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COURSE BROCHURE

Advanced Healthcare Communication Excellence Training Course

4 – 15 January 2027
Barcelona

Advanced Healthcare Communication Excellence Training Course

Ref: 321_10876 **Date:** 4 – 15 January 2027 **Location:** Barcelona **Fees:** 9500 GBP

Healthcare Communication Excellence at advanced level is a 2-week training course for doctors, nurses, patient relations officers and hospital department heads who handle consultations, handovers, difficult news and complaints every day, and who leave with a department communication standard and handover protocol. Poor communication remains a leading cause of clinical incidents and patient complaints. Jupiter Prime Training offers this course to the clinicians and leaders who set how their department speaks with patients and colleagues.

Why Healthcare Communication Excellence Matters Now

Three groups shape clinical communication today: patients and families who expect to be informed, involved in decisions and treated with respect; multidisciplinary teams whose shift changes and referrals create many points where information can be lost; and hospital leaders who track complaints, experience scores and incident themes. A department that communicates well prevents handover errors, resolves concerns before they escalate and earns patient trust; one that communicates badly sees repeated incidents, formal complaints and staff conflict. The course rests on the Situation, Background, Assessment, Recommendation SBAR handover tool, the SPIKES protocol for breaking bad news and patient-centred consultation models.

Who Gains Most from Healthcare Communication Excellence

- Senior doctors who lead consultations, family meetings and consent discussions
- Nurse leaders responsible for shift handover and bedside communication on wards
- Patient relations officers who manage complaints, feedback and service recovery
- Department heads accountable for patient experience and team communication standards
- Clinical educators who coach staff in communication skills

A department gains most when a senior doctor, a nurse leader and a patient relations officer attend together and agree one communication standard that every shift and specialty follows.

Healthcare Communication Excellence Capabilities

Participants practise the conversations that carry most clinical risk and emotional weight, then turn them into routines a department can teach and audit.

- Apply patient-centred consultation techniques to shared decisions — doctors and specialist nurses
- Communicate difficult news using the SPIKES protocol — patients and families
- Design an SBAR-based handover protocol for shift changes and transfers — ward and unit teams
- Build a complaint response and service recovery routine — patient relations and department heads
- Assess communication incidents for root causes and learning — clinical governance groups
- Specify a department communication standard with audit measures — hospital leadership

Key Healthcare Communication Excellence Terms

- SBAR — Situation, Background, Assessment, Recommendation, a structured format for clear and concise clinical handover and escalation.
- SPIKES — a six-step protocol for breaking bad news, covering setting, perception, invitation, knowledge, emotions and strategy.
- Patient-centred consultation — a consultation style that explores the patient's ideas, concerns and expectations alongside clinical findings.
- Teach-back — asking patients to explain information in their own words to confirm they have understood it.
- Service recovery — the actions staff take to put right a poor experience and restore a patient's trust.
- Closed-loop communication — confirming that a message has been received and understood by repeating it back to the sender.

Healthcare Communication Excellence Day by Day

Day 1: Communication and Patient Safety

- Communication Failures in Incident Reports — Priority Risk Areas
- Patient Experience Feedback Sources — Surveys, Complaints and Compliments
- Health Literacy and Language Barriers — Adapting Explanations
- Cultural Expectations in Family-Centred Care — Respectful Engagement
- Department Communication Baseline — Selecting Focus Areas

Day 2: Patient-Centred Consultation

- Consultation Structure Models — Opening, Gathering and Closing
- Ideas, Concerns and Expectations Exploration — Shared Understanding
- Shared Decision-Making Tools — Treatment Options and Risks
- Teach-Back Technique — Confirming Patient Understanding
- Informed Consent Conversations — Clarity and Documentation

Day 3: Breaking Bad News

- SPIKES Protocol Steps — Planning a Difficult Conversation
- Responding to Emotion — Empathic Statements and Silence
- Prognosis and Uncertainty Discussions — Honest Framing
- Family Meetings in Critical Care — Roles and Agenda
- Clinician Self-Care After Difficult Conversations — Debrief Routines

