INTRODUCTION

Medical therapeutic communication encompasses the dynamic interaction between doctors and patients, facilitating an environment where patients feel at ease and empowered to express their feelings and thought. However, some exploration of the previous studies suggests that the efficacy of medical therapeutic communication within multiple healthcare facilities in Medan City has, up to this point, been markedly suboptimal. The root of this observation lies in a clear neglect of giving primary importance to ensuring patient comfort and nurturing patient confidence in their interactions with healthcare providers. This noticeable deficiency highlights the necessity for a new approach and creative methods to elevate the standard of medical therapeutic communication within this setting.

One contributing factor to this issue is the evident deficiency in knowledge and proficiency related to effective medical therapeutic communication, as identified in previous research by a previous study. Based on those previous studies, in conjunction with other scholars underscore the imperative need for comprehensive training programs. These programs are essential for equipping medical personnel with the necessary competencies to advance their skills in the domain of therapeutic communication. Thus, highlighting the imperative need to address this knowledge gap for the purpose of improving healthcare delivery is necessary.

This suggestion is based on Law of the Republic of Indonesia no. 36 concerning Health Workers, Article 30, and Paragraph 2, which explicitly emphasizes the necessity of training for enhancing the skills of medical personnel. Communication training initiatives have been implemented in various healthcare institutions across Indonesia, including the notable example of Dr. Soeharto Heerdjan Psychiatric Hospital in Jakarta. Based on community service carried out by Adiwibowo, their work demonstrated successful outcome of such training programs, notably improving the communication skills of doctors, nurses, and healthcare staff within the hospital.

The deficiency of the comprehensive evaluation process of medical therapeutic communication training prevented hospital management from gaining a clear understanding of the training’s impact. In order to identify the strengths and weaknesses of the training it is really necessary to carry out an evaluation so that any weaknesses in the program can be rectified.
The five-step approach to training evaluation begins with a review of the training objectives, then moves on to identify the necessary data and measurement methods. This progresses to the collection and analysis of data. Insights gleaned from this analysis are critical to understanding whether the training objectives have been achieved. This process aligns with recognized methodologies that underscore the importance of aligning training evaluations with set goals.

The impetus for this study is to conduct a thorough evaluation of medical therapeutic communication training at RSUD Dr. Pirngadi in Medan City. Guided by a five-step evaluative framework, this research aimed to explore the underlying causes contributing to the ineffectiveness of training evaluations at the General Hospital of Dr. Pirngadi in Medan City.

METHODS
This qualitative research study was conducted at RSUD Dr. Pirngadi in Medan City during the period from November 2022 to January 2023. The informants for this study were selected through a snowball sampling method, specifically individuals who possessed knowledge about the therapeutic communication training program within the hospital. Consequently, the training department of the hospital was designated as a pivotal informant responsible for nominating additional informants. Following this snowball approach, a total of 10 informants actively participated in the study, as depicted in Figure 1. These informants encompassed members from various roles within the hospital, including Education and Training Staff, individuals responsible for effective communication training resources, the Deputy Director of Human Resources and Education, the Research Chair and Staff, the Public Relations Chair and Staff, along with three training participants.

The researchers conducted comprehensive in-depth interviews with these informants employing an unstructured interview guide. This guide was meticulously crafted to align with topics pertinent to communication training and the subsequent evaluation thereof, encompassing aspects such as the stages of evaluation and the utilization of evaluation findings.

To strengthen the credibility of the interview results, a method triangulation approach was employed, incorporating six different data sources. These sources included training accountability reports for the years 2019 and 2021, hospital accreditation standards issued by the Ministry of Health of the Republic of Indonesia for the year 2022, regulations outlined in the Minister of Administrative Reform and Bureaucratic Reform of the Republic of Indonesia Regulation number 14 of 2017, a questionnaire pertaining to patient satisfaction specifically within General Hospital of Dr. Pirngadi, Medan City, and a written record of complaint reports from General Hospital of Dr. Pirngadi, Medan City.

The ensuing interview data was subjected to rigorous analysis through a thematic analysis approach. This analysis was conducted deductively, driven by established theories, while considering both the interview data and the data collected from document studies. It is important to note that this study received ethical clearance from the Health Research Ethics Committee of the Universitas Sumatera Utara (Indonesia) under the reference number 999/KEPK/USU/2022, underscoring the commitment to ethical research practices.

