

ENGLISH FOR WORK / ENGLISH FOR GENERAL PRACTITIONERS

General Practice English

Hear the concern. Make the plan clear.



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Eight practical lessons. Eleven extended conversations.

Vocabulary, phrase banks, guided speaking, and explained answers.

Revised 2026 edition / Upper-intermediate to advanced

Your route through the book

01 Agreeing on a consultation agenda, page 4

Negotiate priorities without dismissing a newly disclosed concern.

02 Taking a precise symptom history, page 14

Clarify a patient word and reconstruct a timeline without supplying the answer.

03 Reconciling medicines without blame, page 26

Investigate a medication discrepancy while separating actual use from recorded instructions.

04 Explaining an uncertain test result, page 36

Explain a result without equating a laboratory flag with a confirmed condition.

05 Responding to an antibiotic request, page 48

Explain an assessed recommendation while acknowledging the expectation behind a treatment request.

06 Discussing preventive screening choices, page 58

Compare screening benefits and limitations while preserving a voluntary, informed choice.

07 Opening a mental-health conversation, page 70

Ask sensitively about mood and safety while explaining confidentiality limits and a warm handoff.

08 Closing the referral loop, page 80

Give a referral update that identifies the open question, owner, and next contact.

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Suggested study range: B2-C1. This is an editorial study range, not a certified proficiency assessment.

Clinical precision. Everyday language.

Primary care combines continuity with new concerns. These conversations practice how a doctor listens, explains the limits of evidence, negotiates a plan, and keeps responsibility visible.

Start with the patient agenda

Elicit the concern behind the appointment label. Explain how you will prioritize competing needs without treating a new concern as an interruption.

"Which concern most needs our attention today?"

Keep the timeline intact

A symptom account has a source, timing, and context. Ask what changed before compressing the history into clinical shorthand.

"The tiredness began before the medicine was started."

Explain uncertainty usefully

Name what is established, what remains possible, and the next step. Reassurance should not become an unsupported promise.

"This result needs context; it does not establish a diagnosis by itself."

Close the communication loop

A requested test or referral creates follow-up work. Identify who reviews it, how the patient hears back, and how unresolved concerns are escalated.

"Our team will confirm receipt; that is different from a booked appointment."

Professional boundaries

All people, records, figures, and encounters are fictional. This is professional English practice, not medical advice, clinical training, a treatment protocol, or certification. Use current evidence, authorized supervision where required, local law, and your actual clinical and emergency procedures. Do not use an exercise to decide that symptoms can safely wait, select treatment, or calculate a dose. Communication about privacy, consent, and professional duties depends on jurisdiction and setting. Use qualified language support and protect real patient information.

A Read the situation

LESSON 01 / AGREEING ON A CONSULTATION AGENDA

Negotiate priorities without dismissing a newly disclosed concern.

Three concerns, one visit

Dr Shah sees Morgan for a planned long-term-condition review. Morgan also wants to discuss tiredness and a form for work. No clinical urgency assessment has yet been made. Morgan says the tiredness matters most. Dr Shah will first clarify that concern and assess priorities, then explain what can be covered and what requires follow-up. No symptom is declared safe to postpone merely because the appointment was booked for another purpose.

People: Dr Shah, General practitioner; Morgan, Patient.

Read the record

Choose one answer per question using the facts above.

1. What was originally planned?

- A.** A confirmed emergency discharge
- B.** A completed tiredness investigation
- C.** A long-term-condition review
- D.** A work-capacity assessment only

2. Which concern does Morgan prioritize?

- A.** A referral already completed
- B.** Tiredness
- C.** The work form
- D.** A medicine already prescribed today

3. What has not yet happened?

- A.** The visit being booked
- B.** Morgan naming a priority
- C.** Clinical assessment of urgency
- D.** Morgan mentioning the form

[Answers and explanations, page 105](#)

B Vocabulary in use

CORE TERMS

consultation agenda

Concerns and tasks agreed for a clinical encounter.

agree on the consultation agenda

continuity of care

Connected care over time with an ongoing clinical relationship.

maintain continuity of care

multimorbidity

Presence of multiple long-term health conditions in one person.

manage multimorbidity

acute concern

A new or recently changing health concern.

assess an acute concern

patient-centered care

Care attentive to the person's needs, priorities, and circumstances.

provide patient-centered care

follow-up visit

Later encounter to review progress or unfinished care.

arrange a follow-up visit

presenting concern

Problem the patient brings to the current encounter.

elicit the presenting concern

comorbidity

Another condition occurring alongside a particular condition.

review relevant comorbidity

problem list

Organized record of a patient's identified health problems.

update the problem list

long-term condition

Health condition requiring ongoing management or follow-up.

review a long-term condition

functional limitation

Restriction affecting a person's usual activities or abilities.

describe a functional limitation

priority

Issue judged to require attention before other issues.

establish the clinical priority

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

consultation agenda **CONSULTATION AGENDA**

agree on the consultation agenda

Keep the meaning precise: Concerns and tasks agreed for a clinical encounter.

problem list **PROBLEM LIST**

update the problem list

Keep the meaning precise: Organized record of a patient's identified health problems.

B Precision and professional shorthand

EXTEND YOUR RANGE

shared agenda

Visit priorities agreed through discussion with the patient.

negotiate a shared agenda

care coordination

Organizing related care across people, services, or settings.

improve care coordination

signposting

Explaining where a conversation is going next.

use clear signposting

qualified interpreter

Trained language professional supporting accurate communication between speakers.

request a qualified interpreter

patient preference

A person's stated wishes about care or communication.

elicit the patient preference

documented plan

Agreed next steps recorded for the people involved.

review the documented plan

visit length

Time allocated or used for an encounter.

explain the visit length

concern elicitation

Inviting the patient to describe what needs attention.

use open concern elicitation

safety-netting

Explaining what changes require further help and how to obtain it.

provide specific safety-netting

teach-back

Checking an explanation by inviting the listener to restate its meaning.

use teach-back without blame

clinical handoff

Transfer of relevant care information and responsibility between professionals.

confirm the clinical handoff

source attribution

Identification of who reported, observed, or established a fact.

preserve source attribution

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

priority **PRIORITY**

establish the clinical priority

Keep the meaning precise: Issue judged to require attention before other issues.

signposting **SIGNPOSTING**

use clear signposting

Keep the meaning precise: Explaining where a conversation is going next.

Phrases that move the work forward

Open the agenda

What else were you hoping we could cover?

Explain sequencing

I will clarify that concern before we agree on the order.

Keep another task visible

The work form is still on our list.

Use a transition

First I will ask about the tiredness; then we will review the plan.

Invite correction

Please stop me if I have misunderstood.

Separate uncertainty

That remains uncertain; it is not a confirmed finding.

Make space

We can pause before moving to the next point.

Keep a record accurate

I will distinguish what was reported from what was observed.

Reflect the priority

The tiredness is the main concern for you today.

Avoid dismissal

I am not setting it aside because it was not on the booking.

Negotiate follow-up

Let us agree how to handle anything we cannot complete today.

Check priorities

Have I captured the concerns in the right order?

Explain a term

In everyday language, that means the following.

Check your explanation

Let me explain that another way.

Name responsibility

Let us confirm who will follow up.

Confirm an agreement

We have agreed on the next step, not on an outcome.

Precision in real exchanges

Purpose: Avoid dismissal

Useful wording: I am not setting it aside because it was not on the booking.

Purpose: Keep another task visible

Useful wording: The work form is still on our list.

D Choose the response that fits

Choose one response for each situation. Preserve the facts, the decision boundary, and the purpose of the exchange.

1. Which response avoids dismissing the symptom?

- A.** That was not booked, so it cannot matter today.
- B.** The form proves you are well.
- C.** A review slot makes tiredness nonurgent.
- D.** Let us clarify the tiredness before deciding the agenda.

2. Which wording preserves the patient's preference?

- A.** Morgan refuses all chronic care.
- B.** Morgan has only an administrative concern.
- C.** Morgan requests a diagnosis already confirmed.
- D.** Morgan identifies tiredness as the main concern.

3. A colleague needs the term for this meaning: Another condition occurring alongside a particular condition. Which term fits?

- A.** care coordination
- B.** patient-centered care
- C.** patient preference
- D.** comorbidity

D Choose the response that fits / continued

4. Rebuild the exchange from "Three concerns, one visit". Dr Shah: "The booking helps us prepare, but it does not replace listening to a new concern or assessing it." Morgan: [missing response] Dr Shah: "Let us keep all three items visible. Tell me first when the tiredness began and how it affects you." Which response belongs in the gap?

- A.** That helps. I did not want the form to make this look like an entirely administrative priority.
- B.** Then our shared agenda begins with the tiredness, while the review and form remain visible.
- C.** I have been unusually tired, and I brought a work form. The tiredness is my main presenting concern.
- D.** Good. I want continuity of care, not three disconnected conversations in which the details get lost.

[Answers and explanations, page 105](#)

One useful distinction

A booked review does not determine the urgency of a newly raised symptom. Agree on the agenda after appropriate clinical assessment, not before it.

Conversation

Three concerns, one visit

Three concerns, one visit

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

presenting concern / long-term condition / continuity of care / signposting /
shared agenda / consultation agenda / follow-up visit / functional limitation / priority /
safety-netting

- 01 **Dr Shah:** We booked a review of your ongoing condition. Before we start, what else were you hoping to discuss?
- 02 **Morgan:** I have been unusually tired, and I brought a work form. The tiredness is my main
1 _____.
- 03 **Dr Shah:** Thank you. I will ask about the tiredness before we decide which issues need attention first.
- 04 **Morgan:** I thought the 2 _____ was fixed because the reminder only mentioned a review.
- 05 **Dr Shah:** The booking helps us prepare, but it does not replace listening to a new concern or assessing it.
- 06 **Morgan:** That helps. I did not want the form to make this look like an entirely administrative 3 _____.
- 07 **Dr Shah:** Let us keep all three items visible. Tell me first when the tiredness began and how it affects you.
- 08 **Morgan:** I am struggling with ordinary tasks. I suppose that is a 4 _____.
- 09 **Dr Shah:** Exactly. Describe those tasks in your own words; I do not need you to use a clinical label.
- 10 **Morgan:** Can we still review the 5 _____ rather than losing that appointment altogether?

Conversation continues on the next page.

Three concerns, one visit

CONVERSATION / CONTINUED

- 11 **Dr Shah:** Yes, we will account for it in the plan. First I need enough information to assess today's priorities.
- 12 **Morgan:** I appreciate that ⁶ _____. I understand why you are asking about the tiredness now.
- 13 **Dr Shah:** After that assessment, we can agree what to complete today and how to address anything left unfinished.
- 14 **Morgan:** A specific ⁷ _____ would help more than being told to call sometime.
- 15 **Dr Shah:** We will make the purpose clear and explain how to obtain help if the situation changes before then.
- 16 **Morgan:** So ⁸ _____ is part of the plan, not a promise that nothing will happen.
- 17 **Dr Shah:** Correct. We also need to clarify the form's requirements before promising what I can certify.
- 18 **Morgan:** Then our ⁹ _____ begins with the tiredness, while the review and form remain visible.
- 19 **Dr Shah:** That captures your preference. I will assess the concern before we settle the clinical order and next steps.
- 20 **Morgan:** Good. I want ¹⁰ _____, not three disconnected conversations in which the details get lost.

CHECK THE GAPS

1. presenting concern / 2. consultation agenda / 3. priority / 4. functional limitation / 5. long-term condition / 6. signposting / 7. follow-up visit / 8. safety-netting / 9. shared agenda / 10. continuity of care

[Why these answers fit, page 106](#)

F Check accuracy and scope

Three concerns, one visit

Return to the case

Dr Shah sees Morgan for a planned long-term-condition review. Morgan also wants to discuss tiredness and a form for work. No clinical urgency assessment has yet been made. Morgan says the tiredness matters most. Dr Shah will first clarify that concern and assess priorities, then explain what can be covered and what requires follow-up. No symptom is declared safe to postpone merely because the appointment was booked for another purpose.

Choose one answer per question. Use the case facts and keep any uncertainty or limits intact.

1. What does follow-up mean here?

- A. Permission to ignore new symptoms
- B. A guarantee that no assessment is needed
- C. Automatic completion of the form
- D. An agreed later review of unfinished work

2. Which signpost is clearest?

- A. Nothing new can be raised.
- B. First the tiredness history, then we will agree on the remaining plan.
- C. We will get to whatever matters eventually.
- D. Everything is sorted already.

[Answers and explanations, page 107](#)

Listen for the distinction

Swap roles. Repeat the signposting lines and the distinction between a proposed agenda and assessed priorities.

An agenda is negotiated, not imposed

Invite the person to name their concerns before announcing the visit structure. A follow-up arrangement is a specific agreement, not a way to quietly drop an unresolved concern.

F Say it / transfer to a new case

Keep a second concern visible

Patient Lee attends a blood-pressure review and raises a new sleep concern. Dr Chen will clarify the sleep concern before agreeing on priorities. A travel form remains unfinished.

Complete the four gaps. With a partner, read alternate roles, then switch. Studying alone, read both roles and pause before each response.

WORD AND PHRASE BANK

clarify / review / sleep / unfinished

- 01 **Dr Chen:** The planned visit is a blood-pressure ¹ _____.
- 02 **Lee:** I also want to discuss my ² _____.
- 03 **Dr Chen:** I will first ³ _____ that concern.
- 04 **Lee:** The travel form remains ⁴ _____.

CHECK THE GAPS

1. review / 2. sleep / 3. clarify / 4. unfinished

[Why these answers fit, page 108](#)

Rebuild the exchange

Choose the missing response. Read the completed three-turn exchange aloud, changing roles on the second reading.

1. Rebuild the exchange from "Three concerns, one visit". Dr Shah: "After that assessment, we can agree what to complete today and how to address anything left unfinished." Morgan: [missing response] Dr Shah: "We will make the purpose clear and explain how to obtain help if the situation changes before then." Which response belongs in the gap?

- A.** I thought the consultation agenda was fixed because the reminder only mentioned a review.
- B.** Can we still review the long-term condition rather than losing that appointment altogether?
- C.** I am struggling with ordinary tasks. I suppose that is a functional limitation.
- D.** A specific follow-up visit would help more than being told to call sometime.

[Answers and explanations, page 109](#)

A Read the situation

LESSON 02 / TAKING A PRECISE SYMPTOM HISTORY

Clarify a patient word and reconstruct a timeline without supplying the answer.

Dizziness means different things

Ari uses the word dizzy for episodes that began on Tuesday. Ari describes feeling about to faint, not the room spinning. Episodes are reported after standing, and their duration is not yet clear. Dr Cole has not established a cause. The task is to clarify the account and record relevant unknowns, not diagnose from one trigger or assume unmentioned symptoms are absent.

People: Dr Cole, General practitioner; Ari, Patient.

Read the record

Choose one answer per question using the facts above.

1. When did the episodes begin according to Ari?

- A.** Before any date can be named
- B.** After a confirmed treatment change
- C.** During a completed admission
- D.** Tuesday

2. What sensation does Ari describe?

- A.** No symptoms at all
- B.** Feeling about to faint
- C.** The room definitely spinning
- D.** A confirmed seizure

3. What remains unclear?

- A.** Whether Dr Cole has met Ari
- B.** Episode duration
- C.** Whether Ari used the word dizzy
- D.** Whether standing was mentioned

[Answers and explanations, page 110](#)

B Vocabulary in use

CORE TERMS

onset

Time at which a symptom first began.
establish the reported onset

frequency

How often a symptom or event occurs.
describe symptom frequency

relieving factor

Circumstance associated with reducing a symptom.
ask about relieving factors

pertinent negative

Relevant absence established through questioning or assessment.
document a pertinent negative

episodic

Occurring in separate periods rather than continuously.
describe episodic symptoms

location

Place in the body where a symptom is experienced.
specify the symptom location

duration

Length of time a symptom or episode lasts.
clarify episode duration

trigger

Event or circumstance associated with starting a symptom.
identify a reported trigger

associated symptom

Another symptom occurring alongside the main symptom.
ask about associated symptoms

progression

Change in a symptom or condition over time.
describe symptom progression

persistent

Continuing rather than resolving between distinct episodes.
report persistent discomfort

radiation

Spread of a symptom such as pain to another area.
describe pain radiation

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

onset **ONSET**

establish the reported onset

Keep the meaning precise: Time at which a symptom first began.

associated symptom **ASSOCIATED SYMPTOM**

ask about associated symptoms

Keep the meaning precise: Another symptom occurring alongside the main symptom.

B Precision and professional shorthand

EXTEND YOUR RANGE

character

Quality of a symptom, such as pressure or burning.

clarify symptom character

chronology

Order in which events occurred over time.

preserve the chronology

history of present illness

Organized account of the current clinical problem.

summarize the history of present illness

qualified interpreter

Trained language professional supporting accurate communication between speakers.

request a qualified interpreter

patient preference

A person's stated wishes about care or communication.

elicit the patient preference

documented plan

Agreed next steps recorded for the people involved.

review the documented plan

severity

Degree or intensity of a symptom or condition.

assess symptom severity

review of systems

Structured questioning about symptoms across body systems.

conduct a focused review of systems

diagnostic uncertainty

Lack of a sufficiently established explanation for the condition.

communicate diagnostic uncertainty

teach-back

Checking an explanation by inviting the listener to restate its meaning.

use teach-back without blame

clinical handoff

Transfer of relevant care information and responsibility between professionals.

confirm the clinical handoff

source attribution

Identification of who reported, observed, or established a fact.

preserve source attribution

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

radiation **RADIATION**

describe pain radiation

Keep the meaning precise: Spread of a symptom such as pain to another area.

history of present illness **HISTORY OF PRESENT ILLNESS**

summarize the history of present illness

Keep the meaning precise: Organized account of the current clinical problem.

Phrases that move the work forward

Clarify a label

What does dizzy feel like for you?

Locate the onset

When did you first notice it?

Avoid a supplied answer

Describe what happens next in your own words.

Attribute the trigger

You report noticing it after standing.

Dr Cole / in the conversation

You used the word dizzy on the appointment request.

Ari / in the conversation

More like I might faint than like the room is spinning.

Ari / in the conversation

I suppose episodic describes it, but I cannot time them accurately yet.

Ari / in the conversation

Standing up seems to be a trigger, although I have not kept a record of every episode.

Offer a neutral distinction

Is it spinning, feeling faint, or something different?

Separate two times

Is that the length of one episode or the time since it began?

Keep a gap visible

We have not yet clarified how long each episode lasts.

Summarize carefully

I have the sequence; I have not established the cause.

Dr Cole / in the conversation

What does that feel like for you?

Dr Cole / in the conversation

Did you feel it continuously from Tuesday, or have there been separate episodes?

Dr Cole / in the conversation

How often have you noticed it, and what are you doing when it starts?

Dr Cole / in the conversation

I will record that as your observation.

Precision in real exchanges

Purpose: Separate two times

Useful wording: Is that the length of one episode or the time since it began?

Purpose: Avoid a supplied answer

Useful wording: Describe what happens next in your own words.

D Choose the response that fits

Choose one response for each situation. Preserve the facts, the decision boundary, and the purpose of the exchange.

1. Which sentence distinguishes onset from duration?

- A.** Tuesday proves a cause.
- B.** Duration has been measured already.
- C.** Episodes began Tuesday; the length of each is still unclear.
- D.** Each episode has lasted continuously since Tuesday.

2. Which phrase overstates the evidence?

- A.** Ari reports symptoms after standing.
- B.** The cause is not established.
- C.** Ari describes feeling faint.
- D.** Standing definitely caused the condition.

3. A colleague needs the term for this meaning: Event or circumstance associated with starting a symptom. Which term fits?

- A.** trigger
- B.** episodic
- C.** chronology
- D.** patient preference

D Choose the response that fits / continued

4. Rebuild the exchange from "Dizziness means different things". Dr Cole: "That is useful to know. How often have you noticed it, and what are you doing when it starts?" Ari: [missing response] Dr Cole: "I will record that as your observation. What happens next, and what makes the feeling ease?" Which response belongs in the gap?

- A.** I understand the diagnostic uncertainty. You are listening to the pattern, not promising an explanation yet.
- B.** Standing up seems to be a trigger, although I have not kept a record of every episode.
- C.** That will keep the chronology straight instead of mixing the first episode with the most recent one.
- D.** More like I might faint than like the room is spinning. The onset was Tuesday.

[Answers and explanations, page 110](#)

One useful distinction

A reported trigger is not a demonstrated cause. Dizziness, vertigo, and feeling faint should not be substituted for one another without clarification.