Day 4: Clinical Handover and Escalation

- SBAR Handover Structure — Shift Change and Transfer
- Bedside Handover Practice — Involving Patients
- Escalation Calls to Senior Doctors — Assertive Clarity
- Closed-Loop Communication — Critical Results and Orders
- Handover Audit Tools — Measuring Completeness

Day 5: Interdisciplinary Team Communication

- Ward Rounds and Board Rounds — Structured Agendas
- Safety Briefings and Debriefs — Theatre and Ward Teams
- Speaking Up Across Hierarchy — Graded Assertiveness
- Referral and Consultation Requests — Clear Questions
- Team Conflict Conversations — Restoring Working Relationships

Day 6: Complaints and Service Recovery

- Complaint Triage and Risk Grading — Response Pathways
- First-Contact Resolution — Frontline Empowerment
- Apology and Explanation Meetings — Open Disclosure Practice
- Written Complaint Responses — Clear and Compassionate Letters
- Complaint Theme Analysis — Learning for Departments

Day 7: Communicating With Families and Carers

- Visiting and Information-Sharing Policies — Family Involvement
- Communicating With Children and Parents — Age-Appropriate Explanations
- End-of-Life Conversations — Goals of Care Discussions
- Managing Anger and Distress — De-Escalation Techniques
- Interpreter-Mediated Consultations — Accuracy and Trust

Day 8: Written and Digital Communication

- Clinical Documentation Clarity — Notes Others Can Act On
- Discharge Summaries and Patient Letters — Continuity of Care
- Patient Information Leaflets — Plain Language Design
- Secure Messaging and Telehealth Etiquette — Remote Consultations
- Social Media and Confidentiality — Professional Boundaries

Day 9: Leading a Communication Culture

- Communication Skills Coaching — Feedback on Observed Practice
- Simulation-Based Communication Training — Safe Rehearsal
- Communication Standards and Policies — Department Expectations
- Patient Experience Measures — Tracking Improvement
- Recognising Good Communication — Reinforcing Behaviour

Day 10: Practising the Department Communication Standard

- Applying Consultation and SPIKES Methods — Standard Content
- Applying SBAR and Escalation Tools — Handover Protocol Draft
- Applying Complaint and Family Routines — Service Recovery Steps
- Applying Audit Measures — Monitoring Plan
- Completing the Department Communication Standard and Handover Protocol — Leadership Sign-Off

Applying Healthcare Communication Excellence After the Course

- Introduce an SBAR handover template on one ward, audit ten handovers for completeness before and after, and share the results with the ward team.
- Run a complaint theme review for the department's last quarter and lead a team discussion on the two communication changes most likely to reduce repeat complaints.

Healthcare Communication Excellence Questions FAQ

What is healthcare communication excellence and why does it matter now?

Healthcare communication excellence is the consistent use of structured, compassionate communication with patients, families and colleagues. It matters now because communication failures drive many clinical incidents and complaints, and patients expect to be informed and involved.

Which roles gain most from healthcare communication excellence training?

Senior doctors, nurse leaders, patient relations officers, department heads and clinical educators gain most. These roles lead the conversations and handovers that carry the most risk and set expectations for their teams.

How does this healthcare communication excellence course differ from a general communication skills course?

It applies communication to clinical handover, breaking bad news, consent, complaints and family meetings rather than workplace communication in general. A general course covers presentations and meetings, while this course rehearses the conversations that affect patient safety.

What do you bring back from healthcare communication excellence training?

You bring back a department communication standard and handover protocol with consultation, difficult-news, complaint and audit routines. It gives your team shared expectations and a way to measure whether communication is improving.

Healthcare Communication Excellence: The Way Forward

The department communication standard and handover protocol gives every shift and specialty one shared way of speaking with patients and colleagues. Its first use informs how handovers and family meetings run on the participating ward. Doctors, nurse leaders and patient relations officers use it in team briefings, and after the first audit the handover template and complaint routine deserve a second look.