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# Health Service Chatbots Training Course: Scope, Handover, Language and Oversight

8 – 12 November 2026  
Manama





## Health Service Chatbots Training Course: Scope, Handover, Language and Oversight

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### Programme Summary

Health service chatbots are the subject of this one-week training course for patient experience, digital health and clinical operations leaders at managerial level, ending in a chatbot control file for one patient-facing service. Patients now ask questions, book visits and report symptoms through automated chat, often without knowing where the machine ends and the clinic begins. The programme moves from scope and risk to conversation design, handover, language access and oversight, using cases from hospitals and primary care. Mars Training Centre UK delivers this programme on health service chatbots to mixed-organisation cohorts.

### The Business Case

A chatbot that answers patients wrongly, or fails to pass an urgent message to a person, creates harm and complaints faster than a queue ever did. Leaders who set the scope, the handover rules and the review routine before launch keep the service useful while limiting clinical and reputational exposure.

- Patient Safety Exposure: Falls as urgent and out-of-scope messages are routed to staff.
- Contact Handling Time: Shortens as routine questions are resolved at first contact.
- Access Equity: Improves as language and format needs are tested before release.

### Principles and Evidence Base

- WHO Guidance on Ethics and Governance of Large Multi-Modal Models: Frames transparency, accountability, human oversight and data protection, applied in Sessions 1, 4 and 5.
- Scope Boundary Logic: Separates what a chatbot may answer from what it must refuse or pass on, applied in Sessions 1 and 2.
- Escalation Pathway Logic: Links each risk signal to a named person and a response time, applied in Sessions 3 and 5.

### Intended Participants

- Managers who own patient contact channels such as call centres, portals and messaging.
- Clinical operations leaders who decide what automation may say to patients.
- Digital health leaders who select and configure chatbot services.
- Quality and risk leads who review incidents and complaints.
- Patient experience leaders who measure access and satisfaction.

Typical settings include hospitals, primary care networks, specialist clinics and health insurers.



## Learning Outcomes

1. Participants will be able to define the scope of a patient-facing chatbot, including topics it must not answer.
2. Participants will be able to diagnose conversation paths that put patient safety at risk.
3. Participants will be able to construct handover and escalation rules that name owners and response times.
4. Participants will be able to evaluate language, accessibility and consent arrangements for diverse patient groups.
5. Participants will be able to assess a chatbot against WHO guidance on transparency and human oversight.
6. Participants will be able to justify a review routine that uses incidents, complaints and sampled transcripts.

## Programme Structure

### Day 1: Health Service Chatbots: Scope and Risk

What may a chatbot say to a patient, and what must it never attempt?

- Use Case Scope Boundary Chart
- Patient Journey Contact Map
- Topic Allow and Refuse List
- Clinical Harm Scenario Screen
- WHO Transparency Disclosure Check

### Day 2: Conversation Design and Message Safety

How should a conversation be written so that patients are informed, not misled?

- Intent and Response Library
- Plain Language Message Standard
- Uncertainty and Disclaimer Wording
- Symptom Mention Detection Rules
- Transcript Sampling Sheet

### Day 3: Handover and Escalation

When and how does a conversation pass to a person?

- Urgent Signal Trigger Table
- Escalation Owner and Response Time Matrix
- Out-of-Hours Handover Rule
- Warm Handover Script
- Missed Handover Incident Review



## Day 4: Language Access, Consent and Data Protection

Can every patient group use the service safely and knowingly?

- Arabic and English Parity Test
- Accessibility and Format Review
- Patient Consent and Notice Wording
- Data Handling and Retention Map
- Human Oversight Role Description

## Day 5: Chatbot Control File for One Patient-Facing Service

Do the earlier tools combine into one file that a reviewer could audit?

- Applying the Session 1 Scope Boundary Chart
- Testing the Session 2 Transcript Sampling Sheet
- Reviewing the Session 3 Escalation Matrix
- Checking the Session 4 Consent Wording
- Completing the Chatbot Control File

## Methodology

The programme uses a structured exercise on a prepared patient service with sample transcripts, an intent list and an incident log. Participants mark unsafe or unclear replies, decide the correct handover, redraft the wording and compare results in small groups before applying the same tools to a service from their own organisation.

- Suggested activity: Rewriting a reply that gave advice outside the chatbot's scope.
- Suggested activity: Tracing a delayed urgent message through the escalation matrix.
- Suggested activity: Testing Arabic and English versions of the same appointment flow.

## Capstone Output

Each participant completes a chatbot control file for one patient-facing service. It holds a scope boundary chart, a message standard, an escalation matrix, a language and consent note and a monthly review routine with named owners. The file is used at work to brief clinical leaders and to decide whether the service stays live, expands or is paused.



## Frequently Asked Questions

### **Is health service chatbots training suitable for managers without a technical background?**

Yes. Health service chatbots are taught through transcripts and templates. It assumes responsibility for a patient service, but no programming or data science experience.

### **Which references does health service chatbots training rest on?**

Health service chatbots training rests on WHO guidance on ethics and governance of large multi-modal models, together with scope boundary logic and escalation pathway logic.

### **How is the file from health service chatbots training used at work?**

You use the chatbot control file to brief clinical leaders, set escalation duties and decide whether a patient-facing chatbot stays live, expands or is paused.

### **How does health service chatbots training differ from clinical AI training?**

Health service chatbots training concentrates on patient conversations, handover and language access, while clinical AI training concentrates on diagnostic models and their validation.