E Conversation

Dizziness means different things

Dizziness means different things

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

frequency / onset / trigger / associated symptom / duration / relieving factor /
chronology / diagnostic uncertainty / episodic / pertinent negative

- 01 **Dr Cole:** You used the word dizzy on the appointment request. What does that feel like for you?
- 02 **Ari:** More like I might faint than like the room is spinning. The ¹ _____ was Tuesday.
- 03 **Dr Cole:** Thank you. Did you feel it continuously from Tuesday, or have there been separate episodes?
- 04 **Ari:** Separate episodes. I suppose ² _____ describes it, but I cannot time them accurately yet.
- 05 **Dr Cole:** That is useful to know. How often have you noticed it, and what are you doing when it starts?
- 06 **Ari:** Standing up seems to be a ³ _____, although I have not kept a record of every episode.
- 07 **Dr Cole:** I will record that as your observation. What happens next, and what makes the feeling ease?
- 08 **Ari:** Sitting down seems to help. That is the main ⁴ _____ I have noticed.
- 09 **Dr Cole:** When you say it lasts a while, do you mean seconds, minutes, or something you cannot estimate?
- 10 **Ari:** I cannot estimate the ⁵ _____. I do not want to give you a number just to complete the question.

Conversation continues on the next page.

Dizziness means different things

CONVERSATION / CONTINUED

- 11 **Dr Cole:** Please do not guess. I will ask about other symptoms separately rather than treating silence as an answer.
- 12 **Ari:** So an ⁶ _____ is something else happening during the same episode?
- 13 **Dr Cole:** Yes. I also need to understand any changes and how the episodes affect what you can do.
- 14 **Ari:** The ⁷ _____ may be increasing, but I should explain what I actually remember.
- 15 **Dr Cole:** Exactly. Start with Tuesday and describe the later events in order, including anything that is uncertain.
- 16 **Ari:** That will keep the ⁸ _____ straight instead of mixing the first episode with the most recent one.
- 17 **Dr Cole:** I will summarize your account, then assess it. The standing association alone does not establish a diagnosis.
- 18 **Ari:** I understand the ⁹ _____. You are listening to the pattern, not promising an explanation yet.
- 19 **Dr Cole:** Correct. Any relevant absence I record will come from a question or assessment, not from an empty field.
- 20 **Ari:** Then a ¹⁰ _____ is different from something I simply have not mentioned.

CHECK THE GAPS

1. onset / 2. episodic / 3. trigger / 4. relieving factor / 5. duration / 6. associated symptom / 7. frequency / 8. chronology / 9. diagnostic uncertainty / 10. pertinent negative

[Why these answers fit, page 111](#)

F Check accuracy and scope

Dizziness means different things

Return to the case

Ari uses the word dizzy for episodes that began on Tuesday. Ari describes feeling about to faint, not the room spinning. Episodes are reported after standing, and their duration is not yet clear. Dr Cole has not established a cause. The task is to clarify the account and record relevant unknowns, not diagnose from one trigger or assume unmentioned symptoms are absent.

Choose one answer per question. Use the case facts and keep any uncertainty or limits intact.

1. Which question is least leading?

- A. You agree this is harmless, yes?
- B. What happens during an episode?
- C. It is just stress, correct?
- D. You never have any other symptoms, right?

2. What is a pertinent negative?

- A. A clinician's guess about what is unlikely
- B. A relevant absence established by asking or assessing
- C. Any symptom not mentioned spontaneously
- D. A blank record field

[Answers and explanations, page 112](#)

Listen for the distinction

Swap roles. Repeat the neutral clarification question and the summary that preserves diagnostic uncertainty.

Let the description precede the label

A familiar word may mean different sensations to different people. Offer neutral clarification and preserve the person's wording before using professional shorthand.

F Say it / transfer to a new case

Separate the first day from episode length

Jamie reports intermittent tingling beginning Friday. Individual episodes last about two minutes by Jamie's estimate. Dr Park has not established a cause.

Complete the four gaps. With a partner, read alternate roles, then switch. Studying alone, read both roles and pause before each response.

WORD AND PHRASE BANK

Friday / intermittent / established / two

- 01 **Dr Park:** The reported onset was ¹ _____.
- 02 **Jamie:** One episode lasts about ² _____ minutes.
- 03 **Dr Park:** The symptoms are ³ _____.
- 04 **Dr Park:** The cause is not yet ⁴ _____.

CHECK THE GAPS

1. Friday / 2. two / 3. intermittent / 4. established

[Why these answers fit, page 113](#)

Rebuild the exchange

Choose the missing response. Read the completed three-turn exchange aloud, changing roles on the second reading.

1. Rebuild the exchange from "Dizziness means different things". Dr Cole: "Yes. I also need to understand any changes and how the episodes affect what you can do." Ari: [missing response] Dr Cole: "Exactly. Start with Tuesday and describe the later events in order, including anything that is uncertain." Which response belongs in the gap?

- A.** The frequency may be increasing, but I should explain what I actually remember.
- B.** Sitting down seems to help. That is the main relieving factor I have noticed.
- C.** Then a pertinent negative is different from something I simply have not mentioned.
- D.** Separate episodes. I suppose episodic describes it, but I cannot time them accurately yet.

[Answers and explanations, page 114](#)

Review 1 / Meaning and context

Use language from the lessons you have completed. Choose one answer per question.

Case file

Revisit "Agreeing on a consultation agenda" and "Taking a precise symptom history". Choose precise terminology, then reconstruct the missing responses using both neighboring turns. The final two questions also revisit earlier conversations.

1. A colleague needs the term for this meaning: Connected care over time with an ongoing clinical relationship. Which term fits?

- A. continuity of care
- B. visit length
- C. teach-back
- D. long-term condition

2. A colleague needs the term for this meaning: Change in a symptom or condition over time. Which term fits?

- A. onset
- B. qualified interpreter
- C. character
- D. progression

3. Rebuild the exchange from "Three concerns, one visit". Dr Shah: "Exactly. Describe those tasks in your own words; I do not need you to use a clinical label." Morgan: [missing response] Dr Shah: "Yes, we will account for it in the plan. First I need enough information to assess today's priorities." Which response belongs in the gap?

- A. I am struggling with ordinary tasks. I suppose that is a functional limitation.
- B. I thought the consultation agenda was fixed because the reminder only mentioned a review.
- C. A specific follow-up visit would help more than being told to call sometime.
- D. Can we still review the long-term condition rather than losing that appointment altogether?

Review 1 / Meaning and context / continued

4. Rebuild the exchange from "Dizziness means different things". Dr Cole: "I will summarize your account, then assess it. The standing association alone does not establish a diagnosis." Ari: [missing response] Dr Cole: "Correct. Any relevant absence I record will come from a question or assessment, not from an empty field." Which response belongs in the gap?

- A.** More like I might faint than like the room is spinning. The onset was Tuesday.
- B.** Standing up seems to be a trigger, although I have not kept a record of every episode.
- C.** I understand the diagnostic uncertainty. You are listening to the pattern, not promising an explanation yet.
- D.** That will keep the chronology straight instead of mixing the first episode with the most recent one.

[Answers and explanations, page 145](#)

A Read the situation

LESSON 03 / RECONCILING MEDICINES WITHOUT BLAME

Investigate a medication discrepancy while separating actual use from recorded instructions.

Two lists and an unfamiliar packet

Robin brings a printed hospital list and a packet bought without a prescription. The clinic list differs from the hospital list. Dr Lin has not verified which instructions are current or whether products share an ingredient. Robin sometimes misses a medicine because of cost. No dose changes are supplied. The conversation must establish actual use, verify the conflicting records, and address the cost barrier without calling Robin noncompliant.

People: Dr Lin, General practitioner; Robin, Patient.

Read the record

Choose one answer per question using the facts above.

1. Which records differ?

- A. The clinic and hospital lists
- B. Two verified identical prescriptions
- C. A completed laboratory report and scan
- D. No records differ

2. What barrier does Robin report?

- A. An instruction to stop every medicine
- B. A completed dose adjustment
- C. Cost
- D. A proven drug allergy

3. What has not been verified?

- A. Whether there is a printed list
- B. Whether the clinic has a record
- C. Whether the products share an ingredient
- D. Whether Robin brought a packet

[Answers and explanations, page 115](#)

B Vocabulary in use

CORE TERMS

medication reconciliation

Comparing medicine information to resolve discrepancies across records and actual use.

perform medication reconciliation

over-the-counter product

Product available without a prescription under local rules.

disclose over-the-counter products

brand name

Commercial name used to market a product.

record the brand name

duplicate therapy

Unintended or unnecessary overlap between therapeutic products or treatments.

check for duplicate therapy

adverse reaction

Unwanted harmful response associated with a medicinal product.

describe an adverse reaction

intolerance

Difficulty tolerating a medicine that is not necessarily an allergy.

distinguish intolerance from allergy

medicine list

Record of medicines and their relevant instructions.

verify the medicine list

active ingredient

Substance responsible for a medicine's intended pharmacological effect.

compare active ingredients

generic name

Standard nonproprietary name of a medicinal substance.

confirm the generic name

adherence

Extent to which actual medicine use matches an agreed plan.

discuss barriers to adherence

drug allergy

Immune-mediated reaction to a medicine.

clarify a reported drug allergy

interaction

Effect of one substance or treatment on another.

assess a possible interaction

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

medication reconciliation MEDICATION RECONCILIATION

perform medication reconciliation

Keep the meaning precise: Comparing medicine information to resolve discrepancies across records and actual use.

generic name GENERIC NAME

confirm the generic name

Keep the meaning precise: Standard nonproprietary name of a medicinal substance.

B Precision and professional shorthand

EXTEND YOUR RANGE

dosage form

Physical preparation in which a medicine is supplied.

verify the dosage form

discontinued medicine

Medicine recorded as no longer intended for use.

verify a discontinued medicine

prescriber

Authorized professional issuing a medicine prescription.

contact the original prescriber

qualified interpreter

Trained language professional supporting accurate communication between speakers.

request a qualified interpreter

patient preference

A person's stated wishes about care or communication.

elicit the patient preference

documented plan

Agreed next steps recorded for the people involved.

review the documented plan

route of administration

Path by which a medicine enters the body.

confirm the route of administration

record discrepancy

Difference between records requiring investigation or clarification.

resolve a record discrepancy

medication review

Structured evaluation of medicine use and related needs.

arrange a medication review

teach-back

Checking an explanation by inviting the listener to restate its meaning.

use teach-back without blame

clinical handoff

Transfer of relevant care information and responsibility between professionals.

confirm the clinical handoff

source attribution

Identification of who reported, observed, or established a fact.

preserve source attribution

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

interaction INTERACTION

assess a possible interaction

Keep the meaning precise: Effect of one substance or treatment on another.

prescriber PRESCRIBER

contact the original prescriber

Keep the meaning precise: Authorized professional issuing a medicine prescription.

Phrases that move the work forward

Ask about actual use

Walk me through what you actually take.

Name the discrepancy

These two lists do not match.

Ask about affordability

Has cost made the agreed plan difficult to follow?

Separate names

Different brand names can still contain the same ingredient.

Dr Lin / in the conversation

Please show me both lists, and include anything you buy yourself or take only occasionally.

Dr Lin / in the conversation

First, tell me what you actually take rather than reading only the printed instructions.

Dr Lin / in the conversation

I will not silently choose one record because it looks newer.

Dr Lin / in the conversation

We will check the products, instructions, and sources, and establish which questions remain unresolved.

Normalize disclosure

Please include products bought without a prescription.

Avoid premature correction

I need to verify the current instructions first.

Clarify a reaction

What happened when you took it?

Agree on verification

We will check the source before finalizing the list.

Robin / in the conversation

I did not think it belonged with my prescriptions.

Robin / in the conversation

My hospital medicine list differs from the clinic version, so I am uncertain which is current.

Robin / in the conversation

Is this what you mean by medication reconciliation rather than simply adding another packet to the computer?

Robin / in the conversation

This packet has a different brand name.

Precision in real exchanges

Purpose: Avoid premature correction

Useful wording: I need to verify the current instructions first.

Purpose: Ask about affordability

Useful wording: Has cost made the agreed plan difficult to follow?

D Choose the response that fits

Choose one response for each situation. Preserve the facts, the decision boundary, and the purpose of the exchange.

1. Which question avoids blame?

- A.** Why do you ignore doctors?
- B.** Why are you always noncompliant?
- C.** You chose to waste the medicine, correct?
- D.** Has cost made the plan difficult to follow?

2. Which conclusion is unsupported?

- A.** The lists differ.
- B.** The packet needs checking.
- C.** Robin reports a cost barrier.
- D.** Different brands prove different ingredients.

3. A colleague needs the term for this meaning: Substance responsible for a medicine's intended pharmacological effect. Which term fits?

- A.** discontinued medicine
- B.** adverse reaction
- C.** active ingredient
- D.** patient preference

D Choose the response that fits / continued

4. Rebuild the exchange from "Two lists and an unfamiliar packet". Dr Lin: "We need to verify that difference. I will not silently choose one record because it looks newer." Robin: [missing response] Dr Lin: "Yes. We will check the products, instructions, and sources, and establish which questions remain unresolved." Which response belongs in the gap?

- A.** Is this what you mean by medication reconciliation rather than simply adding another packet to the computer?
- B.** I also described one medicine as an allergy, but I am unsure whether it was intolerance.
- C.** This packet has a different brand name. Does that mean it cannot overlap with another medicine?
- D.** My hospital medicine list differs from the clinic version, so I am uncertain which is current.

[Answers and explanations, page 115](#)

One useful distinction

Do not treat a different brand name as proof of a different ingredient. Verify products and instructions before resolving the clinical question.

Conversation

Two lists and an unfamiliar packet

Two lists and an unfamiliar packet

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

over-the-counter product / adherence / medication review / brand name / medicine list /
record discrepancy / drug allergy / active ingredient / intolerance /
medication reconciliation

- 01 **Dr Lin:** Please show me both lists, and include anything you buy yourself or take only occasionally.
- 02 **Robin:** I brought this ¹ _____. I did not think it belonged with my prescriptions.
- 03 **Dr Lin:** It matters too. First, tell me what you actually take rather than reading only the printed instructions.
- 04 **Robin:** My hospital ² _____ differs from the clinic version, so I am uncertain which is current.
- 05 **Dr Lin:** We need to verify that difference. I will not silently choose one record because it looks newer.
- 06 **Robin:** Is this what you mean by ³ _____ rather than simply adding another packet to the computer?
- 07 **Dr Lin:** Yes. We will check the products, instructions, and sources, and establish which questions remain unresolved.
- 08 **Robin:** This packet has a different ⁴ _____. Does that mean it cannot overlap with another medicine?
- 09 **Dr Lin:** Not necessarily. We need the ingredient information before drawing that conclusion or making a clinical decision.
- 10 **Robin:** Then we should compare the ⁵ _____, not rely on the appearance of the packaging.

Conversation continues on the next page.

Two lists and an unfamiliar packet

CONVERSATION / CONTINUED

- 11 **Dr Lin:** Correct. Also, how manageable has the agreed medicine plan been in everyday life?
- 12 **Robin:** Cost has affected my ⁶ _____. Sometimes I cannot afford to collect a medicine.
- 13 **Dr Lin:** Thank you for telling me. That is important information for planning care, not a reason to blame you.
- 14 **Robin:** I also described one medicine as an allergy, but I am unsure whether it was ⁷ _____.
- 15 **Dr Lin:** Tell me exactly what happened and when. We should preserve the reaction details before settling the label.
- 16 **Robin:** I understand. A recorded ⁸ _____ should not be invented from an incomplete description.
- 17 **Dr Lin:** I will clarify the clinical history and contact the relevant source about the conflicting instructions.
- 18 **Robin:** Please make the ⁹ _____ visible until it is resolved, so another person does not assume it was settled.
- 19 **Dr Lin:** Agreed. We have not decided any dose change in this discussion; that requires the appropriate clinical review.
- 20 **Robin:** Then today's ¹⁰ _____ will include affordability as well as an accurate list.

CHECK THE GAPS

1. over-the-counter product / 2. medicine list / 3. medication reconciliation / 4. brand name / 5. active ingredient / 6. adherence / 7. intolerance / 8. drug allergy / 9. record discrepancy / 10. medication review

[Why these answers fit, page 116](#)

F Check accuracy and scope

Two lists and an unfamiliar packet

Return to the case

Robin brings a printed hospital list and a packet bought without a prescription. The clinic list differs from the hospital list. Dr Lin has not verified which instructions are current or whether products share an ingredient. Robin sometimes misses a medicine because of cost. No dose changes are supplied. The conversation must establish actual use, verify the conflicting records, and address the cost barrier without calling Robin noncompliant.

Choose one answer per question. Use the case facts and keep any uncertainty or limits intact.

1. Which distinction matters?

- A. A prescription versus proof of adherence
- B. Actual use versus recorded instructions
- C. Packet color versus appointment time only
- D. Guess versus another guess

2. What should happen before finalizing the list?

- A. Verification of conflicting information
- B. Automatic deletion of the hospital list
- C. An invented dose change
- D. Recording every reaction as an allergy

[Answers and explanations, page 118](#)

Listen for the distinction

Swap roles. Repeat the affordability question and the reaction-history question without adding blame or a dose change.

Ask what happens, not whether someone obeys

A list records an instruction or history; it does not prove what the person takes. Ask about practical barriers in neutral language.

F Say it / transfer to a new case

Verify an old entry

Taylor says an outside prescriber stopped one medicine, but the local list still includes it. Dr Noor will verify the instruction. The date is unknown; no new dose has been authorized.

Complete the four gaps. With a partner, read alternate roles, then switch. Studying alone, read both roles and pause before each response.

WORD AND PHRASE BANK

verify / unknown / prescriber / includes

- 01 **Taylor:** An outside ¹ _____ gave the instruction.
- 02 **Dr Noor:** The local list still ² _____ the medicine.
- 03 **Taylor:** The instruction date is ³ _____.
- 04 **Dr Noor:** I will ⁴ _____ the instruction.

CHECK THE GAPS

1. prescriber / 2. includes / 3. unknown / 4. verify

[Why these answers fit, page 118](#)

Rebuild the exchange

Choose the missing response. Read the completed three-turn exchange aloud, changing roles on the second reading.

1. Rebuild the exchange from "Two lists and an unfamiliar packet". Dr Lin: "Thank you for telling me. That is important information for planning care, not a reason to blame you." Robin: [missing response] Dr Lin: "Tell me exactly what happened and when. We should preserve the reaction details before settling the label." Which response belongs in the gap?

- A.** This packet has a different brand name. Does that mean it cannot overlap with another medicine?
- B.** Is this what you mean by medication reconciliation rather than simply adding another packet to the computer?
- C.** My hospital medicine list differs from the clinic version, so I am uncertain which is current.
- D.** I also described one medicine as an allergy, but I am unsure whether it was intolerance.

[Answers and explanations, page 119](#)

A Read the situation

LESSON 04 / EXPLAINING AN UNCERTAIN TEST RESULT

Explain a result without equating a laboratory flag with a confirmed condition.

Outside the range is not the diagnosis

Casey sees an out-of-range flag on a blood-test report before speaking with Dr Vega. No numerical value or diagnosis is supplied in this case. Dr Vega will review the result alongside symptoms, previous results, and sample context. A repeat test is being considered, not yet ordered. Casey fears that the flag means a serious diagnosis is certain.

People: Dr Vega, General practitioner; Casey, Patient.

Read the record

Choose one answer per question using the facts above.

1. What has Casey seen?

- A.** A completed repeat test
- B.** A treatment response
- C.** An out-of-range flag
- D.** A confirmed diagnosis supplied in this case

2. What is the repeat-test status?

- A.** Already performed
- B.** Already normal
- C.** Definitely unnecessary
- D.** Under consideration

3. What will Dr Vega use alongside the result?

- A.** The flag color alone
- B.** A guess from the patient portal
- C.** A diagnosis invented for the exercise
- D.** Symptoms, previous results, and sample context

[Answers and explanations, page 120](#)

B Vocabulary in use

CORE TERMS

laboratory result

Reported outcome of a test on a specimen.

interpret a laboratory result

out-of-range flag

Indicator that a result lies outside a stated comparison range.

review an out-of-range flag

baseline

Earlier or usual state used for comparison.

compare with the baseline

false-negative result

Negative test result when the target condition is actually present.

explain a false-negative result

repeat sample

New specimen obtained to repeat an investigation.

request a repeat sample

clinical significance

Meaning or importance of a finding for patient care.

assess clinical significance

reference interval

Range used by a laboratory for comparison with a result.

explain the reference interval

trend

Pattern of change across comparable observations over time.

examine the result trend

preanalytical variation

Differences arising before a sample is analyzed.

review preanalytical variation

false-positive result

Positive test result when the target condition is actually absent.

explain a false-positive result

incidental finding

Finding discovered outside the main purpose of an investigation.

explain an incidental finding

differential diagnosis

Set of possible explanations being evaluated clinically.

discuss the differential diagnosis

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

laboratory result LABORATORY RESULT

interpret a laboratory result

Keep the meaning precise: Reported outcome of a test on a specimen.

preanalytical variation PREANALYTICAL VARIATION

review preanalytical variation

Keep the meaning precise: Differences arising before a sample is analyzed.