RESULTS
Medical Therapeutic Communication Training
Following interviews with key informants, Informants #1 and #2, as well as a study of the 2019 and 2021 training accountability report documents, it was decided to implement communication training for all staff at RSUD Dr. Pirngadi, Medan City. This training is called Effective Communication Training, and one of the materials taught is therapeutic communication. Training is carried out once a year and is attended by all employees (both medical and non-medical) at RSUD Dr. Pirngadi, Medan City. However, this could not be done in 2020 due to the Covid-19 pandemic.

"So, the communication training that is being held here is called Effective Communication Training... The
participants in the training are all ASN [government employees]. 2020 doesn't exist because of Covid.” (Key informant and Informant #1)"

“So, the training is about effective communication in patient safety between PPA [Professional Care Providers], such as doctors, nurses, and midwives. The training is held once every year.” (Informant #2)"

Training Evaluation Methods

Based on the results of interviews with the key informants and Informant #1, along with a study of the 2022 Hospital Accreditation Standards document from the Ministry of Health, the evaluation of effective communication training at the hospital was adjusted to meet the requirements of the aforementioned Accreditation Standards, specifically the Indonesian National Standard for Hospital Accreditation, the TKRS Standard 3.1. This reads, "Hospital leaders shall ensure that effective communication is carried out throughout the hospital.” As can be seen from these Accreditation Standards, all employees must be trained in effective communication, which is reflected in the Attendance List of Effective Communication Training Participants and examples of training certificates in the 2019 and 2021 training accountability reports.

“In accordance with the request for accreditation… So, if there are as many participants as there are hospital employees, that usually has achieved success. The proof is that we provide certificates to the training participants. So the evaluation is that 100% of employees must have been trained in effective communication.” (Key informant and Informant #1)

However, this approach is at odds with the methodology proposed by Informant #2, who works in the Human Resources section of the training department, and Informant #3, the Deputy Director for Human Resources and Education, who oversees the Education and Training Sector. According to these two respondents, the way to evaluate training activities is by conducting a pre-test and post-test regarding the knowledge and skills in the training.

“Indeed, the patient satisfaction questionnaire that has been developed by the Minister of Administrative and Administrative Reform ... the one from the Minister of Administrative Reform does not seem to work because it comes under the regulations. However, we are currently developing a patient satisfaction questionnaire regarding nurse performance. Well, this is where we can expand if anyone wants to be added. It's just that for doctors, I don't think so.” (Informants #4 and #5)

Similarly, complaints from patients and/or their families cannot currently be used as a tool to evaluate training, as interviews with the Public Relations Division (Informants #6 and #7) indicate that it is very rare for patients or their families to make written complaints. Where written complaints relating to a doctor's performance do exist, it is due to the doctor failing to attend a patient, even though they were scheduled to do so. Even though there is already a written report regarding the doctor's performance, the Public Relations Division cannot do anything about it because doctors have autonomy. The Public Relations department only records the complaint report and writes a letter to the patient complaint section on the same day.

“It is very rare for patients or their families to make written complaints. There are lots of verbal complaints ….. We don't dare to follow up on this. Later we will be asked, “where is the data?” We only follow up on what is written down …. The doctor who doesn't come … even though there is a schedule, but when it comes to doctors (laughs) I don't dare. Because they have autonomy” (Informants #6 and #7)

Training Evaluation Methods Adapted to Training Needs Analysis (TNA)

As per the key informants and Informant #1, who work in the Education and Training Section of the hospital, the education and training department did not conduct pre-tests and post-tests regarding the knowledge and skills taught in the training because the training needs analysis was carried out to meet the requirements of the Hospital Accreditation...
Standards, especially standard TKRS 3.1, which reads, “Hospital leadership ensures that effective communication has been fully implemented in the hospital.

“There aren’t any. Because we are adjusting again to the request for accreditation earlier.” (Key informant and Informant #1)

The results of interviews with the key informant and Informant #1 are in line with the results of interviews with Informant #3, who stated the same thing.

“What is [in the accreditation standards], all PPA [Professional Care Providers, such as doctors, nurses and midwives] must receive training in effective communication; otherwise, the score will be lacking. Evidence that PPA have received training such as TOR, invitations, materials, attendance list, and activity reports.” (Informant #2)

**Training Evaluation Methods Not in Accordance with Training Goals**

Training evaluation, which only looks at the number of training participants, is not in line with the training goals contained in the Terms of Reference (TOR) in the 2019 and 2021 training accountability reports. The training goals in the two TORs read, “Effective Communication Training will provide participants with the knowledge and skills necessary to improve interpersonal communication skills to build positive relationships in the workplace.” Based on the training goals, there are two main points that should be evaluated, namely knowledge of effective communication and effective communication skills. This corresponds with statements from Informants #2 and #3, according to whom the best way to evaluate training activities is by conducting a pre-test and post-test regarding the knowledge and skills taught in the training, and the training department is responsible for this evaluation.

