

FOR DIRECTORS OF CLINICAL EDUCATION & L&D · HOSPITALS

2026 Hospital Training Catalog

6 AI-simulation courses your clinical staff actually want to take.

Breaking difficult news · Cross-team communication · Verbal de-escalation ·
Suicide-risk detection · Domestic-violence detection · AI in clinical practice.

Accredited training your staff actually complete

What no longer works in traditional training plans.

Every year you design the training plan. And every year, the same scene: mandatory courses staff don't finish, a report to justify to your education committee, and the sense that the format isn't keeping up with the content.

The problem is rarely the syllabus. It's the format. Passive e-learning — videos left to run, slides clicked through, a multiple-choice test at the end — teaches people to pass the test, not to handle the real conversation with a patient or a colleague. And when the training is about communication skills (breaking bad news, de-escalating an agitated patient, asking about suicide risk), watching someone else do it trains nothing: those competencies are only built by practising them.

It doesn't get finished

Mandatory courses in a passive format are abandoned halfway. Completion is low and hard to defend at review.

It doesn't transfer

Passing a test doesn't change how someone communicates on the next shift. Theory never becomes practice.

It can't be measured

Leadership asks for impact. A certificate of viewing proves neither competence nor measurable improvement.

On top of that, traditional clinical-training providers are expensive, undifferentiated, and hard to scale across a whole workforce. What you need is a plan your staff appreciate, that covers the real situations they face every shift, and that leaves a competence record you can take to your education committee and accreditation review without inventing anything.

Why **conversational-AI simulation** works.

Staff don't watch a video of someone breaking bad news. They do it — talking to a virtual patient that responds and reacts — as many times as needed, with no risk to anyone.

1 **Practised, not watched**

Staff take part in the conversation with a virtual patient that responds and reacts, instead of watching someone else do it. The competence is trained on the same ground where it's later used.

2 **Unlimited, safe repetition**

Each scenario can be repeated as many times as needed, with automatic feedback every time and no risk to a real patient. Practice no longer depends on a room or an actor's schedule.

3 **Assessment that proves competence**

Every session is assessed on the conversation itself, with a completion record per professional — not a multiple-choice test. That record is exactly what you need to justify the plan at review and to leadership.

On the completion figure

Interactive simulation sustains completion rates well above passive e-learning.

Six courses, six conversations your team has to master.

Each course covers a situation any education lead recognises instantly. All are delivered as interactive simulation and are accredited.

- 01 Breaking bad news**
The SPIKES protocol — oncology, sudden deterioration, death notification, families.
- 02 Cross-team clinical communication**
Handovers, team communication, and speaking up across the hierarchy.
- 03 Managing the agitated patient: verbal de-escalation**
Lowering tension in psychomotor agitation, with a reactive virtual patient.
- 04 Suicide-risk assessment & prevention**
Asking, assessing, and referring safely — emergency and outpatient settings.
- 05 Safeguarding & gender-based violence detection**
Spotting indicators, opening the safe conversation, coordinating referral.
- 06 New health technologies: AI applied to clinical training**
What AI in training is — and isn't — and how to use it with judgement.

MMVR-02 Breaking Bad News: Clinical Communication

The hardest conversation of the shift

Accredited

CME / CPD eligible

Patient-centred communication for the hardest conversations, structured around the SPIKES protocol — across oncology, sudden deterioration, death notification, and communication with families.

WHAT YOUR STAFF PRACTISE

- ✓ Preparing the setting and the conversation before you begin
- ✓ Finding out what the patient already knows and wants to know
- ✓ Delivering difficult information clearly and without jargon
- ✓ Responding to the emotional reaction with empathy
- ✓ Agreeing the next steps and closing the conversation

WHAT THE COURSE COVERS

Setting up the conversation

The environment, the participants, and yourself (the S and P of SPIKES).

Perception and invitation

What the patient already understands and how much they want to know.

Giving the news

Delivering the information in steps, checking understanding as you go.

Emotion and strategy

Responding to the reaction and agreeing a plan for what comes next.

WHO IT'S FOR

Oncology and palliative care

Emergency and critical care

Medical and surgical wards

Physicians and nursing staff

FORMAT

Interactive simulation

CREDITS

CME / CPD eligible

MMVR-05 Cross-Team Clinical Communication

Where the patient's information gets lost

Accredited

CME / CPD eligible

Many preventable incidents start with communication that fails: an incomplete handover, a concern not raised in time, a disagreement no one voices. This course trains communication between professionals and across roles — physician, nursing, assistants — with structure and across the hierarchy.

WHAT YOUR STAFF PRACTISE

- ✓ Structuring a shift handover with a clear method (SBAR-style)
- ✓ Raising a clinical concern in time — including upward
- ✓ Asking for and confirming information without assuming
- ✓ Managing a disagreement within the team without it escalating
- ✓ Closing the loop: confirming the message was received and understood

WHAT THE COURSE COVERS

The structured handover

What belongs in a safe handover and what doesn't; SBAR applied.

Speaking up across the hierarchy

Raising a doubt or an alert to a senior clearly and without fear.

Conflict within the team

Voicing a disagreement in a way that adds, instead of breaking.

Closing the loop

Active confirmation: making sure what was said was understood the same way.

WHO IT'S FOR

Full clinical teams

Nursing supervision

Emergency and critical care

Residents and trainees

FORMAT

Interactive simulation

CREDITS

CME / CPD eligible

Managing the Agitated Patient: Verbal De-escalation

Before the situation gets out of hand

Accredited

CME / CPD eligible

Verbal de-escalation techniques for situations of psychomotor agitation — emergency settings, mental health contexts, and high-tension interactions, practised with a virtual patient that reacts to what the professional says and does.