B Precision and professional shorthand

EXTEND YOUR RANGE

working diagnosis

Provisional explanation guiding assessment or care.

qualify a working diagnosis

sensitivity

Ability of a test to identify people with the target condition.

explain test sensitivity

predictive value

How strongly a result predicts the target condition in its context.

discuss predictive value

qualified interpreter

Trained language professional supporting accurate communication between speakers.

request a qualified interpreter

patient preference

A person's stated wishes about care or communication.

elicit the patient preference

documented plan

Agreed next steps recorded for the people involved.

review the documented plan

confirmatory test

Investigation used to help establish a suspected finding.

discuss a confirmatory test

specificity

Ability of a test to identify people without the target condition.

explain test specificity

pending result

Test outcome that has not yet become available.

track a pending result

teach-back

Checking an explanation by inviting the listener to restate its meaning.

use teach-back without blame

clinical handoff

Transfer of relevant care information and responsibility between professionals.

confirm the clinical handoff

source attribution

Identification of who reported, observed, or established a fact.

preserve source attribution

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

differential diagnosis DIFFERENTIAL DIAGNOSIS

discuss the differential diagnosis

Keep the meaning precise: Set of possible explanations being evaluated clinically.

predictive value PREDICTIVE VALUE

discuss predictive value

Keep the meaning precise: How strongly a result predicts the target condition in its context.

Phrases that move the work forward

Acknowledge the worry

Seeing a flag before an explanation can be unsettling.

Limit the conclusion

The flag alone does not establish a diagnosis.

State a proposal

A repeat is one option under consideration.

Clarify status

No repeat has been ordered yet.

Casey / in the conversation

I saw the warning before anyone explained what it meant.

Dr Vega / in the conversation

Let us separate the marker from its clinical meaning.

Dr Vega / in the conversation

The reference interval helps comparison, but we must interpret the result in context.

Dr Vega / in the conversation

Your symptoms, earlier results, and the sample circumstances help us assess its clinical significance.

Explain the marker

The flag shows how the result compares with the laboratory range.

Bring in context

I will compare it with your symptoms and previous results.

Avoid false reassurance

I cannot call it harmless before reviewing the context.

Check the meaning

What does the flag mean to you after that explanation?

Dr Vega / in the conversation

I understand why the out-of-range flag worried you.

Casey / in the conversation

Does outside the range mean that I definitely have the condition I read about online?

Casey / in the conversation

What context do you need before you can tell me more about this particular result?

Casey / in the conversation

I remember having the same test previously.

Precision in real exchanges

Purpose: Bring in context

Useful wording: I will compare it with your symptoms and previous results.

Purpose: State a proposal

Useful wording: A repeat is one option under consideration.

D Choose the response that fits

Choose one response for each situation. Preserve the facts, the decision boundary, and the purpose of the exchange.

1. Which explanation is accurate?

- A.** The portal color decides treatment.
- B.** The flag needs clinical context.
- C.** Every flag confirms serious disease.
- D.** Every flag is harmless.

2. Which statement preserves action status?

- A.** A repeat is being considered but has not been ordered.
- B.** A repeat was completed.
- C.** The repeat was normal.
- D.** A repeat has ruled out disease.

3. A colleague needs the term for this meaning: Pattern of change across comparable observations over time. Which term fits?

- A.** sensitivity
- B.** trend
- C.** patient preference
- D.** repeat sample

D Choose the response that fits / continued

4. Rebuild the exchange from "Outside the range is not the diagnosis". Casey: "What context do you need before you can tell me more about this particular result?" Dr Vega: [missing response] Casey: "I remember having the same test previously. Will you compare those reports rather than only this one?" Which response belongs in the gap?

- A.** We should not assume it is your baseline without reviewing the relevant history and circumstances.
- B.** Not by itself. The reference interval helps comparison, but we must interpret the result in context.
- C.** A repeat sample is under consideration. I have not ordered it in this discussion.
- D.** Your symptoms, earlier results, and the sample circumstances help us assess its clinical significance.

[Answers and explanations, page 120](#)

One useful distinction

Outside a reference interval is not a diagnosis. Normal, negative, and no further action are also different statements, each requiring context.

E Conversation

Outside the range is not the diagnosis

Outside the range is not the diagnosis

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

trend / pending result / repeat sample / clinical significance / confirmatory test /
preanalytical variation / reference interval / working diagnosis / baseline /
out-of-range flag

- 01 **Casey:** The portal highlighted my blood result. I saw the warning before anyone explained what it meant.
- 02 **Dr Vega:** I understand why the ¹ _____ worried you. Let us separate the marker from its clinical meaning.
- 03 **Casey:** Does outside the range mean that I definitely have the condition I read about online?
- 04 **Dr Vega:** Not by itself. The ² _____ helps comparison, but we must interpret the result in context.
- 05 **Casey:** What context do you need before you can tell me more about this particular result?
- 06 **Dr Vega:** Your symptoms, earlier results, and the sample circumstances help us assess its ³ _____.
- 07 **Casey:** I remember having the same test previously. Will you compare those reports rather than only this one?
- 08 **Dr Vega:** Yes, where they are comparable. A ⁴ _____ can add information that one isolated result cannot provide.
- 09 **Casey:** I do not know whether the earlier value was typical for me or just another unusual day.
- 10 **Dr Vega:** We should not assume it is your ⁵ _____ without reviewing the relevant history and circumstances.

Conversation continues on the next page.

Outside the range is not the diagnosis

CONVERSATION / CONTINUED

- 11 **Casey:** Could something about the sample affect the result, or would that just be an excuse to ignore it?
- 12 **Dr Vega:** Sample context can matter. Reviewing ⁶ _____ does not mean declaring that the laboratory made an error.
- 13 **Casey:** Are you ordering the test again now, or is that only something we might discuss?
- 14 **Dr Vega:** A ⁷ _____ is under consideration. I have not ordered it in this discussion.
- 15 **Casey:** So there is no new result waiting somewhere that I have failed to look at?
- 16 **Dr Vega:** Correct. A ⁸ _____ would be a different situation from considering whether to repeat the test.
- 17 **Casey:** I would rather hear that something is uncertain than be reassured today and surprised tomorrow.
- 18 **Dr Vega:** That is reasonable. A ⁹ _____ must be described as provisional while we evaluate the evidence.
- 19 **Casey:** I understand the difference now: the flag needs review, but it is not the diagnosis itself.
- 20 **Dr Vega:** Exactly. We will explain the plan, including whether a ¹⁰ _____ is appropriate and who will communicate any subsequent result.

CHECK THE GAPS

1. out-of-range flag / 2. reference interval / 3. clinical significance / 4. trend / 5. baseline / 6. preanalytical variation / 7. repeat sample / 8. pending result / 9. working diagnosis / 10. confirmatory test

[Why these answers fit, page 121](#)

F Check accuracy and scope

Outside the range is not the diagnosis

Return to the case

Casey sees an out-of-range flag on a blood-test report before speaking with Dr Vega. No numerical value or diagnosis is supplied in this case. Dr Vega will review the result alongside symptoms, previous results, and sample context. A repeat test is being considered, not yet ordered. Casey fears that the flag means a serious diagnosis is certain.

Choose one answer per question. Use the case facts and keep any uncertainty or limits intact.

1. Which reassurance is unsupported?

- A. The flag is not itself a diagnosis.
- B. Previous results may provide context.
- C. There is definitely nothing to worry about.
- D. We will review the symptoms.

2. What is a working diagnosis?

- A. An administrative flag
- B. Proof that no further review is needed
- C. A provisional explanation
- D. Every abnormal test

[Answers and explanations, page 123](#)

Listen for the distinction

Swap roles. Repeat the lines distinguishing a possible repeat, an order, and a pending result.

Explain the flag before offering reassurance

A patient may encounter technical results before receiving an explanation. Acknowledge the uncertainty and explain the review process without promising that a flagged result is harmless.

F Say it / transfer to a new case

A result still awaiting review

Sam sees a report in the portal. Dr Ames has received it but has not completed the clinical review. The report is available; its clinical meaning and next action remain to be discussed.

Complete the four gaps. With a partner, read alternate roles, then switch. Studying alone, read both roles and pause before each response.

WORD AND PHRASE BANK

diagnosis / completed / action / available

- 01 **Sam:** The report is now ¹ _____.
- 02 **Dr Ames:** The clinical review is not ² _____.
- 03 **Sam:** A visible result is not a confirmed ³ _____.
- 04 **Dr Ames:** We still need to discuss the next ⁴ _____.

CHECK THE GAPS

1. available / 2. completed / 3. diagnosis / 4. action

[Why these answers fit, page 123](#)

Rebuild the exchange

Choose the missing response. Read the completed three-turn exchange aloud, changing roles on the second reading.

1. Rebuild the exchange from "Outside the range is not the diagnosis". Casey: "Are you ordering the test again now, or is that only something we might discuss?" Dr Vega: [missing response] Casey: "So there is no new result waiting somewhere that I have failed to look at?" Which response belongs in the gap?

- A.** Not by itself. The reference interval helps comparison, but we must interpret the result in context.
- B.** We should not assume it is your baseline without reviewing the relevant history and circumstances.
- C.** Your symptoms, earlier results, and the sample circumstances help us assess its clinical significance.
- D.** A repeat sample is under consideration. I have not ordered it in this discussion.

[Answers and explanations, page 124](#)

Review 2 / Meaning and context

Use language from the lessons you have completed. Choose one answer per question.

Case file

Revisit "Reconciling medicines without blame" and "Explaining an uncertain test result". Choose precise terminology, then reconstruct the missing responses using both neighboring turns. The final two questions also revisit earlier conversations.

1. A colleague needs the term for this meaning: Product available without a prescription under local rules. Which term fits?

- A. teach-back
- B. adherence
- C. over-the-counter product
- D. route of administration

2. A colleague needs the term for this meaning: Positive test result when the target condition is actually absent. Which term fits?

- A. false-positive result
- B. working diagnosis
- C. qualified interpreter
- D. laboratory result

3. Rebuild the exchange from "Dizziness means different things". Dr Cole: "When you say it lasts a while, do you mean seconds, minutes, or something you cannot estimate?" Ari: [missing response] Dr Cole: "Please do not guess. I will ask about other symptoms separately rather than treating silence as an answer." Which response belongs in the gap?

- A. That will keep the chronology straight instead of mixing the first episode with the most recent one.
- B. Standing up seems to be a trigger, although I have not kept a record of every episode.
- C. I understand the diagnostic uncertainty. You are listening to the pattern, not promising an explanation yet.
- D. I cannot estimate the duration. I do not want to give you a number just to complete the question.

Review 2 / Meaning and context / continued

4. Rebuild the exchange from "Outside the range is not the diagnosis". Casey: "I would rather hear that something is uncertain than be reassured today and surprised tomorrow." Dr Vega: [missing response] Casey: "I understand the difference now: the flag needs review, but it is not the diagnosis itself." Which response belongs in the gap?

- A.** Correct. A pending result would be a different situation from considering whether to repeat the test.
- B.** Not by itself. The reference interval helps comparison, but we must interpret the result in context.
- C.** Yes, where they are comparable. A trend can add information that one isolated result cannot provide.
- D.** That is reasonable. A working diagnosis must be described as provisional while we evaluate the evidence.

[Answers and explanations, page 147](#)

A Read the situation

LESSON 05 / RESPONDING TO AN ANTIBIOTIC REQUEST

Explain an assessed recommendation while acknowledging the expectation behind a treatment request.

A recommendation without a dismissal

After an assessment, Dr Rao has not identified an indication for an antibiotic in this fictional visit. Jules expected one because a previous illness improved after antibiotics. The case does not provide diagnostic findings, a named infection, or medicine instructions. The conversation explains the current recommendation, distinguishes sequence from proof of benefit, and includes an individualized follow-up and safety-net discussion with the actual clinician.

People: Dr Rao, General practitioner; Jules, Patient.

Read the record

Choose one answer per question using the facts above.

1. What is the supplied recommendation based on?

- A.** A universal ban on antibiotics
- B.** Jules's employer deciding treatment
- C.** A laboratory value invented by the learner
- D.** Dr Rao's assessment in this visit

2. Why did Jules expect an antibiotic?

- A.** A completed hospital admission today
- B.** A previous illness improved after antibiotics
- C.** A new prescription already issued
- D.** A confirmed allergy

3. What is not supplied?

- A.** A patient expectation
- B.** A clinician recommendation
- C.** A previous experience
- D.** A named diagnosis or medicine instruction

[Answers and explanations, page 125](#)

B Vocabulary in use

CORE TERMS

antibiotic stewardship

Responsible use of antibiotics to preserve benefit and limit avoidable harm.

support antibiotic stewardship

viral illness

Illness caused by a virus.

explain a viral illness

self-limiting illness

Illness that can resolve without a treatment directed at its cause.

explain a self-limiting illness

antimicrobial resistance

Ability of microbes to withstand medicines intended to act against them.

reduce antimicrobial resistance

watchful waiting

Planned observation with defined reassessment rather than immediate intervention.

explain watchful waiting

therapeutic relationship

Working relationship supporting care between clinician and patient.

maintain the therapeutic relationship

antibiotic

Medicine used against susceptible bacterial infections.

discuss an antibiotic recommendation

bacterial infection

Infection caused by bacteria.

assess a suspected bacterial infection

symptom relief

Reduction of an uncomfortable symptom.

discuss symptom relief

treatment indication

Clinical reason supporting use of a particular treatment.

establish a treatment indication

return precautions

Instructions about changes requiring further medical attention.

explain return precautions

treatment expectation

What a patient anticipates receiving or achieving from treatment.

explore the treatment expectation

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

antibiotic stewardship ANTIBIOTIC STEWARDSHIP

support antibiotic stewardship

Keep the meaning precise: Responsible use of antibiotics to preserve benefit and limit avoidable harm.

symptom relief SYMPTOM RELIEF

discuss symptom relief

Keep the meaning precise: Reduction of an uncomfortable symptom.

B Precision and professional shorthand

EXTEND YOUR RANGE

expected benefit

Improvement a treatment may produce in a relevant situation.

explain the expected benefit

reassessment

Further evaluation after time or a change in circumstances.

arrange clinical reassessment

diagnostic threshold

Evidence level used in deciding whether a diagnosis is sufficiently supported.

clarify a diagnostic threshold

qualified interpreter

Trained language professional supporting accurate communication between speakers.

request a qualified interpreter

patient preference

A person's stated wishes about care or communication.

elicit the patient preference

documented plan

Agreed next steps recorded for the people involved.

review the documented plan

potential harm

Possible adverse consequence of an action or treatment.

discuss potential harm

examination finding

Observation established through a clinical examination.

explain an examination finding

contingency plan

Agreed response if the situation develops differently from expected.

agree on a contingency plan

teach-back

Checking an explanation by inviting the listener to restate its meaning.

use teach-back without blame

clinical handoff

Transfer of relevant care information and responsibility between professionals.

confirm the clinical handoff

source attribution

Identification of who reported, observed, or established a fact.

preserve source attribution

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

treatment expectation TREATMENT EXPECTATION

explore the treatment expectation

Keep the meaning precise: What a patient anticipates receiving or achieving from treatment.

diagnostic threshold DIAGNOSTIC THRESHOLD

clarify a diagnostic threshold

Keep the meaning precise: Evidence level used in deciding whether a diagnosis is sufficiently supported.

Phrases that move the work forward

Acknowledge experience

I can see why your previous experience shaped your expectation.

Explain the distinction

Improving afterward does not prove the medicine caused the improvement.

Invite the concern

What worries you most about this recommendation?

Explain ongoing care

We still need an appropriate plan for symptoms and follow-up.

Jules / in the conversation

Last time I felt like this, antibiotics helped.

Jules / in the conversation

Are you saying the improvement last time was not real?

Jules / in the conversation

I mainly need to feel better and get back to work.

Dr Rao / in the conversation

Not recommending this medicine is not the same as offering no care.

State the recommendation

Based on today's assessment, I am not recommending an antibiotic.

Keep the need visible

Your need for relief still matters.

Avoid a contest

Let us focus on what is likely to help in this situation.

Check the contingency

Let us confirm what changes mean you should seek further help.

Jules / in the conversation

I expected to leave with the same treatment today.

Dr Rao / in the conversation

But improvement afterward does not establish the medicine's expected benefit in this situation.

Jules / in the conversation

I do not want to be dismissed.

Jules / in the conversation

Then please explain what separates my request from a clinical reason to prescribe the medicine.

Precision in real exchanges

Purpose: Keep the need visible

Useful wording: Your need for relief still matters.

Purpose: Invite the concern

Useful wording: What worries you most about this recommendation?

D Choose the response that fits

Choose one response for each situation. Preserve the facts, the decision boundary, and the purpose of the exchange.

1. Which sentence explains the recommendation respectfully?

- A.** Your previous experience is imaginary.
- B.** I will prescribe one to end the discussion.
- C.** I understand the expectation; today's assessment does not support an antibiotic.
- D.** Antibiotics never help anyone.

2. Which inference is unjustified?

- A.** Dr Rao assessed the patient.
- B.** The current recommendation differs from the expectation.
- C.** Improvement afterward proves that antibiotics caused it.
- D.** Jules expected treatment.

3. A colleague needs the term for this meaning: Infection caused by bacteria. Which term fits?

- A.** bacterial infection
- B.** patient preference
- C.** reassessment
- D.** watchful waiting

D Choose the response that fits / continued

4. Rebuild the exchange from "A recommendation without a dismissal". Jules: "I mainly need to feel better and get back to work. I do not want to be dismissed." Dr Rao: [missing response] Jules: "Then please explain what separates my request from a clinical reason to prescribe the medicine." Which response belongs in the gap?

- A.** There can be potential harm, as well as a lack of benefit. We should discuss that honestly without overstating either.
- B.** The improvement was real to you. But improvement afterward does not establish the medicine's expected benefit in this situation.
- C.** A treatment indication depends on the current assessment and evidence, not only on an earlier prescription.
- D.** Your need for symptom relief matters. Not recommending this medicine is not the same as offering no care.

[Answers and explanations, page 125](#)

One useful distinction

Improvement after a medicine does not, by itself, prove improvement because of the medicine. The current recommendation belongs to this assessed encounter.

Conversation

A recommendation without a dismissal

A recommendation without a dismissal

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

treatment expectation / potential harm / Reassessment / symptom relief /
treatment indication / expected benefit / Antimicrobial resistance / contingency plan /
antibiotic stewardship / return precautions

- 01 **Jules:** Last time I felt like this, antibiotics helped. I expected to leave with the same treatment today.
- 02 **Dr Rao:** I understand that ¹ _____. Based on today's assessment, I am not recommending an antibiotic.
- 03 **Jules:** Are you saying the improvement last time was not real? I remember feeling much better afterward.
- 04 **Dr Rao:** The improvement was real to you. But improvement afterward does not establish the medicine's ² _____ in this situation.
- 05 **Jules:** I mainly need to feel better and get back to work. I do not want to be dismissed.
- 06 **Dr Rao:** Your need for ³ _____ matters. Not recommending this medicine is not the same as offering no care.
- 07 **Jules:** Then please explain what separates my request from a clinical reason to prescribe the medicine.
- 08 **Dr Rao:** A ⁴ _____ depends on the current assessment and evidence, not only on an earlier prescription.
- 09 **Jules:** Is the concern just about avoiding unnecessary cost, or can an unnecessary medicine cause problems too?
- 10 **Dr Rao:** There can be ⁵ _____, as well as a lack of benefit. We should discuss that honestly without overstating either.

Conversation continues on the next page.

A recommendation without a dismissal

CONVERSATION / CONTINUED

- 11 **Jules:** I have heard people say their bodies become resistant. Is that the right way to describe it?
- 12 **Dr Rao:** ⁶ _____ concerns microbes that withstand medicines. It is not your body becoming resistant to treatment.
- 13 **Jules:** I follow that distinction. I still want to know what happens if the illness does not develop as expected.
- 14 **Dr Rao:** That needs a clear ⁷ _____, including the appropriate route for further help and reassessment.
- 15 **Jules:** Please make that specific to me rather than just saying to come back if I am worried.
- 16 **Dr Rao:** We will discuss individualized ⁸ _____ and check that the instructions and contact route are clear.
- 17 **Jules:** Then a later review would not mean that I had failed to follow today's recommendation?
- 18 **Dr Rao:** Correct. ⁹ _____ responds to the clinical situation; it is not a judgment about you.
- 19 **Jules:** I can accept a different recommendation when I understand the reasoning and know the next step.
- 20 **Dr Rao:** That is the aim of ¹⁰ _____ alongside good care: explain the decision, address your needs, and keep follow-up clear.

