
Clinical Communication Leadership Course: Difficult Conversations, Disclosure and Handover

4 – 8 October 2027

Dubai - Marriott Hotel Al Jaddaf, Dubai





Clinical Communication Leadership Course: Difficult Conversations, Disclosure and Handover

Ref: 396_23924 **Date:** 4 – 8 October 2027 **Location:** Dubai - Marriott Hotel Al Jaddaf, Dubai **Fees:** 4000 GBP

Programme Summary

Clinical Communication Leadership, covering difficult conversations, disclosure and handover, is the subject of this five-day training course for hospital directors, medical and nursing leaders and patient experience heads at strategic level, ending in a communication practice plan for one clinical service. Harm often follows conversations that were rushed, handovers that lost detail and disclosures that arrived late. The programme moves from principles, through diagnosis, to design of handover and disclosure arrangements, then to application on one service. Mars Training Centre UK delivers this Clinical Communication Leadership programme for senior healthcare leaders.

The Business Case

When communication depends on individual habit, handovers omit the risk that mattered, families learn of harm from rumour rather than from the team, and clinicians avoid hard conversations until trust has gone. Leaders who can set standards, coach colleagues and review how conversations are held reduce avoidable harm, keep complaints from escalating and give patients a consistent experience across wards and shifts.

- Patient Safety: Improves as handover and escalation follow one structure across teams.
- Patient Experience: Rises as disclosure and difficult conversations are handled with a shared approach.
- Complaint Escalation: Falls as concerns are heard early and answered openly.

Principles and Evidence Base

- SBAR Situation, Background, Assessment, Recommendation: It structures the escalation messages designed in Session 3.
- I-PASS handoff method: It frames the shift handover review and redesign in Sessions 2 and 3.
- Team communication training principles: They guide the briefing and speaking-up routines set in Session 4.
- Human factors in communication under pressure: They inform the diagnosis of interruptions and fatigue in Session 2.

Intended Participants

- Hospital directors who set communication standards for clinical services.
- Medical and nursing leaders who coach colleagues in difficult conversations.
- Patient experience heads who analyse complaints and feedback on how people were spoken to.
- Quality and risk leaders who own disclosure and incident communication policy.



The programme serves public and private hospitals, primary care networks, specialist clinics and health insurers, and suits mixed groups where clinical, quality and administrative leaders must agree one communication approach.

Learning Outcomes

1. Participants will be able to diagnose communication failures in a clinical service from incident, complaint and handover records.
2. Participants will be able to evaluate a handover process against a structured method.
3. Participants will be able to construct a disclosure approach covering timing, roles, apology and follow-up.
4. Participants will be able to design escalation and briefing routines that encourage staff to speak up.
5. Participants will be able to prioritise conversation coaching needs across teams.
6. Participants will be able to justify a communication practice plan to an executive board.

Programme Structure

Day 1: Clinical Communication Leadership Principles

Why does clinical communication fail, and what is a leader responsible for?

- Communication Failure Pattern Model
- Leader Responsibility Map
- Human Factors Under Pressure Review
- Patient and Family Perspective Brief
- Communication Standard Outline

Day 2: Diagnosing Handover and Conversation Gaps

Where do messages and relationships break down today?

- Handover Observation Checklist
- I-PASS Gap Review
- Complaint and Incident Theme Analysis
- Interruption and Fatigue Log
- Difficult Conversation Case Audit

Day 3: Designing Handover, Escalation and Disclosure

What structures make the right message reach the right person?

- SBAR Escalation Script Design
- Handover Template Redesign
- Disclosure Process Flow
- Apology and Follow-Up Guide
- Family Meeting Preparation Sheet



Day 4: Coaching, Speaking Up and Team Routines

How do leaders build the habits that sustain good conversations?

- Conversation Coaching Framework
- Team Briefing and Debrief Routine
- Speaking-Up Protocol
- Feedback Conversation Guide
- Communication Measure Set

Day 5: Applying Clinical Communication Leadership to One Service

Is the communication plan ready for a board to approve?

- Applying the Session 2 Diagnosis to the Chosen Service
- Testing the Session 3 Designs Against Real Cases
- Checking the Session 4 Routines for Fit
- Rehearsing the Board Briefing
- Completing the Communication Practice Plan

Methodology

The programme uses case analysis and role play built on anonymised complaint summaries, handover notes and incident reports. Participants act as clinician, family member and service leader in turn, rehearse disclosure and escalation conversations, and receive structured peer feedback. Discussion centres on what a leader can change in systems and habits, not on scripts alone.

- Suggested activity: Rewriting a poor shift handover into a structured format.
- Suggested activity: Rehearsing a disclosure conversation with a role-playing family.
- Suggested activity: Coaching a colleague through a difficult conversation with an observer.

Capstone Output

Each participant completes a communication practice plan for one clinical service. It holds a diagnosis of current gaps, a handover and escalation design, a disclosure approach, a coaching schedule and measures for review. The plan is used to brief a board, guide team leaders and set review points once the new routines are in use.



Frequently Asked Questions

Is clinical communication leadership suitable for leaders without a clinical background?

Yes. Clinical communication leadership is taught at strategic level and assumes responsibility for clinical or patient-facing services, not a clinical qualification.

Which methods does clinical communication leadership training rest on?

Clinical communication leadership training rests on SBAR, the I-PASS handoff method, team communication training principles and human factors in communication.

How is the communication practice plan from clinical communication leadership used at work?

You use the communication practice plan to brief a board, guide team leaders on handover and disclosure routines, and set review points.

How does clinical communication leadership differ from a programme on patient experience management?

Clinical communication leadership centres on conversations, handover and disclosure, while a patient experience programme centres on surveys, service design and complaint processes.