WHAT YOUR STAFF PRACTISE

- ✓ Recognising the early signs of escalation
- ✓ Using verbal and non-verbal techniques to lower tension
- ✓ Keeping yourself and others safe during the interaction
- ✓ Setting limits without escalating the situation
- ✓ Knowing when to step back and call for support

WHAT THE COURSE COVERS

Reading the escalation

Spotting the early signs of agitation before the situation peaks.

Verbal de-escalation

Tone, language, and body language that lower tension instead of raising it.

Setting limits safely

Communicating boundaries clearly without provoking further escalation.

Safety and support

Protecting everyone in the room and knowing when to bring in help.

WHO IT'S FOR

Emergency department staff

Mental health and psychiatric care

Security and reception in clinical settings

Nursing and medical staff

FORMAT

Interactive simulation

CREDITS

CME / CPD eligible

MMVR-03 Suicide Risk Assessment & Prevention

The question no one wants to get wrong

Accredited

CME / CPD eligible

Assessing and responding to suicide risk in emergency and outpatient settings — safety-focused communication, referral protocols, and coordination with mental health services.

WHAT YOUR STAFF PRACTISE

- ✓ Asking about suicidal ideation directly and without fear
- ✓ Assessing the level of risk from the conversation
- ✓ Holding a safety-focused, non-judgemental conversation
- ✓ Activating referral and protection protocols
- ✓ Coordinating handover with mental health services

WHAT THE COURSE COVERS

Raising the question

How to ask directly, and why asking does not increase risk.

Assessing the risk

Reading the indicators in the conversation to gauge severity and immediacy.

The safety conversation

Building a safety plan with the patient and responding without judgement.

Referral and coordination

Activating the right protocol and handing over to mental health services.

WHO IT'S FOR

Emergency department staff

Mental health teams

Primary and outpatient care

Nursing and medical staff

FORMAT

Interactive simulation

CREDITS

CME / CPD eligible

Safeguarding & Gender-Based Violence Detection

Spotting what isn't said out loud

Accredited

CME / CPD eligible

Recognising and responding to indicators of gender-based violence in clinical settings — communicating with the patient, documenting appropriately, and coordinating with support services. Built around recognised detection protocols.

WHAT YOUR STAFF PRACTISE

- ✓ Identifying clinical and behavioural indicators of gender-based violence
- ✓ Opening the conversation safely, without the patient feeling judged
- ✓ Responding when a patient discloses, and when they deny
- ✓ Documenting findings clearly and appropriately
- ✓ Coordinating with social services and support networks

WHAT THE COURSE COVERS

Recognising the indicators

Physical, psychological, and behavioural signs that warrant attention.

The safe conversation

Raising concerns privately, building trust, avoiding re-traumatising.

Disclosure and refusal

Responding whether the patient confirms, minimises, or denies.

Documentation and referral

Recording what matters and activating support and protection pathways.

WHO IT'S FOR

Emergency department staff

Primary and outpatient care

Nursing and midwifery

Social work and patient support

FORMAT

Interactive simulation

CREDITS

CME / CPD eligible

MMVR-06 New Health Technologies: AI in Clinical Training

AI is already in your department

Accredited

CME / CPD eligible

Generative AI is already part of day-to-day healthcare. This course gives staff a practical framework to understand what conversational AI in clinical training is — and isn't — and how to use it with judgement: when it helps, when it doesn't, and what to check before trusting a result.

WHAT YOUR STAFF PRACTISE

- ✓ Telling what conversational AI can and can't do in clinical settings
- ✓ Using virtual-patient simulation with a critical eye
- ✓ Interpreting the automatic assessment of a session
- ✓ Recognising the limits and risks (privacy, bias, over-reliance)
- ✓ Taking what they learn back to the unit's training

WHAT THE COURSE COVERS

What conversational AI is

In plain language, no jargon: what it does under the hood and what it doesn't.

Application in training

How it trains competencies and how practice is assessed.

Judgement and limits

Privacy, bias, and when NOT to rely on the tool.

From course to unit

Taking the judgement into the team's own training practice.

WHO IT'S FOR

Continuing-education leads

Education committees

Residency tutors

Any clinical professional

FORMAT

Interactive simulation

CREDITS

CME / CPD eligible

How it fits your annual training plan.

No need to rebuild the plan. These courses slot into the structure you already have — and leave the documentation trail your education committee and accreditation review will ask for.

1 You pick the courses that fit

From the six, we select with you the ones that answer the real needs of your staff and your departments this year.

2 We fit them to your calendar

Simulation doesn't depend on a room or an actor's schedule: staff practise when they can, without stopping the service.

3 We handle accreditation & funding paperwork

We prepare the documentation and point you to the funding route that applies to your setting (next page).

4 You justify the impact

Each professional leaves a completion and competence record on the real conversation — direct material for your training report and accreditation review.

Accreditation and funding, explained.

Staff training can often be funded — the route depends on your country and setting. Whatever applies to you, we help you use it and prepare the paperwork.

Accredited & auditable

Accredited courses with a completion record per professional — the basis you need to justify training and funding at review.

CME / CPD credits

Eligible for continuing medical education and professional development credits, per the requirements of your market.

Workforce-development funding

Many regions offer workforce-development or training funds that can cover technology-based clinical training.

An honest note

Funding routes vary by country and state — workforce-development funds, CME/CPD budgets, institutional grants. Tell us where you are and what you train, and we'll point you to the one that applies.

NEXT STEPS

Let's build next year's training plan.

Book a 30-minute working session with our team. We'll review your staff's needs and put the courses that fit best on the table — and how to fund them. It's not a sales call: it's the natural next step from this catalog.

Email us at beatriz@metamedicsvr.com

Or book your session at metamedicsvr.com/resources/hospital-training-catalog/