CHECK THE GAPS

1. treatment expectation / 2. expected benefit / 3. symptom relief / 4. treatment indication / 5. potential harm / 6. Antimicrobial resistance / 7. contingency plan / 8. return precautions / 9. Reassessment / 10. antibiotic stewardship

[Why these answers fit, page 126](#)

F Check accuracy and scope

A recommendation without a dismissal

Return to the case

After an assessment, Dr Rao has not identified an indication for an antibiotic in this fictional visit. Jules expected one because a previous illness improved after antibiotics. The case does not provide diagnostic findings, a named infection, or medicine instructions. The conversation explains the current recommendation, distinguishes sequence from proof of benefit, and includes an individualized follow-up and safety-net discussion with the actual clinician.

Choose one answer per question. Use the case facts and keep any uncertainty or limits intact.

1. What does no antibiotic mean here?

- A. No reassessment can ever be needed
- B. Every future infection is viral
- C. That particular treatment is not recommended
- D. No further care is allowed

2. Which closing is most useful?

- A. Ignore all new symptoms.
- B. Confirm the individualized follow-up and warning-sign plan.
- C. Call only if you can prove a diagnosis.
- D. Nothing can change after today.

[Answers and explanations, page 128](#)

Listen for the distinction

Swap roles. Repeat the acknowledgment, recommendation, and follow-up lines without turning them into a prescribing rule.

Acknowledge the expectation before explaining disagreement

The patient may be asking for relief, reassurance, or a way to return to work. Address that need without promising an unnecessary treatment or making the conversation a contest.

F Say it / transfer to a new case

Explain a different treatment expectation

Noor requests a scan because a relative received one. Dr Hale has assessed Noor and does not recommend that scan at this visit. The relative's case is not available. Follow-up remains part of care.

Complete the four gaps. With a partner, read alternate roles, then switch. Studying alone, read both roles and pause before each response.

WORD AND PHRASE BANK

relative / unavailable / today / follow-up

- 01 **Noor:** My ¹ _____ received a scan.
- 02 **Dr Hale:** Your assessment does not support that scan ² _____.
- 03 **Noor:** The other person's clinical details are ³ _____.
- 04 **Dr Hale:** We still need clear ⁴ _____.

CHECK THE GAPS

1. relative / 2. today / 3. unavailable / 4. follow-up

[Why these answers fit, page 128](#)

Rebuild the exchange

Choose the missing response. Read the completed three-turn exchange aloud, changing roles on the second reading.

1. Rebuild the exchange from "A recommendation without a dismissal". Jules: "I follow that distinction. I still want to know what happens if the illness does not develop as expected." Dr Rao: [missing response] Jules: "Please make that specific to me rather than just saying to come back if I am worried." Which response belongs in the gap?

- A.** That needs a clear contingency plan, including the appropriate route for further help and reassessment.
- B.** A treatment indication depends on the current assessment and evidence, not only on an earlier prescription.
- C.** Antimicrobial resistance concerns microbes that withstand medicines. It is not your body becoming resistant to treatment.
- D.** I understand that treatment expectation. Based on today's assessment, I am not recommending an antibiotic.

[Answers and explanations, page 129](#)

A Read the situation

LESSON 06 / DISCUSSING PREVENTIVE SCREENING CHOICES

Compare screening benefits and limitations while preserving a voluntary, informed choice.

An invitation is not a diagnosis

Dana receives a screening invitation and asks Dr Ellis whether it means a disease is suspected. The invitation is not a diagnostic result. Eligibility and the appropriate options need an individual review; no screening schedule or personal risk calculation is supplied. Dana wants to understand possible benefit, false alarms, and subsequent testing before choosing.

People: Dr Ellis, General practitioner; Dana, Patient.

Read the record

Choose one answer per question using the facts above.

1. What prompted the discussion?

- A.** A completed biopsy
- B.** A treatment complication
- C.** A screening invitation
- D.** A confirmed diagnosis

2. What does Dana want explained?

- A.** Benefits, false alarms, and subsequent testing
- B.** A guaranteed outcome
- C.** An invented personal risk score
- D.** A diagnosis without assessment

3. What is not supplied?

- A.** Dana's questions
- B.** The invitation
- C.** A request for explanation
- D.** An individual screening schedule

[Answers and explanations, page 130](#)

B Vocabulary in use

CORE TERMS

screening

Testing intended to identify possible disease or risk before relevant symptoms prompt diagnosis.

discuss screening options

average risk

Risk category without specified factors that would place someone in a higher category.

assess average-risk eligibility

absolute risk

Chance of an outcome over a stated period in a defined group.

explain absolute risk

false alarm

Result suggesting a problem that further investigation does not confirm.

explain a possible false alarm

eligibility

Whether a person meets the criteria for an option or service.

review screening eligibility

asymptomatic

Without the relevant symptoms being considered.

describe an asymptomatic population

diagnostic testing

Investigation intended to establish or explain a suspected clinical condition.

distinguish diagnostic testing

shared decision-making

Combining evidence and patient priorities in a care decision.

support shared decision-making

relative risk

Risk in one group compared with risk in another group.

distinguish relative risk

overdiagnosis

Detection of a condition that would not have caused harm during a person's lifetime.

discuss overdiagnosis

prevention

Action aimed at reducing disease occurrence or its consequences.

discuss preventive care

positive screen

Screening result indicating that further evaluation may be needed.

explain a positive screen

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

screening **SCREENING**

discuss screening options

Keep the meaning precise: Testing intended to identify possible disease or risk before relevant symptoms prompt diagnosis.

relative risk **RELATIVE RISK**

distinguish relative risk

Keep the meaning precise: Risk in one group compared with risk in another group.

B Precision and professional shorthand

EXTEND YOUR RANGE

screening interval

Time between planned screening episodes.

review the screening interval

family history

Health information about a person's biological relatives.

update the family history

decision aid

Resource helping a person compare care options and their tradeoffs.

use a decision aid

qualified interpreter

Trained language professional supporting accurate communication between speakers.

request a qualified interpreter

patient preference

A person's stated wishes about care or communication.

elicit the patient preference

documented plan

Agreed next steps recorded for the people involved.

review the documented plan

risk factor

Characteristic associated with a change in likelihood of an outcome.

identify a relevant risk factor

informed choice

Decision made with adequate understanding of relevant options and consequences.

support an informed choice

follow-up test

Further investigation after an earlier test or finding.

explain a follow-up test

teach-back

Checking an explanation by inviting the listener to restate its meaning.

use teach-back without blame

clinical handoff

Transfer of relevant care information and responsibility between professionals.

confirm the clinical handoff

source attribution

Identification of who reported, observed, or established a fact.

preserve source attribution

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

positive screen **POSITIVE SCREEN**

explain a positive screen

Keep the meaning precise: Screening result indicating that further evaluation may be needed.

decision aid **DECISION AID**

use a decision aid

Keep the meaning precise: Resource helping a person compare care options and their tradeoffs.

Phrases that move the work forward

Explain the invitation

This invites a discussion; it does not announce a diagnosis.

Explain an uncertain result

A positive screen may lead to further evaluation.

Ask about priorities

Which parts of the decision matter most to you?

Protect choice

You can ask questions before deciding.

Dana / in the conversation

Does that mean someone thinks I already have the disease?

Dr Ellis / in the conversation

Let us review what the invitation offers.

Dr Ellis / in the conversation

Screening often concerns an asymptomatic population; investigating a symptom is a different clinical situation.

Dr Ellis / in the conversation

Diagnostic testing and screening have different purposes, although one can lead to the other.

Separate purposes

Screening and testing a symptom are different situations.

Name the tradeoff

We should discuss possible benefit as well as false alarms.

Clarify a number

Over what time period does that risk apply?

Review eligibility

We need to check which options fit your circumstances.

Dr Ellis / in the conversation

An invitation to screening does not announce a diagnosis.

Dana / in the conversation

I do not have the symptom mentioned in an article I read.

Dana / in the conversation

Then the test in this letter is not the same as testing to explain a current complaint?

Dana / in the conversation

Before deciding, I want to know what a worrying result would mean and what would happen afterward.

Precision in real exchanges

Purpose: Name the tradeoff

Useful wording: We should discuss possible benefit as well as false alarms.

Purpose: Ask about priorities

Useful wording: Which parts of the decision matter most to you?

D Choose the response that fits

Choose one response for each situation. Preserve the facts, the decision boundary, and the purpose of the exchange.

1. What does the invitation establish?

- A.** An opportunity to discuss screening
- B.** A diagnosis
- C.** A positive result
- D.** A guarantee of eligibility for every test

2. Which explanation of a positive screen is safest?

- A.** It always proves disease.
- B.** It always proves a laboratory mistake.
- C.** It never changes care.
- D.** It may require further evaluation; it is not automatically a diagnosis.

3. A colleague needs the term for this meaning: Combining evidence and patient priorities in a care decision. Which term fits?

- A.** eligibility
- B.** family history
- C.** shared decision-making
- D.** patient preference

D Choose the response that fits / continued

4. Rebuild the exchange from "An invitation is not a diagnosis". Dana: "Then the test in this letter is not the same as testing to explain a current complaint?" Dr Ellis: [missing response] Dana: "Before deciding, I want to know what a worrying result would mean and what would happen afterward." Which response belongs in the gap?

- A.** Correct. Diagnostic testing and screening have different purposes, although one can lead to the other.
- B.** An invitation to screening does not announce a diagnosis. Let us review what the invitation offers.
- C.** A positive screen may lead to further evaluation. It does not automatically confirm the condition.
- D.** Not necessarily. Screening often concerns an asymptomatic population; investigating a symptom is a different clinical situation.

[Answers and explanations, page 130](#)

One useful distinction

Screening and diagnostic testing serve different purposes. A screening invitation is not evidence that disease has been detected.

Conversation

An invitation is not a diagnosis

An invitation is not a diagnosis

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

Diagnostic testing / informed choice / positive screen / Absolute risk /
shared decision-making / eligibility / false alarm / asymptomatic / overdiagnosis /
screening

- 01 **Dana:** This letter invited me for screening. Does that mean someone thinks I already have the disease?
- 02 **Dr Ellis:** An invitation to ¹ _____ does not announce a diagnosis. Let us review what the invitation offers.
- 03 **Dana:** I do not have the symptom mentioned in an article I read. Is that a contradiction?
- 04 **Dr Ellis:** Not necessarily. Screening often concerns an ² _____ population; investigating a symptom is a different clinical situation.
- 05 **Dana:** Then the test in this letter is not the same as testing to explain a current complaint?
- 06 **Dr Ellis:** Correct. ³ _____ and screening have different purposes, although one can lead to the other.
- 07 **Dana:** Before deciding, I want to know what a worrying result would mean and what would happen afterward.
- 08 **Dr Ellis:** A ⁴ _____ may lead to further evaluation. It does not automatically confirm the condition.
- 09 **Dana:** Could I go through more tests and then discover that the original concern was not confirmed?
- 10 **Dr Ellis:** Yes, a ⁵ _____ is one limitation to explain alongside the possible benefits and other consequences.

Conversation continues on the next page.

An invitation is not a diagnosis

CONVERSATION / CONTINUED

- 11 **Dana:** People also talk about finding conditions that would never have affected them. Is that the same issue?
- 12 **Dr Ellis:** That is ⁶ _____, which differs from a false alarm. We should explain the distinction without assuming either will happen to you.
- 13 **Dana:** I would like the numbers explained carefully. A headline saying lower risk does not tell me much.
- 14 **Dr Ellis:** We need the event and time period. ⁷ _____ is not the same thing as a relative comparison.
- 15 **Dana:** And you still need to check whether this particular screening option applies to my circumstances?
- 16 **Dr Ellis:** Yes. We must review ⁸ _____ and your history rather than treating a general invitation as the entire assessment.
- 17 **Dana:** I want to compare the options without feeling that asking about limitations means I am refusing care.
- 18 **Dr Ellis:** Questions support ⁹ _____. Your priorities and the evidence both belong in the discussion.
- 19 **Dana:** That gives me a clearer starting point. I understand this is an invitation, not a diagnosis or a guarantee.
- 20 **Dr Ellis:** Exactly. We can use the relevant information to support an ¹⁰ _____, then agree on any next step.

CHECK THE GAPS

1. screening / 2. asymptomatic / 3. Diagnostic testing / 4. positive screen / 5. false alarm / 6. overdiagnosis / 7. Absolute risk / 8. eligibility / 9. shared decision-making / 10. informed choice

[Why these answers fit, page 131](#)

F Check accuracy and scope

An invitation is not a diagnosis

Return to the case

Dana receives a screening invitation and asks Dr Ellis whether it means a disease is suspected. The invitation is not a diagnostic result. Eligibility and the appropriate options need an individual review; no screening schedule or personal risk calculation is supplied. Dana wants to understand possible benefit, false alarms, and subsequent testing before choosing.

Choose one answer per question. Use the case facts and keep any uncertainty or limits intact.

1. Which risk statement is incomplete?

- A. The risk is lower, without an outcome or time period.
- B. The invitation is not a result.
- C. Dana has questions about tradeoffs.
- D. Eligibility needs review.

2. What supports informed choice?

- A. Explain benefits, limitations, and next steps, then elicit priorities.
- B. Hide false alarms to increase participation.
- C. Treat every question as refusal.
- D. Promise that screening prevents every illness.

[Answers and explanations, page 133](#)

Listen for the distinction

Swap roles. Repeat the distinction between false alarm and overdiagnosis, preserving the uncertainty.

Discuss the tradeoff without steering through fear

Explain what a screening test can and cannot establish. A useful discussion includes the person's priorities and practical implications, not just a slogan that testing is always better.

F Say it / transfer to a new case

Clarify a population statistic

A leaflet gives a risk comparison for a defined study population over five years. Kim asks whether it is a personal prediction. Dr Reed explains that individual interpretation requires clinical context.

Complete the four gaps. With a partner, read alternate roles, then switch. Studying alone, read both roles and pause before each response.

WORD AND PHRASE BANK

population / prediction / context / years

- 01 **Kim:** The leaflet describes a study ¹ _____.
- 02 **Dr Reed:** Its time horizon is five ² _____.
- 03 **Kim:** It is not a guaranteed personal ³ _____.
- 04 **Dr Reed:** Individual interpretation needs clinical ⁴ _____.

CHECK THE GAPS

1. population / 2. years / 3. prediction / 4. context

[Why these answers fit, page 133](#)

Rebuild the exchange

Choose the missing response. Read the completed three-turn exchange aloud, changing roles on the second reading.

1. Rebuild the exchange from "An invitation is not a diagnosis". Dana: "I would like the numbers explained carefully. A headline saying lower risk does not tell me much." Dr Ellis: [missing response] Dana: "And you still need to check whether this particular screening option applies to my circumstances?" Which response belongs in the gap?

- A.** Yes. We must review eligibility and your history rather than treating a general invitation as the entire assessment.
- B.** Exactly. We can use the relevant information to support an informed choice, then agree on any next step.
- C.** An invitation to screening does not announce a diagnosis. Let us review what the invitation offers.
- D.** We need the event and time period. Absolute risk is not the same thing as a relative comparison.

[Answers and explanations, page 134](#)

Review 3 / Meaning and context

Use language from the lessons you have completed. Choose one answer per question.

Case file

Revisit "Responding to an antibiotic request" and "Discussing preventive screening choices". Choose precise terminology, then reconstruct the missing responses using both neighboring turns. The final two questions also revisit earlier conversations.

1. A colleague needs the term for this meaning: Illness caused by a virus. Which term fits?

- A. viral illness
- B. potential harm
- C. treatment indication
- D. teach-back

2. A colleague needs the term for this meaning: Detection of a condition that would not have caused harm during a person's lifetime. Which term fits?

- A. screening interval
- B. overdiagnosis
- C. screening
- D. qualified interpreter

3. Rebuild the exchange from "Outside the range is not the diagnosis". Casey: "I do not know whether the earlier value was typical for me or just another unusual day." Dr Vega: [missing response] Casey: "Could something about the sample affect the result, or would that just be an excuse to ignore it?" Which response belongs in the gap?

- A. Your symptoms, earlier results, and the sample circumstances help us assess its clinical significance.
- B. Not by itself. The reference interval helps comparison, but we must interpret the result in context.
- C. We should not assume it is your baseline without reviewing the relevant history and circumstances.
- D. Yes, where they are comparable. A trend can add information that one isolated result cannot provide.

Review 3 / Meaning and context / continued

4. Rebuild the exchange from "An invitation is not a diagnosis". Dana: "I want to compare the options without feeling that asking about limitations means I am refusing care." Dr Ellis: [missing response] Dana: "That gives me a clearer starting point. I understand this is an invitation, not a diagnosis or a guarantee." Which response belongs in the gap?

- A.** Correct. Diagnostic testing and screening have different purposes, although one can lead to the other.
- B.** An invitation to screening does not announce a diagnosis. Let us review what the invitation offers.
- C.** Questions support shared decision-making. Your priorities and the evidence both belong in the discussion.
- D.** A positive screen may lead to further evaluation. It does not automatically confirm the condition.

[Answers and explanations, page 149](#)

A Read the situation

LESSON 07 / OPENING A MENTAL-HEALTH CONVERSATION

Ask sensitively about mood and safety while explaining confidentiality limits and a warm handoff.

Make a direct question feel safe

Chris reports low mood and poor sleep affecting work. Dr Wells will ask about safety directly rather than infer it from appearance. No risk assessment has been completed and no risk level is supplied. A behavioral-health colleague is available for an introduction if appropriate and agreed. Dr Wells must explain relevant confidentiality limits accurately rather than promise absolute secrecy.

People: Dr Wells, General practitioner; Chris, Patient.

Read the record

Choose one answer per question using the facts above.

1. What impact does Chris report?

- A.** A completed diagnosis in this case
- B.** A known low risk level
- C.** A refusal of all help
- D.** Mood and sleep difficulties affecting work

2. What remains incomplete?

- A.** The risk assessment
- B.** The appointment booking
- C.** Chris mentioning sleep
- D.** The colleague's availability

3. What must not be promised?

- A.** Absolute secrecy
- B.** Respectful listening
- C.** An explanation of next steps
- D.** Attention to the reported difficulties

[Answers and explanations, page 135](#)

B Vocabulary in use

CORE TERMS

low mood

Persistent or recurrent feelings of sadness or reduced emotional well-being.

explore low mood

sleep disturbance

Disruption of the usual pattern or quality of sleep.

describe sleep disturbance

protective factor

Circumstance or resource that may reduce vulnerability to harm.

explore protective factors

suicidal thoughts

Thoughts about ending one's own life.

ask directly about suicidal thoughts

nonjudgmental language

Wording that explores experience without assigning blame or moral fault.

use nonjudgmental language

warm handoff

Supported introduction to another care professional with relevant context.

arrange a warm handoff

anhedonia

Reduced ability to experience interest or pleasure.

ask about anhedonia

stressor

Circumstance placing psychological or practical demands on a person.

identify a current stressor

risk assessment

Clinical evaluation of relevant risks and protective circumstances.

complete a risk assessment

psychosocial history

Account of psychological and social circumstances relevant to care.

take a psychosocial history

behavioral health

Care addressing mental health, behavior, and related well-being.

coordinate behavioral-health care

confidentiality limit

Circumstance in which privacy cannot be guaranteed under applicable duties.

explain confidentiality limits

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

low mood **LOW MOOD**

explore low mood

Keep the meaning precise: Persistent or recurrent feelings of sadness or reduced emotional well-being.

risk assessment **RISK ASSESSMENT**

complete a risk assessment

Keep the meaning precise: Clinical evaluation of relevant risks and protective circumstances.

B Precision and professional shorthand

EXTEND YOUR RANGE

crisis response

Immediate professional response to an urgent safety concern.

activate the appropriate crisis response

daily functioning

Ability to manage ordinary work, self-care, and other activities.

assess daily functioning

consent to share

Agreement to disclose specified information in an appropriate context.

clarify consent to share

qualified interpreter

Trained language professional supporting accurate communication between speakers.

request a qualified interpreter

patient preference

A person's stated wishes about care or communication.

elicit the patient preference

documented plan

Agreed next steps recorded for the people involved.

review the documented plan

distress

Significant emotional suffering or discomfort.

acknowledge distress

support network

People or services available to provide help.

identify a support network

therapeutic alliance

Collaborative relationship supporting care and agreed goals.

strengthen the therapeutic alliance

teach-back

Checking an explanation by inviting the listener to restate its meaning.

use teach-back without blame

clinical handoff

Transfer of relevant care information and responsibility between professionals.

confirm the clinical handoff

source attribution

Identification of who reported, observed, or established a fact.

preserve source attribution

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

confidentiality limit CONFIDENTIALITY LIMIT

explain confidentiality limits

Keep the meaning precise: Circumstance in which privacy cannot be guaranteed under applicable duties.

consent to share CONSENT TO SHARE

clarify consent to share

Keep the meaning precise: Agreement to disclose specified information in an appropriate context.