“Well, that’s what we didn’t do yesterday. There should be, yes, pre-test and post-test. Even though I already reminded him of that…” (Informants #2 and #3)

However, as confirmed by the training department (Key informant and Informant #1) and the three participants from the Effective Communication Training (Informants #8, #9, and #10), this did not happen.

“There were no questions or questionnaires during (before and after) the training. After finishing the training … we’re back to work.” (Key informant and Informants #1 and #4)

“Nothing… just a lecture…. So it seems monotonous, huh….” (Informants #5 and #6)

**DISCUSSION**

Based on the results of the research above, three major themes were obtained from the results of the thematic analysis; namely, the suitability of the training evaluation methods with the TNA; the incompatibility of the training evaluation method with the training goals in the TOR; and the incompatibility of the TNA with the training goals in the TOR. The following is a discussion of these three themes.

For the first theme, the evaluation of medical therapeutic communication training has been carried out at Regional Hospital of Dr. Pirngadi, Medan City purely by looking at the number of participants in the training. This is done to meet the needs of Hospital Accreditation Standards, especially Standard TKRS 3.1, which forms the basis for conducting medical therapeutic communication training in this hospital.

The effectiveness of the Training Needs Analysis (TNA) method in assessing communication training for medical therapy has gained attention. The revised TNA model employs a sophisticated data analytics strategy, integrating insights from various human resource management systems. This integration aims to forge a stronger link between the identification of training necessities and the overarching business objectives to maximize organizational performance. Historically, the assessment of training requirements for nursing staff in India’s hospitals has not been undertaken, only for the managers. However, the TNA survey has gained international recognition as a tool for enhancing the quality of clinical practices and educational standards.

There is a consensus that training should be in line with the strategic objectives of an organization, addressing both the needs of the organization and those of the workforce, while also targeting specific performance deficiencies. Conversely, the neglect by human resource departments in Saudi Arabian public universities to prioritize the identification of training needs for their staff has had detrimental effects. This oversight has not only deflated staff morale but also eroded trust between HR directors and their departmental teams. A notable method addressing this issue is the demand-led approach, which adopts a business-centric mindset. The method of scrutinizing training needs, especially when guided by the criteria of Hospital Accreditation Standards, is categorized within the realm of Organizational Analysis.

For the second theme, when considering the effectiveness of communication training within a healthcare setting, it’s crucial to move beyond simply tallying the number of participants as a measure of success. The core purpose of such training is to impart both knowledge and practical communication skills – elements that are not necessarily reflected by attendance figures alone.

The practice of assessing training merely through participant numbers aligns with observations from previous studies. These investigations highlight a trend within academic and healthcare institutions, lacking a structured approach to training evaluation. This deficiency suggests that the true objectives of training programs may not be fully realized. Contemporary research in the field supports this concern, noting that the evaluation of training is often relegated to a tick-box exercise, completed for the sake of meeting administrative requirements rather than as a tool for enhancing the quality of training. Such an approach is particularly observed in contexts where training evaluation is intertwined with the broader goals of hospital accreditation. Here, the management’s focus on accreditation can overshadow the inherent value of thorough training assessment,
which, if properly executed, could serve to improve both the effectiveness and efficiency of training initiatives over time.

Experts in the field argue that the essence of training evaluation is intrinsically tied to the objectives set out for the training itself. For training to be considered successful, it should not only increase the capabilities of the participants but also be relevant to their roles and responsibilities, with outcomes that are quantifiable or can be directly observed. This understanding of training evaluation draws from the second level of the Kirkpatrick model – the level of learning. This particular stage is crucial as it aims to gauge the extent to which participants have internalized the material presented during the training, which in the context of communication skills, is vital. To accurately measure this, a variety of assessment tools are recommended, such as pre- and post-training tests that could include written essays, multiple-choice questions, performance evaluations, and practical simulations. These tools allow trainers to determine the impact of the training on participants’ knowledge and their ability to apply communication techniques effectively.

