CONCEPT

Healthcare Communication Strategies: Patient Conversations, Risk Messages and Health Literacy

15 – 19 March 2027
London - Central London four-star



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Introduction:

Without deliberate healthcare communication strategies, patient contact breaks down in predictable places: consultations that skip the patient's agenda, jargon-heavy explanations nobody checks, bad news delivered in corridors, risk figures that frighten rather than inform, and letters or text reminders written for clinicians instead of readers. This Core Concept course gives nurses, allied health staff, administrators and patient relations teams structured conversation methods, plain-language messaging and risk explanation techniques they can use on the ward, at the clinic desk and in public health messages. Participants produce a Department Communication Improvement Plan tested through recorded role-plays.

Course Objectives:

- Conduct structured patient conversations using the Calgary-Cambridge guide, ask-tell-ask and agenda-setting openings
- Respond to emotion with NURSE empathy statements and active listening while keeping consultations on time
- Confirm understanding with teach-back and rewrite spoken and written information in plain language for low health literacy readers
- Lead difficult conversations with patients and relatives, including breaking bad news with the SPIKES protocol
- Explain health risks and uncertainty to patients and the public using absolute numbers, natural frequencies and consistent campaign messages
- Measure communication quality in a department and build a Department Communication Improvement Plan with indicators and owners

Target Audience:

- Nurses and charge nurses who explain care plans, medicines and discharge steps to patients and relatives
- Allied health practitioners in pharmacy, physiotherapy, radiology and laboratory services who counsel patients face to face
- Patient relations and front-office staff who handle enquiries, appointments, concerns and family questions
- Healthcare administrators who draft patient letters, portal messages, signage and health information campaigns
- Clinical educators and quality staff who coach staff communication and track related indicators

Course Outline:

Day 1: Healthcare Communication Foundations and Department Baseline

- Patient-Centred and Relationship-Centred Care Models in Everyday Consultations
- Communication Failure Patterns: Interruptions, Jargon, Missed Cues and Unasked Questions
- Biopsychosocial Perspective: Eliciting Ideas, Concerns and Expectations
- Health Literacy Levels and Their Effect on Medicine Use and Follow-Up Attendance
- Department Communication Baseline: Observation Checklist and Staff Self-Rating

Day 2: Consultation Models, Empathy Techniques and Health Literacy Methods

- Calgary-Cambridge Guide: Initiating, Gathering, Explaining, Planning and Closing
- Ask-Tell-Ask and Chunk-and-Check Cycles for Information Giving
- NURSE Statements: Naming, Understanding, Respecting, Supporting and Exploring Emotion
- Active Listening Behaviours: Open Questions, Silence, Summarising and Signposting
- Teach-Back Method Loop: Explain, Check, Clarify and Recheck

Day 3: Difficult Conversations, Families and Interprofessional Handovers

- SPIKES Protocol for Breaking Bad News: Setting, Perception, Invitation, Knowledge, Emotions and Strategy
- Conversations About Errors, Delays and Unmet Expectations with Patients and Relatives
- Family Meetings: Agenda, Spokesperson, Shared Decisions and Follow-Up Notes
- Anger and Distress De-Escalation Scripts for Clinic Desks and Wards
- SBAR Handover and Escalation Calls Between Nurses, Doctors and Allied Staff

Day 4: Risk Messages, Health Campaigns and Written and Digital Channels

- Risk Number Presentation: Absolute Versus Relative Risk, Natural Frequencies and Icon Arrays
- Communicating Uncertainty: Ranges, Unknowns and What Is Being Done About Them
- Public Risk Communication Using the RISP Model and the Social Amplification of Risk Framework
- Health Information Campaign Messaging: Audience Segments, Core Message Maps and Channel Choice
- Plain Language Rewrite of Patient Letters, Portal Messages, SMS Reminders and Leaflets

Day 5: Role-Play Practice and the Department Communication Improvement Plan

- Role-Play: Breaking a Serious Test Result with SPIKES and NURSE Responses
- Role-Play: Explaining Medicine Risks to a Worried Relative with Teach-Back
- Recorded Role-Play Scoring with a Communication Observation Checklist and Peer Feedback
- Communication Quality Indicators: Patient-Reported Communication Items, Complaint Themes and Audit Scores
- Department Communication Improvement Plan Drafting and Peer Challenge

Skills You Will Gain:

- Structured Consultation Technique
- Empathic Response
- Health Literacy Adaptation
- Bad News Delivery
- Family Meeting Facilitation
- Risk Number Explanation
- Plain Language Writing
- Communication Quality Auditing

Why Attend This Course:

- Return with a Department Communication Improvement Plan, rehearsed in recorded role-plays and challenged by peers
- Hold serious-news and family conversations with a tested structure instead of improvising under pressure
- Turn confusing letters, portal messages and risk figures into text patients act on correctly
- Compare communication practice with nurses, allied staff, administrators and patient relations peers from hospitals, clinics and public health services

Conclusion:

Patients act on what they understand and trust. The week moves from patient-centred models and a department communication baseline, through the Calgary-Cambridge guide, NURSE statements, active listening and teach-back, to SPIKES, family meetings and SBAR handovers, then to risk numbers, uncertainty, public risk messages, campaign messaging and plain-language digital channels. The final day rehearses high-stakes conversations and produces a Department Communication Improvement Plan with indicators ready for review.