Phrases that move the work forward

Open sensitively

How have things been emotionally as well as physically?

Explain the question

I ask directly because your safety matters.

Explain privacy limits

I will explain when I may need to involve others for safety.

Clarify information sharing

Let us agree what information is shared, within the applicable duties.

Dr Wells / in the conversation

You mentioned poor sleep and difficulty at work.

Dr Wells / in the conversation

We can take it one part at a time.

Chris / in the conversation

I stopped enjoying things I normally like.

Dr Wells / in the conversation

I also need to ask directly about your safety rather than make assumptions.

Ask directly

Have you had thoughts about ending your life?

Avoid an assumption

I cannot judge that from how you look today.

Offer an introduction

We can discuss an introduction to our behavioral-health colleague.

Keep the person involved

I will explain the next steps as clearly as I can.

Chris / in the conversation

My low mood has been harder to manage than I expected, but I struggle to explain it.

Dr Wells / in the conversation

What has changed in your usual activities or interests?

Chris / in the conversation

I saw the word anhedonia, but I was unsure how to say it.

Chris / in the conversation

I was worried that my daily functioning would look normal because I managed to come to this appointment.

Precision in real exchanges

Purpose: Avoid an assumption

Useful wording: I cannot judge that from how you look today.

Purpose: Explain privacy limits

Useful wording: I will explain when I may need to involve others for safety.

D Choose the response that fits

Choose one response for each situation. Preserve the facts, the decision boundary, and the purpose of the exchange.

1. Which safety question is direct and neutral?

- A.** Have you had thoughts about ending your life?
- B.** You would never do anything foolish, would you?
- C.** You look fine, so there is no risk.
- D.** Can we skip this uncomfortable topic?

2. Which privacy statement is inappropriate?

- A.** I promise absolute secrecy in every circumstance.
- B.** We should discuss confidentiality limits.
- C.** I will explain relevant information sharing.
- D.** Your questions about privacy matter.

3. A colleague needs the term for this meaning: Circumstance placing psychological or practical demands on a person. Which term fits?

- A.** daily functioning
- B.** patient preference
- C.** nonjudgmental language
- D.** stressor

D Choose the response that fits / continued

4. Rebuild the exchange from "Make a direct question feel safe". Dr Wells: "Your own description is enough. I also need to ask directly about your safety rather than make assumptions." Chris: [missing response] Dr Wells: "Coming here does not tell me everything. Have you had thoughts about ending your life?" Which response belongs in the gap?

- A.** I understand that the risk assessment has not already been completed just because I have started talking.
- B.** My low mood has been harder to manage than I expected, but I struggle to explain it.
- C.** I was worried that my daily functioning would look normal because I managed to come to this appointment.
- D.** Could you introduce us? A warm handoff would be easier than repeating everything to a stranger without preparation.

[Answers and explanations, page 135](#)

One useful distinction

A calm appearance does not establish low risk. Ask and assess directly; do not let an English exercise stand in for an actual safety evaluation.

E Conversation

Make a direct question feel safe

Make a direct question feel safe

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

nonjudgmental language / support network / suicidal thoughts / confidentiality limits / risk assessment / daily functioning / consent to share / warm handoff / low mood / anhedonia

- 01 **Dr Wells:** You mentioned poor sleep and difficulty at work. How have things been emotionally as well as physically?
- 02 **Chris:** My ¹ _____ has been harder to manage than I expected, but I struggle to explain it.
- 03 **Dr Wells:** We can take it one part at a time. What has changed in your usual activities or interests?
- 04 **Chris:** I stopped enjoying things I normally like. I saw the word ² _____, but I was unsure how to say it.
- 05 **Dr Wells:** Your own description is enough. I also need to ask directly about your safety rather than make assumptions.
- 06 **Chris:** I was worried that my ³ _____ would look normal because I managed to come to this appointment.
- 07 **Dr Wells:** Coming here does not tell me everything. Have you had thoughts about ending your life?
- 08 **Chris:** That is difficult to discuss. Will talking about ⁴ _____ mean that everything I say is automatically shared with everyone?
- 09 **Dr Wells:** No. I will explain privacy and its limits, including when safety duties may require involving other people.
- 10 **Chris:** Please explain those ⁵ _____ before assuming I understand them. I want to answer honestly.

Conversation continues on the next page.

Make a direct question feel safe

CONVERSATION / CONTINUED

- 11 **Dr Wells:** Of course. We will discuss the relevant rules and your situation, and I will explain the next steps.
- 12 **Chris:** I appreciate the ⁶ _____. I was afraid this would become a lecture about coping better.
- 13 **Dr Wells:** My aim is to understand what is happening and assess safety, including difficulties and sources of support.
- 14 **Chris:** My sister has been helpful. I would like her considered as part of my ⁷ _____.
- 15 **Dr Wells:** We can discuss that. Our behavioral-health colleague is also available, depending on the assessed needs and agreed plan.
- 16 **Chris:** Could you introduce us? A ⁸ _____ would be easier than repeating everything to a stranger without preparation.
- 17 **Dr Wells:** We can discuss the introduction and what information is appropriate to share, subject to the relevant duties.
- 18 **Chris:** Then my ⁹ _____ is something we clarify rather than assume from my attendance here.
- 19 **Dr Wells:** Yes. We must also complete the safety assessment and respond appropriately to anything urgent that it reveals.
- 20 **Chris:** I understand that the ¹⁰ _____ has not already been completed just because I have started talking.

CHECK THE GAPS

1. low mood / **2.** anhedonia / **3.** daily functioning / **4.** suicidal thoughts / **5.** confidentiality limits / **6.** nonjudgmental language / **7.** support network / **8.** warm handoff / **9.** consent to share / **10.** risk assessment

[Why these answers fit, page 136](#)

F Check accuracy and scope

Make a direct question feel safe

Return to the case

Chris reports low mood and poor sleep affecting work. Dr Wells will ask about safety directly rather than infer it from appearance. No risk assessment has been completed and no risk level is supplied. A behavioral-health colleague is available for an introduction if appropriate and agreed. Dr Wells must explain relevant confidentiality limits accurately rather than promise absolute secrecy.

Choose one answer per question. Use the case facts and keep any uncertainty or limits intact.

1. What does a warm handoff add?

- A. A guaranteed cure
- B. A completed risk assessment by definition
- C. An automatic disclosure of everything
- D. A supported introduction with relevant context

2. Which inference must be avoided?

- A. Assessment is still needed.
- B. A calm appearance proves low risk.
- C. Chris reports poor sleep.
- D. Work is affected.

[Answers and explanations, page 138](#)

Listen for the distinction

Swap roles. Repeat the privacy explanation without adding an absolute promise or an invented risk level.

Direct can also be compassionate

A clear safety question need not be abrupt. Explain why you are asking, listen without judgment, and avoid making disclosure sound like a test the patient can fail.

F Say it / transfer to a new case

Introduce support without over-sharing

Rae agrees to an introduction to counselor Jo. The relevant information to share will be clarified. Dr Moss has not completed the safety assessment; no risk level is supplied.

Complete the four gaps. With a partner, read alternate roles, then switch. Studying alone, read both roles and pause before each response.

WORD AND PHRASE BANK

established / complete / Jo / share

- 01 **Rae:** I agree to meet counselor ¹ _____.
- 02 **Dr Moss:** We will clarify the information to ² _____.
- 03 **Rae:** The safety assessment is not ³ _____.
- 04 **Dr Moss:** No risk level has been ⁴ _____.

CHECK THE GAPS

1. Jo / 2. share / 3. complete / 4. established

[Why these answers fit, page 138](#)

Rebuild the exchange

Choose the missing response. Read the completed three-turn exchange aloud, changing roles on the second reading.

1. Rebuild the exchange from "Make a direct question feel safe". Dr Wells: "My aim is to understand what is happening and assess safety, including difficulties and sources of support." Chris: [missing response] Dr Wells: "We can discuss that. Our behavioral-health colleague is also available, depending on the assessed needs and agreed plan." Which response belongs in the gap?

- A.** I appreciate the nonjudgmental language. I was afraid this would become a lecture about coping better.
- B.** My sister has been helpful. I would like her considered as part of my support network.
- C.** Then my consent to share is something we clarify rather than assume from my attendance here.
- D.** My low mood has been harder to manage than I expected, but I struggle to explain it.

[Answers and explanations, page 139](#)

A Read the situation

LESSON 08 / CLOSING THE REFERRAL LOOP

Give a referral update that identifies the open question, owner, and next contact.

Sent does not mean seen

Dr Byrne referred Fin to a specialist for an unresolved clinical question. The receiving office confirms receipt, but has not confirmed an appointment. Practice coordinator Mina is checking the status and will update Fin on Friday. Friday is a status-update commitment, not a clinical waiting instruction or appointment date. New or worsening concerns must use the practice's actual clinical route.

People: Dr Byrne, General practitioner; Fin, Patient.

Read the record

Choose one answer per question using the facts above.

1. What has the specialist office confirmed?

- A.** Receipt of the referral
- B.** A Friday appointment
- C.** Completed treatment
- D.** A resolved diagnosis

2. Who is checking the status?

- A.** Nobody
- B.** Mina
- C.** Fin's employer
- D.** A clinician not named in the case

3. What does Friday mean?

- A.** A guaranteed appointment
- B.** Permission to wait with worsening symptoms
- C.** A completed consultation
- D.** A promised status update

[Answers and explanations, page 140](#)

B Vocabulary in use

CORE TERMS

referral

Request for another professional or service to assess or assist.

send a specialist referral

urgency category

Assigned level of time sensitivity under a clinical process.

verify the urgency category

appointment confirmation

Verification that a specific appointment has been arranged.

obtain appointment confirmation

consultant letter

Communication from a specialist summarizing an assessment or advice.

review the consultant letter

missed appointment

Scheduled encounter that did not take place as arranged.

follow up a missed appointment

pending action

Task still requiring completion.

identify a pending action

consultation question

Specific issue the referring clinician asks the receiving service to address.

state the consultation question

referral receipt

Confirmation that the receiving service has obtained the referral.

confirm referral receipt

closed-loop referral

Referral process tracking receipt, follow-up, and information returned to the referrer.

complete a closed-loop referral

awaiting review

Received but not yet evaluated by the relevant reviewer.

mark a referral as awaiting review

results ownership

Responsibility for reviewing and acting on investigation results.

clarify results ownership

acknowledgment

Confirmation that a message or request was received.

obtain an acknowledgment

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

referral REFERRAL

send a specialist referral

Keep the meaning precise: Request for another professional or service to assess or assist.

closed-loop referral CLOSED-LOOP REFERRAL

complete a closed-loop referral

Keep the meaning precise: Referral process tracking receipt, follow-up, and information returned to the referrer.

B Precision and professional shorthand

EXTEND YOUR RANGE

interim care

Care provided while another assessment or transition is pending.

clarify interim care

escalation route

Process for raising an unresolved or urgent concern to the right professional.

use the clinical escalation route

record transfer

Appropriate movement of relevant information between care providers.

verify record transfer

qualified interpreter

Trained language professional supporting accurate communication between speakers.

request a qualified interpreter

patient preference

A person's stated wishes about care or communication.

elicit the patient preference

documented plan

Agreed next steps recorded for the people involved.

review the documented plan

contact preference

Person's preferred appropriate method of communication.

verify the contact preference

care transition

Movement of care between settings, professionals, or stages.

support a care transition

access barrier

Obstacle that makes obtaining a service difficult.

identify an access barrier

teach-back

Checking an explanation by inviting the listener to restate its meaning.

use teach-back without blame

clinical handoff

Transfer of relevant care information and responsibility between professionals.

confirm the clinical handoff

source attribution

Identification of who reported, observed, or established a fact.

preserve source attribution

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

acknowledgment ACKNOWLEDGMENT

obtain an acknowledgment

Keep the meaning precise: Confirmation that a message or request was received.

record transfer RECORD TRANSFER

verify record transfer

Keep the meaning precise: Appropriate movement of relevant information between care providers.

Phrases that move the work forward

State the confirmed stage

The receiving office has confirmed receipt.

Identify the owner

Mina is checking the status.

Keep care connected

We need to clarify who handles the outstanding clinical questions.

Confirm contact

Which approved contact method should we use for the update?

Fin / in the conversation

I was told the referral had gone through.

Dr Byrne / in the conversation

We have referral receipt, but an appointment has not yet been confirmed.

Dr Byrne / in the conversation

Mina is checking the status with the receiving office.

Fin / in the conversation

I do not want to arrive without understanding that.

Name the missing step

An appointment has not yet been confirmed.

Define the date

Friday is our update date, not your appointment date.

Separate urgent concerns

New or worsening symptoms use the clinical route, not a routine status message.

Close the loop

We will track the response and the information returned after consultation.

Fin / in the conversation

Does that mean the specialist has booked me in?

Fin / in the conversation

I heard gone through and assumed there was a date somewhere.

Fin / in the conversation

What exactly is the specialist being asked to address?

Dr Byrne / in the conversation

We will review the consultation question with you and make sure the relevant records accompany the request.

Precision in real exchanges

Purpose: Define the date

Useful wording: Friday is our update date, not your appointment date.

Purpose: Keep care connected

Useful wording: We need to clarify who handles the outstanding clinical questions.

D Choose the response that fits

Choose one response for each situation. Preserve the facts, the decision boundary, and the purpose of the exchange.

1. Which update is supported?

- A.** Receipt is confirmed; an appointment is not.
- B.** Fin will be seen Friday.
- C.** Treatment is complete.
- D.** The clinical question is resolved.

2. Which phrase could dangerously confuse two processes?

- A.** Friday is a status update.
- B.** Mina is checking the referral.
- C.** Clinical concerns use the clinical route.
- D.** Wait until Friday with any new symptoms.

3. A colleague needs the term for this meaning: Confirmation that the receiving service has obtained the referral. Which term fits?

- A.** referral receipt
- B.** escalation route
- C.** patient preference
- D.** missed appointment

D Choose the response that fits / continued

4. Rebuild the exchange from "Sent does not mean seen". Fin: "What exactly is the specialist being asked to address? I do not want to arrive without understanding that." Dr Byrne: [missing response] Fin: "I can explain my concern, but I may not remember every detail that is already in your notes." Which response belongs in the gap?

- A.** Exactly. A closed-loop referral keeps the stages and responsibilities connected until the relevant follow-up is complete.
- B.** Appropriate record transfer helps the receiving team. It does not replace listening to your current account.
- C.** Friday is a status update. The pending action is checking progress, not attending a confirmed appointment.
- D.** We will review the consultation question with you and make sure the relevant records accompany the request.

[Answers and explanations, page 140](#)

One useful distinction

Receipt, review, booking, attendance, and a returned clinical report are different stages. Do not report a later stage when only an earlier one is confirmed.

E Conversation

Sent does not mean seen

Sent does not mean seen

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

closed-loop referral / escalation route / pending action / consultant letter / referral receipt
/ consultation question / Appointment confirmation / contact preference / interim care /
record transfer

- 01 **Fin:** I was told the referral had gone through. Does that mean the specialist has booked me in?
- 02 **Dr Byrne:** We have ¹ _____, but an appointment has not yet been confirmed.
- 03 **Fin:** Thank you for separating those. I heard gone through and assumed there was a date somewhere.
- 04 **Dr Byrne:** ² _____ is a separate step. Mina is checking the status with the receiving office.
- 05 **Fin:** What exactly is the specialist being asked to address? I do not want to arrive without understanding that.
- 06 **Dr Byrne:** We will review the ³ _____ with you and make sure the relevant records accompany the request.
- 07 **Fin:** I can explain my concern, but I may not remember every detail that is already in your notes.
- 08 **Dr Byrne:** Appropriate ⁴ _____ helps the receiving team. It does not replace listening to your current account.
- 09 **Fin:** Mina mentioned Friday. Is that when the consultation will happen, or when someone will contact me?
- 10 **Dr Byrne:** Friday is a status update. The ⁵ _____ is checking progress, not attending a confirmed appointment.

Conversation continues on the next page.

Sent does not mean seen

CONVERSATION / CONTINUED

- 11 **Fin:** Who should deal with questions before the specialist sees me? I do not want to fall between teams.
- 12 **Dr Byrne:** We must clarify ⁶ _____ and the outstanding responsibilities rather than assume everything transferred when we sent the request.
- 13 **Fin:** If something changes clinically before Friday, should I wait for Mina's administrative update to mention it?
- 14 **Dr Byrne:** No. Use the actual clinical ⁷ _____ for new or worsening concerns. The update date is not advice to wait.
- 15 **Fin:** I also need calls at a time I can answer privately. Can we agree on how the update reaches me?
- 16 **Dr Byrne:** Yes, we will verify your ⁸ _____ and use the practice's approved communication process.
- 17 **Fin:** Once the appointment happens, will the specialist's advice come back here, or do I have to relay everything?
- 18 **Dr Byrne:** We will track the ⁹ _____ and review the responsibilities it identifies, rather than assume attendance alone closes every question.
- 19 **Fin:** That is clearer: receipt now, a status update Friday, and no appointment date promised yet.
- 20 **Dr Byrne:** Exactly. A ¹⁰ _____ keeps the stages and responsibilities connected until the relevant follow-up is complete.

CHECK THE GAPS

1. referral receipt / 2. Appointment confirmation / 3. consultation question / 4. record transfer / 5. pending action / 6. interim care / 7. escalation route / 8. contact preference / 9. consultant letter / 10. closed-loop referral

[Why these answers fit, page 141](#)

F Check accuracy and scope

Sent does not mean seen

Return to the case

Dr Byrne referred Fin to a specialist for an unresolved clinical question. The receiving office confirms receipt, but has not confirmed an appointment. Practice coordinator Mina is checking the status and will update Fin on Friday. Friday is a status-update commitment, not a clinical waiting instruction or appointment date. New or worsening concerns must use the practice's actual clinical route.

Choose one answer per question. Use the case facts and keep any uncertainty or limits intact.

1. What makes the next step accountable?

- A. A vague promise that someone will look
- B. An assumed appointment
- C. A closed record before review
- D. A named owner and a defined update

2. What remains important after sending a referral?

- A. Ignoring the consultation question
- B. Following the response and clarifying continuing responsibilities
- C. Assuming all duties disappeared
- D. Declaring attendance complete

[Answers and explanations, page 143](#)

Listen for the distinction

Swap roles. Repeat the distinction between Friday's administrative update and the clinical escalation route.

Make the stage visible

Patients may understand referred to mean booked or accepted for treatment. Name the actual stage and retain responsibility for unresolved care rather than treating the referral as a transfer of every duty.

F Say it / transfer to a new case

Track a returned specialist report

A specialist consultation occurred Monday. The report has not arrived. Coordinator Zoe is requesting it and will update the referring team Wednesday. No new treatment instruction is supplied.

Complete the four gaps. With a partner, read alternate roles, then switch. Studying alone, read both roles and pause before each response.

WORD AND PHRASE BANK

Wednesday / arrived / Monday / supplied

- 01 **Clinician:** The consultation occurred on ¹ _____.
- 02 **Zoe:** The report has not ² _____.
- 03 **Clinician:** The update is due ³ _____.
- 04 **Zoe:** No new treatment instruction has been ⁴ _____.

CHECK THE GAPS

1. Monday / 2. arrived / 3. Wednesday / 4. supplied

[Why these answers fit, page 143](#)

Rebuild the exchange

Choose the missing response. Read the completed three-turn exchange aloud, changing roles on the second reading.

1. Rebuild the exchange from "Sent does not mean seen". Fin: "If something changes clinically before Friday, should I wait for Mina's administrative update to mention it?" Dr Byrne: [missing response] Fin: "I also need calls at a time I can answer privately. Can we agree on how the update reaches me?" Which response belongs in the gap?

- A.** We will review the consultation question with you and make sure the relevant records accompany the request.
- B.** No. Use the actual clinical escalation route for new or worsening concerns. The update date is not advice to wait.
- C.** We will track the consultant letter and review the responsibilities it identifies, rather than assume attendance alone closes every question.
- D.** We must clarify interim care and the outstanding responsibilities rather than assume everything transferred when we sent the request.

[Answers and explanations, page 144](#)

Review 4 / Meaning and context

Use language from the lessons you have completed. Choose one answer per question.

Case file

Revisit "Opening a mental-health conversation" and "Closing the referral loop". Choose precise terminology, then reconstruct the missing responses using both neighboring turns. The final two questions also revisit earlier conversations.

1. A colleague needs the term for this meaning: Disruption of the usual pattern or quality of sleep. Which term fits?

- A. distress
- B. teach-back
- C. sleep disturbance
- D. psychosocial history

2. A colleague needs the term for this meaning: Received but not yet evaluated by the relevant reviewer. Which term fits?