For the third theme, the approach to Training Needs Analysis (TNA) within an organization is pivotal for the design and delivery of effective communication training. However, when the TNA is driven primarily by external demands, such as fulfilling the requirements set by governmental bodies like the Ministry of Health, it may not necessarily serve the true educational needs of the organization’s staff. This misalignment has been observed in the Education and Training section of Dr. Pirngadi Regional Hospital in Medan City, where the focus seems to veer towards compliance with mandated training rather than identifying and addressing the specific learning needs of the hospital staff. This tendency to overlook a thorough TNA can result in training programs that are misaligned with the goals they are supposed to achieve. The importance of a well-conducted TNA is supported by findings from multiple studies, which consistently show that without a proper understanding and implementation of TNA, management may fail to provide training that is truly relevant and beneficial to the organization’s objectives.

These findings suggest the need for a shift in how TNAs are conducted. To truly meet the goals of effective communication training, TNA at Regional Hospital of Dr. Pirngadi should be rooted in a task analysis framework. This would mean a move towards a training-centered approach, which meticulously evaluates the individual knowledge, skills, and attitudes required by healthcare workers to perform their roles effectively. Adopting such an approach involves a comprehensive assessment of specific job tasks and the competencies needed to execute them well. This method ensures that the training is not just a generic exercise but is tailored to improve the actual performance of staff members, thereby enhancing their ability to communicate effectively within their professional roles. Hence, for communication training to be truly effective, the TNA should be more than a procedural formality. It must be an integral part of the training design process, guiding the development of training programs that are not only aligned with the organizational goals but also responsive to the nuanced requirements of individual workers’ roles within the healthcare setting. Through this tailored approach, the potential of training programs to positively impact both staff performance and patient care is significantly heightened.

The TNA training has the purpose of developing communication skills in order to establish effective educational and motivational medical therapy. The expected skills grown would be knowledge, skills, and attitudes that will be used to patients in a wide range of clinical problems. As our study took place in a generalized situation which can be seen on the director, chairs, and three trainees, deeper evaluation in particular to investigate the effectiveness of TNA training that is undertaken in various departments in hospitals would be limited too. Also, this study merely qualitatively analyzed the respondents’ satisfaction from their subjective views, not quantitatively identifying the trainee’s satisfaction as one of the limitations. A deeper understanding regarding these above two limitations could be a beneficial addition in terms of TNA training.

CONCLUSIONS
The evaluation of the training carried out was not effective enough to indicate the absorption of the training participants in the material provided. This is because in the Training Needs Analysis, the stages stop at organizational analysis and are carried out using a demand-led approach. It is suggested that the Hospital Education and Training Sector add a training needs analysis to the task analysis stage and use a training-centered approach. Training evaluation also reaches the second level, namely learning, by completing the training material with pre-test, post-test, and simulation questions.

CONFLICT OF INTEREST
The authors declare that no conflict of interest exist in this study.

ETHICAL CONSIDERATION
This study received ethical clearance from the Health Research Ethics Committee of the Universitas Sumatera Utara (Indonesia) under the reference number 999/KEPK/USU/2022.

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AUTHORS’ CONTRIBUTION
AML responsible for concept and design of the study, definition of intellectual content, literature search, clinical studies, experimental studies, data acquisition, data analysis, manuscript preparation, manuscript editing, manuscript review, and guarantor of the study. ZZ responsible for concept, definition of intellectual content, manuscript preparation, manuscript editing, manuscript review, and guarantor of the study. IMS responsible for concept, definition of intellectual content, manuscript preparation, manuscript editing, manuscript review, and guarantor of the study. IMS responsible for concept, definition of intellectual content, manuscript preparation, manuscript editing, manuscript review, and guarantor of the study. IMS responsible for concept, definition of intellectual content, manuscript preparation, manuscript editing, manuscript review, and guarantor of the study. IMS responsible for concept, definition of intellectual content, manuscript preparation, manuscript editing, manuscript review, and guarantor of the study. IMS responsible for concept, definition of intellectual content, manuscript preparation, manuscript editing, manuscript review, and guarantor of the study. IMS responsible for concept, definition of intellectual content, manuscript preparation, manuscript editing, manuscript review, and guarantor of the study. IMS responsible for concept, definition of intellectual content, manuscript preparation, manuscript editing, manuscript review, and guarantor of the study. IMS responsible for concept, definition of intellectual content, manuscript preparation, manuscript editing, manuscript review, and guarantor of the study. IMS responsible for concept, definition of intellectual content, manuscript preparation, manuscript editing, manuscript review, and guarantor of the study.
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