning environment that is physically and psychologically safe and comfortable (12). For four of the groups, the BCSC training sessions were held in a different location than usual. The inferior physical conditions of this alternative location reduced the average level of participant satisfaction with the course setting.

A multiprofessional and interprofessional approach is recommended when implementing communication skills training across a diverse health care staff (15). In the present study, staff who attended the BCSC in a group consisting of all nurses suggested forming mixed groups.

In-depth interviews: Train-the-trainer programs aim to improve participants' knowledge and skills related to both the subject content and trainer skills (16,17). In this study, we measured an increase in levels of knowledge about basic communication skills both in the BCSTTP participants and in the staff who attended the Basic Communication Skills Courses held by the new trainers. Trainers may increase their learning while training others. Moreover, it was reported that greater learning in trainers also corresponds to higher levels of learning in their trainees (18).

In the BCSC component of the first part of the BCSTTP, the new trainers were able to transfer what they learned about basic communication skills into practice with a holistic approach during the "Practical Application" sessions. In their subsequent presentations, they had the opportunity to gain experience and get feedback as team members and trainers. After these processes, the new trainers prepared for the Basic Communication Skills Courses that they would deliver as a team. In interviews, they stated the importance of preparation before the training and its relation with team cohesion. All but one of the participants felt that the team training approach supported and improved them as trainers. The other trainer reported feelings of

inadequacy compared to their teammate. This may be related to individual personality traits.

In communications skills training, the participant first observes a standard performance by the expert trainer either live or on video as a role-model of the expected performance. Then they are asked to exhibit the same performance according to the standards (1). In the present study, observing the role-models before and after the training and receiving coaching training was found to help the new BCSC trainers improve their training skills. Since all of the new trainers who were interviewed had difficulties delivering the "Anger and Anger Management" session, they were supported occasionally by the expert trainer. Although the communication techniques used in this session were at basic level, the new trainers felt uncomfortable because of the new and complex concepts involved and the difficulty the participants had accessing their emotions during the practice. When developing train-the-trainer programs, it is important to select subjects in which the trainer can feel competent and to identify appropriate training techniques.

Role-playing in small groups, feedback, and group discussions are commonly used in both communication skills training and train-the-trainer programs (5,19). Communication skill behaviors of health workers from various professions can be developed in courses utilizing interactive methods where the participants learn from each other (20). We determined in the present study that the new trainers enjoyed the practices based on interactive training techniques, learned better with these techniques, and were comfortable using them as trainers.

After completing train-the-trainer programs, new trainers may experience positive and negative repercussions in their relationships with the participants they subsequently train. This was illustrated in our study in BCSC in which the trainers and participants worked in the same department. In some cases there was participant resistance, while in another case a participant reported feeling understood, valued, and able to expression themselves freely. Becoming a trainer through a train-the-trainer program also means being more visible in the institution and making a valuable contribution to the development of other employees (16). As mentioned by the new trainers in our study, this can lead to higher self-esteem.

Despite believing the training itself had been successful, three of the new trainers in our study expressed doubt about being able to apply what they had learned in their professional lives, primarily due to factors related to the working environment. Personal, institutional, and educational factors may hinder the practical application of learned skills on the job. Personal factors are related to an individual's motivation, ability, attention, and interest. Institutional factors include the working environment, the duration and timing of training, and the relevancy of the training to the employees' needs. Educational factors include the design and delivery method of the training, the trainers' skills, ensuring widespread participation, and post-training follow-up (21).

In our study, the new trainers were pleased with the design of the program, the flow and cohesion of the subjects, the structured nature of the training package, and the skills of the expert trainers, and they cited these as factors that contributed to the development of their competency as trainers.

Train-the-Trainer Programs are recommended to last 3-5 days and communication skills courses at least 3 days to ensure effective skills transfer (22,23). The duration of our BCSTTP was within the suggested range, and the time allocated to BCSC was considered suitable.

Results:

The low proportion of participants who completed the entire BCSTTP in our study

reflects a sustainability issue for the program. Reasons for quitting cited by the participants included feelings of incompetency in an area outside their academic profession and inability to spare time for conducting Basic Communication Skills Courses due to the heavy workload in their departments. The biggest problem with train-the-trainer programs is that fewer than half of trainees complete them (24). Sargeant et al. (20) found that an initiative to develop sustainable teams consisting of volunteer health care professional facilitators using the Train-the-Trainer Program approach was not sufficiently successful. Though they were satisfied with the training, the volunteers could not maintain their facilitator roles for more than a year, with some even quitting much earlier. The volunteer facilitators emphasized that institutional support and the direct support of the management in particular was critical for sustainability of the teams (20).

Conclusion

The results of this study showed that a BCSTTP could be implemented in a hospital setting. The program facilitated the development of health care personnel's communication skills and Basic Communication Skills trainer competencies, as well as improving the communication skills of other staff who attended the Basic Communication Skills Courses held by the new trainers.

However, the effectiveness of the BCSTTP at the fourth level was below the institutional expectations with regard to the program's ultimate objective. A large proportion of the participants did not complete the part of the program in which they would conduct Basic Communication Skills Courses. Considering the reasons for this reveals several key points about train-the-trainer programs. Firstly, train-the-trainer program participants should be volunteers who are interested in the subject. In addition to their individual needs, they should be aware of and accept the institutional responsibility undertaken when becoming a trainer. The institution should also provide better incentives for new trainers, optimize working conditions, and fully support the training organization.

The most positive outcome of this study is having trained BCSC trainers for the EUMFH and contributing to the development of better communication skills among some of the health care personnel.

Institutional support is critical for developing, implementing, and evaluating train-the-trainer programs. Better managerial support can increase the number of new trainers who would improve basic communication skills and trainer traits can be increased by managerial support. Kirkpatrick's 4-Level Model can be used to evaluate the extent to which these programs meet health workers' expectations and needs in the workplace, improve their knowledge and skills, and facilitate transfer of learned skills into practice.

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