- A. awaiting review
- B. interim care
- C. referral
- D. qualified interpreter

3. Rebuild the exchange from "An invitation is not a diagnosis". Dana: "Could I go through more tests and then discover that the original concern was not confirmed?" Dr Ellis: [missing response] Dana: "People also talk about finding conditions that would never have affected them. Is that the same issue?" Which response belongs in the gap?

- A. Not necessarily. Screening often concerns an asymptomatic population; investigating a symptom is a different clinical situation.
- B. Yes, a false alarm is one limitation to explain alongside the possible benefits and other consequences.
- C. An invitation to screening does not announce a diagnosis. Let us review what the invitation offers.
- D. Correct. Diagnostic testing and screening have different purposes, although one can lead to the other.

Review 4 / Meaning and context / continued

4. Rebuild the exchange from "Sent does not mean seen". Fin: "Once the appointment happens, will the specialist's advice come back here, or do I have to relay everything?" Dr Byrne: [missing response] Fin: "That is clearer: receipt now, a status update Friday, and no appointment date promised yet." Which response belongs in the gap?

- A.** We must clarify interim care and the outstanding responsibilities rather than assume everything transferred when we sent the request.
- B.** No. Use the actual clinical escalation route for new or worsening concerns. The update date is not advice to wait.
- C.** We will review the consultation question with you and make sure the relevant records accompany the request.
- D.** We will track the consultant letter and review the responsibilities it identifies, rather than assume attendance alone closes every question.

[Answers and explanations, page 151](#)

Language for the next case

A consultation through a qualified interpreter

direct address

Direct address keeps the patient as the person being consulted rather than turning the interpreter into the recipient of clinical questions.

Dr Patel: I will use direct address and keep my attention on the patient, even while you interpret the words.

qualified interpretation

Qualified interpretation provides trained language support and does not transfer clinical decision-making or consent from the patient to the interpreter.

Dr Patel: I will describe qualified interpretation as support for Noor's participation, not as a substitute decision-maker.

source attribution

Source attribution identifies who supplied the information and prevents an interpreted patient account from being confused with the interpreter's own opinion.

Lin: That preserves source attribution while keeping the interpreter's role clear.

clarification

Clarification resolves an unclear term or message before it is interpreted as though its meaning were already certain.

Dr Patel: If a term is ambiguous, please identify the need for clarification before we continue to a new point.

teach-back

Teach-back checks how the explanation was understood and should be directed to the patient through the interpreter rather than answered by the interpreter.

Dr Patel: That makes teach-back a check on my explanation, not a test for you to answer instead of Noor.

closing summary

A closing summary gathers the agreed information and next step so the patient can confirm the meaning through the same language support.

Lin: A clear closing summary gives Noor a chance to correct the meaning before the consultation ends.

Read the phrases aloud. Then complete the conversation on the following pages using the word bank.

Conversation

A consultation through a qualified interpreter

Dr Patel meets Noor with qualified interpreter Lin. The script shows the clinician and interpreter coordinating the interpreted consultation; Noor remains the patient and decision-maker. A relative has offered to summarize, but the service provides qualified interpretation. No clinical diagnosis or treatment choice is supplied.

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

direct address / teach-back / qualified interpretation / source attribution /
closing summary / clarification

- 01 **Dr Patel:** Before we begin, I will introduce your role to Noor and confirm the language and communication preferences.
- 02 **Lin:** Thank you. Please speak directly to Noor rather than asking me what the patient thinks in the third person.
- 03 **Dr Patel:** I will use ¹ _____ and keep my attention on the patient, even while you interpret the words.
- 04 **Lin:** That helps preserve the relationship. Please also give me manageable segments rather than a long uninterrupted explanation.
- 05 **Dr Patel:** I can pause after one idea. I do not want a long speech to become an abbreviated summary.
- 06 **Lin:** I will interpret the content rather than replace it with my own advice or a shortened conclusion.

Conversation / continued

- 07 **Dr Patel:** If a term is ambiguous, please identify the need for ² _____ before we continue to a new point.
- 08 **Lin:** I will make that transparent to both of you rather than silently choose a meaning that may be wrong.
- 09 **Dr Patel:** Noor's relative offered to summarize. How should I explain why we are using the service today?
- 10 **Lin:** Explain the value of accurate, confidential language support without suggesting that the relative has done something wrong.

Conversation continues on the next page.

A consultation through a qualified interpreter

CONVERSATION / CONTINUED

- 11 **Dr Patel:** I will describe ³ _____ as support for Noor's participation, not as a substitute decision-maker.
- 12 **Lin:** Exactly. I do not provide consent on the patient's behalf or decide which clinical option the patient should choose.
- 13 **Dr Patel:** When I check understanding, I will ask Noor to explain the message in their own words.
- 14 **Lin:** I can interpret that response fully. Please do not treat a brief yes as proof that the explanation was clear.
- 15 **Dr Patel:** That makes ⁴ _____ a check on my explanation, not a test for you to answer instead of Noor.
- 16 **Lin:** Yes. If the response shows a misunderstanding, explain the point differently and let me interpret the revised explanation.
- 17 **Dr Patel:** I will also record that language support was used and distinguish the patient account from anyone else's report.
- 18 **Lin:** That preserves ⁵ _____ while keeping the interpreter's role clear.
- 19 **Dr Patel:** Before closing, I will confirm the actual next step and the appropriate language support for follow-up.
- 20 **Lin:** A clear ⁶ _____ gives Noor a chance to correct the meaning before the consultation ends.

CHECK THE GAPS

1. direct address / 2. clarification / 3. qualified interpretation / 4. teach-back / 5. source attribution / 6. closing summary

[Why these answers fit, page 153](#)

The interpreter requests a shorter segment

The clinician gives a long explanation. The interpreter asks for one idea at a time so the full meaning can be interpreted. No summary is substituted.

Complete the exchange using each phrase once. Read both roles, then switch roles and repeat with the bank covered.

WORD AND PHRASE BANK

idea / pause / meaning / decision-maker

- 01 **Interpreter:** Please give one ¹ _____ at a time.
- 02 **Clinician:** I will ² _____ between them.
- 03 **Interpreter:** I will preserve the full ³ _____.
- 04 **Clinician:** The patient remains the ⁴ _____.

CHECK THE GAPS

1. idea / 2. pause / 3. meaning / 4. decision-maker

[Why these answers fit, page 153](#)

Keep the distinction audible

Speak directly to the patient, use manageable segments, and verify the interpreted message.

Language for the next case

A work note without unnecessary disclosure

functional information

Functional information describes relevant abilities or limitations and is different from disclosing an entire diagnostic or personal history.

Dr Shaw: We should distinguish functional information from a full clinical history, while checking what this particular process actually requires.

disclosure scope

Disclosure scope defines the information, purpose, and recipient covered by the relevant authorization rather than treating one request as unlimited permission.

Dr Shaw: We will clarify the disclosure scope rather than treat a request for a note as unlimited permission.

evidence limitation

An evidence limitation identifies what the assessment cannot support and prevents a form's wording from forcing an invented clinical conclusion.

Dr Shaw: We should explain the evidence limitation or seek clarification rather than force an unsupported answer.

job demands

Job demands are the actual tasks and conditions relevant to assessing work-related function rather than a generic assumption about an occupation.

Dr Shaw: Yes. The job demands provide context, but the clinical assessment and any authorized occupational review remain separate.

occupational recommendation

An occupational recommendation concerns work-related advice based on appropriate assessment and is not a guarantee that an employer will adopt a particular arrangement.

Dr Shaw: We should also distinguish an occupational recommendation from the employer's eventual decision.

authorized recipient

An authorized recipient is the person or service permitted to receive the specified information through the applicable process.

Dr Shaw: Exactly. A clear authorized recipient and supported content matter more than adding unnecessary medical detail.

Read the phrases aloud. Then complete the conversation on the following pages using the word bank.

Conversation

A work note without unnecessary disclosure

Patient Ellis asks Dr Shaw for a work note. The employer requests a diagnosis, but Ellis wants to discuss what information is actually necessary and authorized. The clinician will follow applicable rules and use supported facts. No work-capacity judgment or legal entitlement is supplied.

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

job demands / evidence limitation / occupational recommendation / disclosure scope /
authorized recipient / functional information

- 01 **Ellis:** My employer wants a note and asked for my diagnosis. I am not comfortable sending my whole medical history.
- 02 **Dr Shaw:** Let us clarify the purpose of the letter and what information is necessary under the applicable process.
- 03 **Ellis:** I want them to understand the relevant limitation, but not receive details unrelated to work.
- 04 **Dr Shaw:** We should distinguish ¹ _____ from a full clinical history, while checking what this particular process actually requires.
- 05 **Ellis:** Could the letter say I cannot do a particular task even if we have not assessed that task?
- 06 **Dr Shaw:** No. Any statement needs a basis in the actual assessment; I should not invent a restriction to make the letter sound useful.
- 07 **Ellis:** Then we need to discuss the real duties rather than use a generic phrase about all work.
- 08 **Dr Shaw:** Yes. The ² _____ provide context, but the clinical assessment and any authorized occupational review remain separate.
- 09 **Ellis:** If the employer asks for more information later, does my request for this note authorize every future disclosure?
- 10 **Dr Shaw:** It does not automatically do that. We need the appropriate permission and applicable rules for the information being shared.

Conversation continues on the next page.

A work note without unnecessary disclosure

CONVERSATION / CONTINUED

- 11 **Ellis:** I would like to know the recipient and see what the note is intended to communicate.
- 12 **Dr Shaw:** We will clarify the ³ _____ rather than treat a request for a note as unlimited permission.
- 13 **Ellis:** Can the note guarantee that the employer will approve my preferred arrangement?
- 14 **Dr Shaw:** No. The letter can communicate supported information; the employer's process and any legal rights need their own appropriate handling.
- 15 **Ellis:** I understand. I do not want an unsupported promise about the employment decision.
- 16 **Dr Shaw:** We should also distinguish an ⁴ _____ from the employer's eventual decision.
- 17 **Ellis:** What if the form has a box that does not match what you can establish?
- 18 **Dr Shaw:** We should explain the ⁵ _____ or seek clarification rather than force an unsupported answer.
- 19 **Ellis:** Then the note can stay factual, limited to its purpose, and shared through the agreed route.
- 20 **Dr Shaw:** Exactly. A clear ⁶ _____ and supported content matter more than adding unnecessary medical detail.

CHECK THE GAPS

1. functional information / 2. job demands / 3. disclosure scope / 4. occupational recommendation / 5. evidence limitation / 6. authorized recipient

[Why these answers fit, page 155](#)

The employer asks for an unrelated history

A work-note request asks for unrelated past diagnoses. The patient has not authorized that disclosure. The clinician checks the purpose and applicable requirements before responding.

Complete the exchange using each phrase once. Read both roles, then switch roles and repeat with the bank covered.

WORD AND PHRASE BANK

authorized / requirements / unrelated / permission

01 **Patient:** Those past diagnoses are ¹ _____ to the stated purpose.

02 **Clinician:** Disclosure has not been ² _____.

03 **Patient:** Please clarify the actual ³ _____.

04 **Clinician:** We will not assume unlimited ⁴ _____.

CHECK THE GAPS

1. unrelated / 2. authorized / 3. requirements / 4. permission

[Why these answers fit, page 155](#)

Keep the distinction audible

Clarify the purpose and authorized content of a work-related letter.

Language for the next case

Closing an unanswered result call

contact permission

Contact permission specifies what communication is authorized through a particular route and should be checked before sensitive details are left.

Dr Wynn: We should verify the contact permission rather than assume that a listed number permits every kind of message.

clinical priority

Clinical priority is determined from the actual result and circumstances and cannot be inferred from an unanswered telephone call.

Dr Wynn: Correct. The clinical priority remains a clinical question requiring the appropriate review.

acknowledged escalation

An acknowledged escalation includes confirmation that the relevant person received and accepted the concern rather than merely having a message sent.

Dr Wynn: An acknowledged escalation is different from a sent message with no response.

unsuccessful contact attempt

An unsuccessful contact attempt records that contact was tried but not achieved, preventing it from being mistaken for a completed clinical explanation.

Dr Wynn: Change the status through the approved record process to reflect an unsuccessful contact attempt, without hiding the original history.

follow-up ownership

Follow-up ownership identifies who must complete the next action so an unanswered contact does not disappear between team members.

Dr Wynn: Let us assign follow-up ownership explicitly and record the actual plan and route.

closed-loop follow-up

Closed-loop follow-up verifies that the relevant communication and responsibility were completed or appropriately escalated, not simply attempted.

Dr Wynn: Exactly. A closed-loop follow-up depends on accurate status, assigned responsibility, and the actual clinical response.

Read the phrases aloud. Then complete the conversation on the following pages using the word bank.

Conversation

Closing an unanswered result call

Dr Wynn and coordinator Jo review a result that still needs the clinician's explanation to the patient. A call went unanswered and no sensitive voicemail was left because the contact permissions require checking. The actual clinical priority and escalation route must be confirmed; no result value or safe delay is supplied.

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

acknowledged escalation / unsuccessful contact attempt / follow-up ownership /
contact permission / clinical priority / closed-loop follow-up

- 01 **Jo:** The call went unanswered, and the result has not yet been explained to the patient. I have recorded the attempt.
- 02 **Dr Wynn:** Thank you. An attempted call is not completed communication. We need the actual priority and follow-up process.
- 03 **Jo:** I did not leave sensitive details because the voicemail permission was not clear in the record.
- 04 **Dr Wynn:** We should verify the ¹ _____ rather than assume that a listed number permits every kind of message.
- 05 **Jo:** The task currently says called patient, which might make another colleague think the discussion already happened.
- 06 **Dr Wynn:** Change the status through the approved record process to reflect an ² _____, without hiding the original history.
- 07 **Jo:** Who should determine how urgently the next attempt or escalation needs to happen?
- 08 **Dr Wynn:** The responsible clinician must confirm the clinical priority using the actual result and circumstances, not an administrative guess.
- 09 **Jo:** I will not infer that it can wait merely because the patient did not answer.
- 10 **Dr Wynn:** Correct. The ³ _____ remains a clinical question requiring the appropriate review.

Conversation continues on the next page.

Closing an unanswered result call

CONVERSATION / CONTINUED

- 11 **Jo:** Once that is confirmed, we need a named person to carry out the next agreed contact step.
- 12 **Dr Wynn:** Let us assign ⁴ _____ explicitly and record the actual plan and route.
- 13 **Jo:** If that person is away, should the task remain in an individual inbox without review?
- 14 **Dr Wynn:** No. Use the service's actual coverage and escalation arrangements so the responsibility does not depend on an unmonitored inbox.
- 15 **Jo:** We also need to know when the receiving clinician has accepted any escalation.
- 16 **Dr Wynn:** An ⁵ _____ is different from a sent message with no response.
- 17 **Jo:** I will keep the result explanation marked incomplete until the appropriate discussion or documented process is completed.
- 18 **Dr Wynn:** Yes. Record what was actually communicated, by whom, and any unresolved issue according to the clinical process.
- 19 **Jo:** That should prevent another colleague from assuming that the patient knows the result just because we tried calling.
- 20 **Dr Wynn:** Exactly. A ⁶ _____ depends on accurate status, assigned responsibility, and the actual clinical response.

CHECK THE GAPS

1. contact permission / **2.** unsuccessful contact attempt / **3.** clinical priority / **4.** follow-up ownership / **5.** acknowledged escalation / **6.** closed-loop follow-up

[Why these answers fit, page 157](#)

A message was sent but not accepted

A coordinator sends an escalation to the appropriate clinician. No acknowledgment has arrived. The task remains open under the actual service process.

Complete the exchange using each phrase once. Read both roles, then switch roles and repeat with the bank covered.

WORD AND PHRASE BANK

acknowledged / process / sent / open

- 01 **Coordinator:** The escalation was ¹ _____.
- 02 **Clinician:** Receipt has not been ² _____.
- 03 **Coordinator:** The task remains ³ _____.
- 04 **Clinician:** We must follow the actual service ⁴ _____.

CHECK THE GAPS

1. sent / 2. acknowledged / 3. open / 4. process

[Why these answers fit, page 157](#)

Keep the distinction audible

Assign follow-up responsibility without treating an attempted call as completed communication.

01 / Answers and explanations

A / Read the situation

A1. What was originally planned?

C. A long-term-condition review

The booking is a review; the other concerns emerge during this consultation.

[Return to the exercise, page 4](#)

A2. Which concern does Morgan prioritize?

B. Tiredness

Morgan explicitly identifies tiredness as the concern that matters most.

[Return to the exercise, page 4](#)

A3. What has not yet happened?

C. Clinical assessment of urgency

The brief says urgency has not been assessed at this point.

[Return to the exercise, page 4](#)

D / Response choices

D1. Which response avoids dismissing the symptom?

D. Let us clarify the tiredness before deciding the agenda.

Clarification must precede assumptions about priority or the symptom's significance.

[Return to the exercise, page 8](#)

D2. Which wording preserves the patient's preference?

D. Morgan identifies tiredness as the main concern.

The statement records Morgan's priority without inventing a refusal or diagnosis.

[Return to the exercise, page 8](#)

01 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Another condition occurring alongside a particular condition. Which term fits?

D. comorbidity

A Not here. care coordination: Organizing related care across people, services, or settings. The usual combination is "improve care coordination".

B Not here. patient-centered care: Care attentive to the person's needs, priorities, and circumstances. The usual combination is "provide patient-centered care".

C Not here. patient preference: A person's stated wishes about care or communication. The usual combination is "elicit the patient preference".

D Correct. comorbidity: Another condition occurring alongside a particular condition. The usual combination is "review relevant comorbidity".

[Return to the exercise, page 8](#)

D4. Rebuild the exchange from "Three concerns, one visit". Dr Shah: "The booking helps us prepare, but it does not replace listening to a new concern or assessing it." Morgan: [missing response] Dr Shah: "Let us keep all three items visible. Tell me first when the tiredness began and how it affects you." Which response belongs in the gap?

A. That helps. I did not want the form to make this look like an entirely administrative priority.

A Correct. This is Morgan's response in turn 6. It connects Dr Shah's preceding point with Dr Shah's follow-up. Priority identifies what needs attention first rather than what happens to be written on a booking.

B Not here. This line belongs to turn 18, after Dr Shah says: "Correct. We also need to clarify the form's requirements before promising what I can certify." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 2, after Dr Shah says: "We booked a review of your ongoing condition. Before we start, what else were you hoping to discuss?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 20, after Dr Shah says: "That captures your preference. I will assess the concern before we settle the clinical order and next steps." It addresses that point, not the missing turn in the supplied exchange.

[Return to the exercise, page 8](#)

E / Conversation

1. presenting concern

Turn 2. The presenting concern is the problem Morgan brings for assessment today.

01 / Answers and explanations / continued

2. consultation agenda

Turn 4. The consultation agenda includes the issues discussed and prioritized for this encounter.

3. priority

Turn 6. Priority identifies what needs attention first rather than what happens to be written on a booking.

4. functional limitation

Turn 8. Functional limitation describes difficulty with usual activities rather than a diagnosis by itself.

5. long-term condition

Turn 10. A long-term condition is an ongoing health issue requiring continuing care and review.

6. signposting

Turn 12. Signposting tells the listener which part of the conversation comes next and why.

7. follow-up visit

Turn 14. A follow-up visit provides an agreed later encounter for review or unfinished care.

8. safety-netting

Turn 16. Safety-netting explains changes that require further help and the route for obtaining it.

9. shared agenda

Turn 18. A shared agenda reflects both the patient's concerns and the clinician's assessed priorities.

10. continuity of care

Turn 20. Continuity of care connects this visit with ongoing review instead of treating every concern as unrelated.

[Return to the conversation, page 10](#)

F / Accuracy and scope

F1. What does follow-up mean here?

D. An agreed later review of unfinished work

A follow-up needs a clear purpose and does not replace necessary assessment.

[Return to the exercise, page 12](#)

01 / Answers and explanations / continued

F2. Which signpost is clearest?

B. First the tiredness history, then we will agree on the remaining plan.

Naming the history before the planning step makes the conversational sequence clear.

[Return to the exercise, page 12](#)

F / Guided speaking

1. review

Dr Chen: The planned visit is a blood-pressure review.

Turn 1. The planned appointment is the review named in the scenario.

2. sleep

Lee: I also want to discuss my sleep.

Turn 2. Sleep is the new concern Lee raises during this encounter.

3. clarify

Dr Chen: I will first clarify that concern.

Turn 3. Clarification comes before deciding the clinical priorities in this scenario.

4. unfinished

Lee: The travel form remains unfinished.

Turn 4. The form has not been completed or removed from the plan.

[Return to the conversation, page 13](#)

01 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "Three concerns, one visit". Dr Shah: "After that assessment, we can agree what to complete today and how to address anything left unfinished." Morgan: [missing response] Dr Shah: "We will make the purpose clear and explain how to obtain help if the situation changes before then." Which response belongs in the gap?

D. A specific follow-up visit would help more than being told to call sometime.

A Not here. This line belongs to turn 4, after Dr Shah says: "Thank you. I will ask about the tiredness before we decide which issues need attention first." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 10, after Dr Shah says: "Exactly. Describe those tasks in your own words; I do not need you to use a clinical label." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 8, after Dr Shah says: "Let us keep all three items visible. Tell me first when the tiredness began and how it affects you." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Morgan's response in turn 14. It connects Dr Shah's preceding point with Dr Shah's follow-up. A follow-up visit provides an agreed later encounter for review or unfinished care.

[Return to the exercise, page 13](#)

02 / Answers and explanations

A / Read the situation

A1. When did the episodes begin according to Ari?

D. Tuesday

Tuesday is the onset Ari reports, not a date independently established by testing.

[Return to the exercise, page 14](#)

A2. What sensation does Ari describe?

B. Feeling about to faint

The brief distinguishes Ari's near-faint feeling from room-spinning language.

[Return to the exercise, page 14](#)

A3. What remains unclear?

B. Episode duration

Duration is specifically unresolved and should not be silently filled in.

[Return to the exercise, page 14](#)

D / Response choices

D1. Which sentence distinguishes onset from duration?

C. Episodes began Tuesday; the length of each is still unclear.

Tuesday gives the onset; stating that episode length is unclear preserves the unresolved duration.

[Return to the exercise, page 18](#)

D2. Which phrase overstates the evidence?

D. Standing definitely caused the condition.

An association in the history does not by itself demonstrate causation.

[Return to the exercise, page 18](#)

02 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Event or circumstance associated with starting a symptom. Which term fits?

A. trigger

A Correct. trigger: Event or circumstance associated with starting a symptom. The usual combination is "identify a reported trigger".

B Not here. episodic: Occurring in separate periods rather than continuously. The usual combination is "describe episodic symptoms".

C Not here. chronology: Order in which events occurred over time. The usual combination is "preserve the chronology".

D Not here. patient preference: A person's stated wishes about care or communication. The usual combination is "elicit the patient preference".

[Return to the exercise, page 18](#)

D4. Rebuild the exchange from "Dizziness means different things". Dr Cole: "That is useful to know. How often have you noticed it, and what are you doing when it starts?" Ari: [missing response] Dr Cole: "I will record that as your observation. What happens next, and what makes the feeling ease?" Which response belongs in the gap?

B. Standing up seems to be a trigger, although I have not kept a record of every episode.

A Not here. This line belongs to turn 18, after Dr Cole says: "I will summarize your account, then assess it. The standing association alone does not establish a diagnosis." It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Ari's response in turn 6. It connects Dr Cole's preceding point with Dr Cole's follow-up. A trigger is a circumstance associated with starting the symptom, not proof of its underlying cause.

C Not here. This line belongs to turn 16, after Dr Cole says: "Exactly. Start with Tuesday and describe the later events in order, including anything that is uncertain." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 2, after Dr Cole says: "You used the word dizzy on the appointment request. What does that feel like for you?" It addresses that point, not the missing turn in the supplied exchange.

[Return to the exercise, page 18](#)

E / Conversation

1. onset

Turn 2. Onset identifies when Ari first noticed the episodes rather than how long each episode lasts.

2. episodic

Turn 4. Episodic means the sensation occurs in separate periods rather than continuously all the time.

02 / Answers and explanations / continued

3. trigger

Turn 6. A trigger is a circumstance associated with starting the symptom, not proof of its underlying cause.

4. relieving factor

Turn 8. A relieving factor is something the patient reports as reducing the sensation during an episode.

5. duration

Turn 10. Duration is the length of a single episode, which remains unclear in this history.

6. associated symptom

Turn 12. An associated symptom occurs alongside the main concern and needs its own accurate history.

7. frequency

Turn 14. Frequency tells us how often episodes occur, separate from onset, severity, or the length of one episode.

8. chronology

Turn 16. Chronology preserves the order of reported events without rearranging them to fit a presumed explanation.

9. diagnostic uncertainty

Turn 18. Diagnostic uncertainty means the cause is not established, even though the symptom account is becoming clearer.

10. pertinent negative

Turn 20. A pertinent negative is a relevant absence established through questioning or assessment, not through silence.

[Return to the conversation, page 20](#)

F / Accuracy and scope

F1. Which question is least leading?

B. What happens during an episode?

The open question invites Ari's account without embedding an unsupported conclusion.

[Return to the exercise, page 22](#)

02 / Answers and explanations / continued

F2. What is a pertinent negative?

B. A relevant absence established by asking or assessing

An unmentioned symptom cannot be documented as denied without an appropriate question or assessment.

[Return to the exercise, page 22](#)

F / Guided speaking

1. Friday

Dr Park: The reported onset was Friday.

Turn 1. Friday identifies when Jamie says the intermittent tingling first began.

2. two

Jamie: One episode lasts about two minutes.

Turn 2. Two is Jamie's estimate of a single episode's duration.

3. intermittent

Dr Park: The symptoms are intermittent.

Turn 3. Intermittent describes episodes that occur with intervals between them.

4. established

Dr Park: The cause is not yet established.

Turn 4. The scenario supplies a symptom account but no confirmed explanation.

[Return to the conversation, page 23](#)

02 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "Dizziness means different things". Dr Cole: "Yes. I also need to understand any changes and how the episodes affect what you can do." Ari: [missing response] Dr Cole: "Exactly. Start with Tuesday and describe the later events in order, including anything that is uncertain." Which response belongs in the gap?

A. The frequency may be increasing, but I should explain what I actually remember.

A Correct. This is Ari's response in turn 14. It connects Dr Cole's preceding point with Dr Cole's follow-up. Frequency tells us how often episodes occur, separate from onset, severity, or the length of one episode.

B Not here. This line belongs to turn 8, after Dr Cole says: "I will record that as your observation. What happens next, and what makes the feeling ease?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 20, after Dr Cole says: "Correct. Any relevant absence I record will come from a question or assessment, not from an empty field." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 4, after Dr Cole says: "Thank you. Did you feel it continuously from Tuesday, or have there been separate episodes?" It addresses that point, not the missing turn in the supplied exchange.

[Return to the exercise, page 23](#)

03 / Answers and explanations

A / Read the situation

A1. Which records differ?

A. The clinic and hospital lists

The case explicitly identifies a discrepancy between the two medicine lists.

[Return to the exercise, page 26](#)

A2. What barrier does Robin report?

C. Cost

Robin reports missed medicine because of cost, not a verified clinical instruction.

[Return to the exercise, page 26](#)

A3. What has not been verified?

C. Whether the products share an ingredient

The case does not establish the contents or overlap of the products.

[Return to the exercise, page 26](#)

D / Response choices

D1. Which question avoids blame?

D. Has cost made the plan difficult to follow?

Asking about cost explores a practical barrier without assuming motives or misconduct.

[Return to the exercise, page 30](#)

D2. Which conclusion is unsupported?

D. Different brands prove different ingredients.

Brand names alone do not establish the active ingredients or possible overlap.

[Return to the exercise, page 30](#)

03 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Substance responsible for a medicine's intended pharmacological effect. Which term fits?

C. active ingredient

A Not here. discontinued medicine: Medicine recorded as no longer intended for use. The usual combination is "verify a discontinued medicine".

B Not here. adverse reaction: Unwanted harmful response associated with a medicinal product. The usual combination is "describe an adverse reaction".

C Correct. active ingredient: Substance responsible for a medicine's intended pharmacological effect. The usual combination is "compare active ingredients".

D Not here. patient preference: A person's stated wishes about care or communication. The usual combination is "elicit the patient preference".

[Return to the exercise, page 30](#)

D4. Rebuild the exchange from "Two lists and an unfamiliar packet". Dr Lin: "We need to verify that difference. I will not silently choose one record because it looks newer." Robin: [missing response] Dr Lin: "Yes. We will check the products, instructions, and sources, and establish which questions remain unresolved." Which response belongs in the gap?

A. Is this what you mean by medication reconciliation rather than simply adding another packet to the computer?

A Correct. This is Robin's response in turn 6. It connects Dr Lin's preceding point with Dr Lin's follow-up. Medication reconciliation compares records with actual use and resolves discrepancies rather than merely copying a list.

B Not here. This line belongs to turn 14, after Dr Lin says: "Thank you for telling me. That is important information for planning care, not a reason to blame you." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 8, after Dr Lin says: "Yes. We will check the products, instructions, and sources, and establish which questions remain unresolved." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 4, after Dr Lin says: "It matters too. First, tell me what you actually take rather than reading only the printed instructions." It addresses that point, not the missing turn in the supplied exchange.

[Return to the exercise, page 30](#)

E / Conversation

1. over-the-counter product

Turn 2. An over-the-counter product is bought without a prescription and still belongs in a medicine review.

03 / Answers and explanations / continued

2. medicine list

Turn 4. A medicine list records products and instructions but does not prove current actual use.

3. medication reconciliation

Turn 6. Medication reconciliation compares records with actual use and resolves discrepancies rather than merely copying a list.

4. brand name

Turn 8. A brand name is a commercial product name and does not by itself identify a different medicinal ingredient.

5. active ingredient

Turn 10. The active ingredient is the medicinal substance being compared to investigate possible product overlap.

6. adherence

Turn 12. Adherence describes actual use in relation to the agreed plan and can be affected by practical barriers.

7. intolerance

Turn 14. Intolerance means difficulty tolerating a medicine and is not automatically an immune-mediated allergy.

8. drug allergy

Turn 16. A drug allergy refers to an immune-mediated reaction and needs accurate history rather than an assumed label.

9. record discrepancy

Turn 18. A record discrepancy is an unresolved difference between medicine records that needs verification.

10. medication review

Turn 20. The medication review evaluates actual use, product information, barriers, and unresolved clinical questions together.

[Return to the conversation, page 32](#)

03 / Answers and explanations / continued

F / Accuracy and scope

F1. Which distinction matters?

B. Actual use versus recorded instructions

Recorded instructions do not establish what a patient actually takes at home.

[Return to the exercise, page 34](#)

F2. What should happen before finalizing the list?

A. Verification of conflicting information

Verification is needed because neither conflicting record has been established as current.

[Return to the exercise, page 34](#)

F / Guided speaking

1. prescriber

Taylor: An outside prescriber gave the instruction.

Turn 1. The reported instruction comes from the outside prescriber in this case.

2. includes

Dr Noor: The local list still includes the medicine.

Turn 2. The unresolved local entry is explicitly described as still including the medicine.

3. unknown

Taylor: The instruction date is unknown.

Turn 3. The date has not been supplied and must not be guessed.

4. verify

Dr Noor: I will verify the instruction.

Turn 4. Verification is required before treating the reported instruction as settled.

[Return to the conversation, page 35](#)

03 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "Two lists and an unfamiliar packet". Dr Lin: "Thank you for telling me. That is important information for planning care, not a reason to blame you." Robin: [missing response] Dr Lin: "Tell me exactly what happened and when. We should preserve the reaction details before settling the label." Which response belongs in the gap?

D. I also described one medicine as an allergy, but I am unsure whether it was intolerance.

A Not here. This line belongs to turn 8, after Dr Lin says: "Yes. We will check the products, instructions, and sources, and establish which questions remain unresolved." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 6, after Dr Lin says: "We need to verify that difference. I will not silently choose one record because it looks newer." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 4, after Dr Lin says: "It matters too. First, tell me what you actually take rather than reading only the printed instructions." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Robin's response in turn 14. It connects Dr Lin's preceding point with Dr Lin's follow-up. Intolerance means difficulty tolerating a medicine and is not automatically an immune-mediated allergy.

[Return to the exercise, page 35](#)

04 / Answers and explanations

A / Read the situation

A1. What has Casey seen?

C. An out-of-range flag

The brief supplies a laboratory flag but no confirmed diagnosis or numerical value.

[Return to the exercise, page 36](#)

A2. What is the repeat-test status?

D. Under consideration

A repeat is being considered and has not yet been ordered.

[Return to the exercise, page 36](#)

A3. What will Dr Vega use alongside the result?

D. Symptoms, previous results, and sample context

Interpretation requires the stated clinical and sample context, not the flag alone.

[Return to the exercise, page 36](#)

D / Response choices

D1. Which explanation is accurate?

B. The flag needs clinical context.

A laboratory comparison marker cannot replace interpretation in the person's clinical context.

[Return to the exercise, page 40](#)

D2. Which statement preserves action status?

A. A repeat is being considered but has not been ordered.

The proposed test has not advanced to an order or completed result.

[Return to the exercise, page 40](#)

04 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Pattern of change across comparable observations over time. Which term fits?

B. trend

A Not here. sensitivity: Ability of a test to identify people with the target condition. The usual combination is "explain test sensitivity".

B Correct. trend: Pattern of change across comparable observations over time. The usual combination is "examine the result trend".

C Not here. patient preference: A person's stated wishes about care or communication. The usual combination is "elicit the patient preference".

D Not here. repeat sample: New specimen obtained to repeat an investigation. The usual combination is "request a repeat sample".

[Return to the exercise, page 40](#)

D4. Rebuild the exchange from "Outside the range is not the diagnosis". Casey: "What context do you need before you can tell me more about this particular result?" Dr Vega: [missing response] Casey: "I remember having the same test previously. Will you compare those reports rather than only this one?" Which response belongs in the gap?

D. Your symptoms, earlier results, and the sample circumstances help us assess its clinical significance.

A Not here. This line belongs to turn 10, after Casey says: "I do not know whether the earlier value was typical for me or just another unusual day." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 4, after Casey says: "Does outside the range mean that I definitely have the condition I read about online?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 14, after Casey says: "Are you ordering the test again now, or is that only something we might discuss?" It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Dr Vega's response in turn 6. It connects Casey's preceding point with Casey's follow-up. Clinical significance concerns what the finding means for care, beyond whether the laboratory flagged it.

[Return to the exercise, page 40](#)

E / Conversation

1. out-of-range flag

Turn 2. An out-of-range flag compares a result with a stated interval without establishing a diagnosis.

04 / Answers and explanations / continued

2. reference interval

Turn 4. A reference interval is a laboratory comparison range, not a stand-alone diagnosis for an individual patient.

3. clinical significance

Turn 6. Clinical significance concerns what the finding means for care, beyond whether the laboratory flagged it.

4. trend

Turn 8. A trend is the pattern across comparable results over time rather than one isolated flagged value.

5. baseline

Turn 10. A baseline is an earlier or usual state used for comparison and must be established appropriately.

6. preanalytical variation

Turn 12. Preanalytical variation concerns differences arising before analysis, which may be relevant without proving an error occurred.

7. repeat sample

Turn 14. A repeat sample would be a new specimen for another test; here it remains a possibility rather than an order.

8. pending result

Turn 16. A pending result belongs to an investigation whose outcome is not yet available, not to a test merely being considered.

9. working diagnosis

Turn 18. A working diagnosis is a provisional explanation and should be distinguished from a confirmed conclusion.

10. confirmatory test

Turn 20. A confirmatory test helps establish a suspected finding when clinically appropriate; none is automatically required by a flag alone.

[Return to the conversation, page 42](#)

04 / Answers and explanations / continued

F / Accuracy and scope

F1. Which reassurance is unsupported?

C. There is definitely nothing to worry about.

The case supplies no basis for guaranteeing that the result has no clinical importance.

[Return to the exercise, page 44](#)

F2. What is a working diagnosis?

C. A provisional explanation

A working diagnosis remains provisional and may change as evidence develops.

[Return to the exercise, page 44](#)

F / Guided speaking

1. available

Sam: The report is now available.

Turn 1. The portal report exists and can be seen in this scenario.

2. completed

Dr Ames: The clinical review is not completed.

Turn 2. Receiving a report does not mean its clinical review has been completed.

3. diagnosis

Sam: A visible result is not a confirmed diagnosis.

Turn 3. The scenario provides a report but does not establish a diagnosis.

4. action

Dr Ames: We still need to discuss the next action.

Turn 4. The next clinical action remains unresolved in the supplied facts.

[Return to the conversation, page 45](#)

04 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "Outside the range is not the diagnosis". Casey: "Are you ordering the test again now, or is that only something we might discuss?" Dr Vega: [missing response] Casey: "So there is no new result waiting somewhere that I have failed to look at?" Which response belongs in the gap?

D. A repeat sample is under consideration. I have not ordered it in this discussion.

A Not here. This line belongs to turn 4, after Casey says: "Does outside the range mean that I definitely have the condition I read about online?" It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 10, after Casey says: "I do not know whether the earlier value was typical for me or just another unusual day." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 6, after Casey says: "What context do you need before you can tell me more about this particular result?" It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Dr Vega's response in turn 14. It connects Casey's preceding point with Casey's follow-up. A repeat sample would be a new specimen for another test; here it remains a possibility rather than an order.

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05 / Answers and explanations

A / Read the situation

A1. What is the supplied recommendation based on?

D. Dr Rao's assessment in this visit

The case states an assessed recommendation without supplying a general prescribing rule.

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A2. Why did Jules expect an antibiotic?

B. A previous illness improved after antibiotics

Jules connects improvement in an earlier illness with having taken antibiotics.

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A3. What is not supplied?

D. A named diagnosis or medicine instruction

The dialogue must not invent diagnostic findings or medicine instructions absent from the case.

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D / Response choices

D1. Which sentence explains the recommendation respectfully?

C. I understand the expectation; today's assessment does not support an antibiotic.

Acknowledging the expectation respects experience while retaining the recommendation based on today's assessment.

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D2. Which inference is unjustified?

C. Improvement afterward proves that antibiotics caused it.

Timing alone cannot establish that a medicine caused an earlier recovery.

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05 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Infection caused by bacteria. Which term fits?

A. bacterial infection

A Correct. bacterial infection: Infection caused by bacteria. The usual combination is "assess a suspected bacterial infection".

B Not here. patient preference: A person's stated wishes about care or communication. The usual combination is "elicit the patient preference".

C Not here. reassessment: Further evaluation after time or a change in circumstances. The usual combination is "arrange clinical reassessment".

D Not here. watchful waiting: Planned observation with defined reassessment rather than immediate intervention. The usual combination is "explain watchful waiting".

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D4. Rebuild the exchange from "A recommendation without a dismissal". Jules: "I mainly need to feel better and get back to work. I do not want to be dismissed." Dr Rao: [missing response] Jules: "Then please explain what separates my request from a clinical reason to prescribe the medicine." Which response belongs in the gap?

D. Your need for symptom relief matters. Not recommending this medicine is not the same as offering no care.

A Not here. This line belongs to turn 10, after Jules says: "Is the concern just about avoiding unnecessary cost, or can an unnecessary medicine cause problems too?" It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 4, after Jules says: "Are you saying the improvement last time was not real? I remember feeling much better afterward." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 8, after Jules says: "Then please explain what separates my request from a clinical reason to prescribe the medicine." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Dr Rao's response in turn 6. It connects Jules's preceding point with Jules's follow-up. Symptom relief means reducing discomfort and remains a care goal even when an antibiotic is not indicated.

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E / Conversation

1. treatment expectation

Turn 2. Treatment expectation describes what Jules anticipated based on a previous experience, not an indication established today.

05 / Answers and explanations / continued

2. expected benefit

Turn 4. Expected benefit concerns what a treatment may actually achieve, which cannot be proved by timing alone.

3. symptom relief

Turn 6. Symptom relief means reducing discomfort and remains a care goal even when an antibiotic is not indicated.

4. treatment indication

Turn 8. A treatment indication is a clinical reason supporting a particular treatment, not simply a request or past timing.

5. potential harm

Turn 10. Potential harm means possible adverse consequences that belong in a balanced treatment explanation.

6. Antimicrobial resistance

Turn 12. Antimicrobial resistance concerns microbes withstanding medicines, not a person's body becoming resistant to care.

7. contingency plan

Turn 14. A contingency plan describes what to do if the situation changes rather than assuming the initial course will continue.

8. return precautions

Turn 16. Return precautions identify changes requiring further medical attention and must be provided for the actual clinical situation.

9. Reassessment

Turn 18. Reassessment is a further clinical evaluation when time or changed circumstances makes it appropriate.

10. antibiotic stewardship

Turn 20. Antibiotic stewardship supports appropriate use while retaining attention to benefit, harm, and the patient's care needs.

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05 / Answers and explanations / continued

F / Accuracy and scope

F1. What does no antibiotic mean here?

C. That particular treatment is not recommended

The recommendation concerns this treatment in this assessed visit, not all care or future illness.

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F2. Which closing is most useful?

B. Confirm the individualized follow-up and warning-sign plan.

A clear follow-up and safety-net plan supports care without promising that circumstances cannot change.

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F / Guided speaking

1. relative

Noor: My relative received a scan.

Turn 1. The request is influenced by a relative's experience, not a supplied scan indication.

2. today

Dr Hale: Your assessment does not support that scan today.

Turn 2. The recommendation belongs to today's assessed encounter, not every future situation.

3. unavailable

Noor: The other person's clinical details are unavailable.

Turn 3. The scenario does not supply the relative's history or reasons for imaging.

4. follow-up

Dr Hale: We still need clear follow-up.

Turn 4. Not recommending the requested scan does not remove the need for appropriate follow-up.

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05 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "A recommendation without a dismissal". Jules: "I follow that distinction. I still want to know what happens if the illness does not develop as expected." Dr Rao: [missing response] Jules: "Please make that specific to me rather than just saying to come back if I am worried." Which response belongs in the gap?

A. That needs a clear contingency plan, including the appropriate route for further help and reassessment.

A Correct. This is Dr Rao's response in turn 14. It connects Jules's preceding point with Jules's follow-up. A contingency plan describes what to do if the situation changes rather than assuming the initial course will continue.

B Not here. This line belongs to turn 8, after Jules says: "Then please explain what separates my request from a clinical reason to prescribe the medicine." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 12, after Jules says: "I have heard people say their bodies become resistant. Is that the right way to describe it?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 2, after Jules says: "Last time I felt like this, antibiotics helped. I expected to leave with the same treatment today." It addresses that point, not the missing turn in the supplied exchange.

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06 / Answers and explanations

A / Read the situation

A1. What prompted the discussion?

C. A screening invitation

The supplied document is an invitation rather than a result or diagnosis.

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A2. What does Dana want explained?

A. Benefits, false alarms, and subsequent testing

Dana asks about the tradeoffs and next steps before deciding.

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A3. What is not supplied?

D. An individual screening schedule

The exercise does not establish eligibility, an interval, or an individual clinical recommendation.

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D / Response choices

D1. What does the invitation establish?

A. An opportunity to discuss screening

The invitation itself does not establish disease, results, or universal eligibility.

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D2. Which explanation of a positive screen is safest?

D. It may require further evaluation; it is not automatically a diagnosis.

Screening results require appropriate interpretation and may lead to diagnostic evaluation.

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06 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Combining evidence and patient priorities in a care decision. Which term fits?

C. shared decision-making

A Not here. eligibility: Whether a person meets the criteria for an option or service. The usual combination is "review screening eligibility".

B Not here. family history: Health information about a person's biological relatives. The usual combination is "update the family history".

C Correct. shared decision-making: Combining evidence and patient priorities in a care decision. The usual combination is "support shared decision-making".

D Not here. patient preference: A person's stated wishes about care or communication. The usual combination is "elicit the patient preference".

[Return to the exercise, page 62](#)

D4. Rebuild the exchange from "An invitation is not a diagnosis". Dana: "Then the test in this letter is not the same as testing to explain a current complaint?" Dr Ellis: [missing response] Dana: "Before deciding, I want to know what a worrying result would mean and what would happen afterward." Which response belongs in the gap?

A. Correct. Diagnostic testing and screening have different purposes, although one can lead to the other.

A Correct. This is Dr Ellis's response in turn 6. It connects Dana's preceding point with Dana's follow-up. Diagnostic testing seeks to establish or explain a suspected clinical condition rather than merely inviting a screening discussion.

B Not here. This line belongs to turn 2, after Dana says: "This letter invited me for screening. Does that mean someone thinks I already have the disease?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 8, after Dana says: "Before deciding, I want to know what a worrying result would mean and what would happen afterward." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 4, after Dana says: "I do not have the symptom mentioned in an article I read. Is that a contradiction?" It addresses that point, not the missing turn in the supplied exchange.

[Return to the exercise, page 62](#)

E / Conversation

1. screening

Turn 2. Screening seeks possible disease or risk and an invitation does not itself establish a diagnosis.

06 / Answers and explanations / continued

2. asymptomatic

Turn 4. Asymptomatic means without the relevant symptoms, which is different from proving that no condition is present.

3. Diagnostic testing

Turn 6. Diagnostic testing seeks to establish or explain a suspected clinical condition rather than merely inviting a screening discussion.

4. positive screen

Turn 8. A positive screen indicates a possible concern requiring evaluation and is not automatically a confirmed diagnosis.

5. false alarm

Turn 10. A false alarm suggests a problem that subsequent investigation does not confirm, one possible limitation to discuss.

6. overdiagnosis

Turn 12. Overdiagnosis is detecting a condition that would not have caused harm during the person's lifetime, distinct from a false alarm.

7. Absolute risk

Turn 14. Absolute risk describes the chance of an outcome over a defined period, rather than only a ratio between groups.

8. eligibility

Turn 16. Eligibility means meeting the criteria for the relevant option and is not established solely by reading a general invitation.

9. shared decision-making

Turn 18. Shared decision-making combines relevant evidence with the person's priorities rather than substituting pressure for discussion.

10. informed choice

Turn 20. An informed choice follows an adequate explanation of options and consequences and respects the person's decision.

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06 / Answers and explanations / continued

F / Accuracy and scope

F1. Which risk statement is incomplete?

A. The risk is lower, without an outcome or time period.

A meaningful risk comparison requires the event, population, and time period being compared.

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F2. What supports informed choice?

A. Explain benefits, limitations, and next steps, then elicit priorities.

An informed choice requires relevant information and attention to the person's priorities.

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F / Guided speaking

1. population

Kim: The leaflet describes a study population.

Turn 1. The figure concerns a defined study group, not a guaranteed individual outcome.

2. years

Dr Reed: Its time horizon is five years.

Turn 2. Five years is the explicit period attached to the comparison.

3. prediction

Kim: It is not a guaranteed personal prediction.

Turn 3. A population statistic does not determine exactly what will happen to Kim.

4. context

Dr Reed: Individual interpretation needs clinical context.

Turn 4. The scenario states that personal interpretation requires the relevant clinical circumstances.

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06 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "An invitation is not a diagnosis". Dana: "I would like the numbers explained carefully. A headline saying lower risk does not tell me much." Dr Ellis: [missing response] Dana: "And you still need to check whether this particular screening option applies to my circumstances?" Which response belongs in the gap?

D. We need the event and time period. Absolute risk is not the same thing as a relative comparison.

A Not here. This line belongs to turn 16, after Dana says: "And you still need to check whether this particular screening option applies to my circumstances?" It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 20, after Dana says: "That gives me a clearer starting point. I understand this is an invitation, not a diagnosis or a guarantee." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 2, after Dana says: "This letter invited me for screening. Does that mean someone thinks I already have the disease?" It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Dr Ellis's response in turn 14. It connects Dana's preceding point with Dana's follow-up. Absolute risk describes the chance of an outcome over a defined period, rather than only a ratio between groups.

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07 / Answers and explanations

A / Read the situation

A1. What impact does Chris report?

D. Mood and sleep difficulties affecting work

The case describes reported difficulties and their effect, not a completed diagnosis.

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A2. What remains incomplete?

A. The risk assessment

No risk assessment or risk level has been established in the brief.

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A3. What must not be promised?

A. Absolute secrecy

Confidentiality has limits that depend on the actual situation and applicable requirements.

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D / Response choices

D1. Which safety question is direct and neutral?

A. Have you had thoughts about ending your life?

The direct question invites an honest answer without shame or an assumed conclusion.

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D2. Which privacy statement is inappropriate?

A. I promise absolute secrecy in every circumstance.

Absolute secrecy may conflict with applicable safety and legal duties.

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07 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Circumstance placing psychological or practical demands on a person. Which term fits?

D. stressor

A Not here. daily functioning: Ability to manage ordinary work, self-care, and other activities. The usual combination is "assess daily functioning".

B Not here. patient preference: A person's stated wishes about care or communication. The usual combination is "elicit the patient preference".

C Not here. nonjudgmental language: Wording that explores experience without assigning blame or moral fault. The usual combination is "use nonjudgmental language".

D Correct. stressor: Circumstance placing psychological or practical demands on a person. The usual combination is "identify a current stressor".

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D4. Rebuild the exchange from "Make a direct question feel safe". Dr Wells: "Your own description is enough. I also need to ask directly about your safety rather than make assumptions." Chris: [missing response] Dr Wells: "Coming here does not tell me everything. Have you had thoughts about ending your life?" Which response belongs in the gap?

C. I was worried that my daily functioning would look normal because I managed to come to this appointment.

A Not here. This line belongs to turn 20, after Dr Wells says: "Yes. We must also complete the safety assessment and respond appropriately to anything urgent that it reveals." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 2, after Dr Wells says: "You mentioned poor sleep and difficulty at work. How have things been emotionally as well as physically?" It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Chris's response in turn 6. It connects Dr Wells's preceding point with Dr Wells's follow-up. Daily functioning concerns ordinary activities such as work and self-care, not just how someone appears in a consultation.

D Not here. This line belongs to turn 16, after Dr Wells says: "We can discuss that. Our behavioral-health colleague is also available, depending on the assessed needs and agreed plan." It addresses that point, not the missing turn in the supplied exchange.

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E / Conversation

1. low mood

Turn 2. Low mood describes Chris's reported emotional difficulty without itself establishing a specific diagnosis.

07 / Answers and explanations / continued

2. anhedonia

Turn 4. Anhedonia refers to reduced interest or pleasure, which can be explored without diagnosing from the word alone.

3. daily functioning

Turn 6. Daily functioning concerns ordinary activities such as work and self-care, not just how someone appears in a consultation.

4. suicidal thoughts

Turn 8. Suicidal thoughts concern ending one's life and require direct, sensitive clinical assessment rather than assumptions.

5. confidentiality limits

Turn 10. Confidentiality limits are circumstances where applicable duties prevent a promise of absolute secrecy.

6. nonjudgmental language

Turn 12. Nonjudgmental language explores the person's experience without assigning blame or shaming a disclosure.

7. support network

Turn 14. A support network consists of people or services that can help, while their involvement still needs appropriate discussion.

8. warm handoff

Turn 16. A warm handoff provides a supported introduction with context rather than leaving the patient with only a contact number.

9. consent to share

Turn 18. Consent to share concerns permission for specified information, within the applicable safety and legal requirements.

10. risk assessment

Turn 20. The risk assessment is still required and cannot be replaced by a calm appearance or a promised referral.

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07 / Answers and explanations / continued

F / Accuracy and scope

F1. What does a warm handoff add?

D. A supported introduction with relevant context

A warm handoff connects care while preserving appropriate consent and information boundaries.

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F2. Which inference must be avoided?

B. A calm appearance proves low risk.

Appearance alone cannot establish a person's safety or replace a risk assessment.

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F / Guided speaking

1. Jo

Rae: I agree to meet counselor Jo.

Turn 1. Jo is the counselor named for the supported introduction.

2. share

Dr Moss: We will clarify the information to share.

Turn 2. Agreement to an introduction does not by itself settle every disclosure detail.

3. complete

Rae: The safety assessment is not complete.

Turn 3. The scenario explicitly states that the safety assessment remains unfinished.

4. established

Dr Moss: No risk level has been established.

Turn 4. The supplied facts do not support assigning a clinical risk category.

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07 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "Make a direct question feel safe". Dr Wells: "My aim is to understand what is happening and assess safety, including difficulties and sources of support." Chris: [missing response] Dr Wells: "We can discuss that. Our behavioral-health colleague is also available, depending on the assessed needs and agreed plan." Which response belongs in the gap?

B. My sister has been helpful. I would like her considered as part of my support network.

A Not here. This line belongs to turn 12, after Dr Wells says: "Of course. We will discuss the relevant rules and your situation, and I will explain the next steps." It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Chris's response in turn 14. It connects Dr Wells's preceding point with Dr Wells's follow-up. A support network consists of people or services that can help, while their involvement still needs appropriate discussion.

C Not here. This line belongs to turn 18, after Dr Wells says: "We can discuss the introduction and what information is appropriate to share, subject to the relevant duties." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 2, after Dr Wells says: "You mentioned poor sleep and difficulty at work. How have things been emotionally as well as physically?" It addresses that point, not the missing turn in the supplied exchange.

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08 / Answers and explanations

A / Read the situation

A1. What has the specialist office confirmed?

A. Receipt of the referral

Only receipt is confirmed; the later stages have not been established.

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A2. Who is checking the status?

B. Mina

Mina is the practice coordinator assigned to check and update the status.

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A3. What does Friday mean?

D. A promised status update

Friday refers to communication about progress and is not a clinical waiting instruction.

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D / Response choices

D1. Which update is supported?

A. Receipt is confirmed; an appointment is not.

Only receipt has been verified in the supplied referral history.

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D2. Which phrase could dangerously confuse two processes?

D. Wait until Friday with any new symptoms.

A routine administrative update cannot determine how long a new clinical concern can wait.

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08 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Confirmation that the receiving service has obtained the referral. Which term fits?

A. referral receipt

A Correct. referral receipt: Confirmation that the receiving service has obtained the referral. The usual combination is "confirm referral receipt".

B Not here. escalation route: Process for raising an unresolved or urgent concern to the right professional. The usual combination is "use the clinical escalation route".

C Not here. patient preference: A person's stated wishes about care or communication. The usual combination is "elicit the patient preference".

D Not here. missed appointment: Scheduled encounter that did not take place as arranged. The usual combination is "follow up a missed appointment".

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D4. Rebuild the exchange from "Sent does not mean seen". Fin: "What exactly is the specialist being asked to address? I do not want to arrive without understanding that." Dr Byrne: [missing response] Fin: "I can explain my concern, but I may not remember every detail that is already in your notes." Which response belongs in the gap?

D. We will review the consultation question with you and make sure the relevant records accompany the request.

A Not here. This line belongs to turn 20, after Fin says: "That is clearer: receipt now, a status update Friday, and no appointment date promised yet." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 8, after Fin says: "I can explain my concern, but I may not remember every detail that is already in your notes." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 10, after Fin says: "Mina mentioned Friday. Is that when the consultation will happen, or when someone will contact me?" It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Dr Byrne's response in turn 6. It connects Fin's preceding point with Fin's follow-up. The consultation question states the unresolved issue the referring clinician asks the specialist to address.

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E / Conversation

1. referral receipt

Turn 2. Referral receipt confirms that the service obtained the request, not that an appointment has been arranged.

08 / Answers and explanations / continued

2. Appointment confirmation

Turn 4. Appointment confirmation establishes a specific booking and is a later stage than merely receiving the referral.

3. consultation question

Turn 6. The consultation question states the unresolved issue the referring clinician asks the specialist to address.

4. record transfer

Turn 8. Record transfer sends relevant information through the proper process so the receiving team has the necessary context.

5. pending action

Turn 10. A pending action is a task still to complete; here it is checking progress, not attending a booked consultation.

6. interim care

Turn 12. Interim care covers appropriate care while another assessment is pending and cannot be assumed to belong to nobody.

7. escalation route

Turn 14. The escalation route connects new or worsening clinical concerns to appropriate assessment, separate from routine referral tracking.

8. contact preference

Turn 16. Contact preference identifies an appropriate communication method and helps an update reach the patient without avoidable privacy problems.

9. consultant letter

Turn 18. A consultant letter communicates the specialist's assessment or advice back to the referring clinician for review.

10. closed-loop referral

Turn 20. A closed-loop referral tracks the request, response, and returned information instead of stopping at the act of sending.

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08 / Answers and explanations / continued

F / Accuracy and scope

F1. What makes the next step accountable?

D. A named owner and a defined update

Naming Mina and the update date makes the communication task explicit and trackable.

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F2. What remains important after sending a referral?

B. Following the response and clarifying continuing responsibilities

Sending a request is only one step in a connected referral process.

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F / Guided speaking

1. Monday

Clinician: The consultation occurred on Monday.

Turn 1. Monday is the completed attendance date stated in this follow-up case.

2. arrived

Zoe: The report has not arrived.

Turn 2. Attendance does not mean the consultant's report has reached the referring team.

3. Wednesday

Clinician: The update is due Wednesday.

Turn 3. Wednesday is the communication commitment, not a treatment deadline.

4. supplied

Zoe: No new treatment instruction has been supplied.

Turn 4. The exercise provides no new clinical instruction to infer or act on.

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08 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "Sent does not mean seen". Fin: "If something changes clinically before Friday, should I wait for Mina's administrative update to mention it?" Dr Byrne: [missing response] Fin: "I also need calls at a time I can answer privately. Can we agree on how the update reaches me?" Which response belongs in the gap?

B. No. Use the actual clinical escalation route for new or worsening concerns. The update date is not advice to wait.

A Not here. This line belongs to turn 6, after Fin says: "What exactly is the specialist being asked to address? I do not want to arrive without understanding that." It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Dr Byrne's response in turn 14. It connects Fin's preceding point with Fin's follow-up. The escalation route connects new or worsening clinical concerns to appropriate assessment, separate from routine referral tracking.

C Not here. This line belongs to turn 18, after Fin says: "Once the appointment happens, will the specialist's advice come back here, or do I have to relay everything?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 12, after Fin says: "Who should deal with questions before the specialist sees me? I do not want to fall between teams." It addresses that point, not the missing turn in the supplied exchange.

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Review 1 / Explanations

Cumulative review

1. A colleague needs the term for this meaning: Connected care over time with an ongoing clinical relationship. Which term fits?

A. continuity of care

A Correct. continuity of care: Connected care over time with an ongoing clinical relationship. The usual combination is "maintain continuity of care".

B Not here. visit length: Time allocated or used for an encounter. The usual combination is "explain the visit length".

C Not here. teach-back: Checking an explanation by inviting the listener to restate its meaning. The usual combination is "use teach-back without blame".

D Not here. long-term condition: Health condition requiring ongoing management or follow-up. The usual combination is "review a long-term condition".

[Return to the exercise, page 24](#)

2. A colleague needs the term for this meaning: Change in a symptom or condition over time. Which term fits?

D. progression

A Not here. onset: Time at which a symptom first began. The usual combination is "establish the reported onset".

B Not here. qualified interpreter: Trained language professional supporting accurate communication between speakers. The usual combination is "request a qualified interpreter".

C Not here. character: Quality of a symptom, such as pressure or burning. The usual combination is "clarify symptom character".

D Correct. progression: Change in a symptom or condition over time. The usual combination is "describe symptom progression".

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Review 1 / Explanations / continued

3. Rebuild the exchange from "Three concerns, one visit". Dr Shah: "Exactly. Describe those tasks in your own words; I do not need you to use a clinical label." Morgan: [missing response] Dr Shah: "Yes, we will account for it in the plan. First I need enough information to assess today's priorities." Which response belongs in the gap?

D. Can we still review the long-term condition rather than losing that appointment altogether?

A Not here. This line belongs to turn 8, after Dr Shah says: "Let us keep all three items visible. Tell me first when the tiredness began and how it affects you." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 4, after Dr Shah says: "Thank you. I will ask about the tiredness before we decide which issues need attention first." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 14, after Dr Shah says: "After that assessment, we can agree what to complete today and how to address anything left unfinished." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Morgan's response in turn 10. It connects Dr Shah's preceding point with Dr Shah's follow-up. A long-term condition is an ongoing health issue requiring continuing care and review.

[Return to the exercise, page 24](#)

4. Rebuild the exchange from "Dizziness means different things". Dr Cole: "I will summarize your account, then assess it. The standing association alone does not establish a diagnosis." Ari: [missing response] Dr Cole: "Correct. Any relevant absence I record will come from a question or assessment, not from an empty field." Which response belongs in the gap?

C. I understand the diagnostic uncertainty. You are listening to the pattern, not promising an explanation yet.

A Not here. This line belongs to turn 2, after Dr Cole says: "You used the word dizzy on the appointment request. What does that feel like for you?" It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 6, after Dr Cole says: "That is useful to know. How often have you noticed it, and what are you doing when it starts?" It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Ari's response in turn 18. It connects Dr Cole's preceding point with Dr Cole's follow-up. Diagnostic uncertainty means the cause is not established, even though the symptom account is becoming clearer.

D Not here. This line belongs to turn 16, after Dr Cole says: "Exactly. Start with Tuesday and describe the later events in order, including anything that is uncertain." It addresses that point, not the missing turn in the supplied exchange.

[Return to the exercise, page 24](#)

Review 2 / Explanations

Cumulative review

1. A colleague needs the term for this meaning: Product available without a prescription under local rules. Which term fits?

C. over-the-counter product

A Not here. teach-back: Checking an explanation by inviting the listener to restate its meaning. The usual combination is "use teach-back without blame".

B Not here. adherence: Extent to which actual medicine use matches an agreed plan. The usual combination is "discuss barriers to adherence".

C Correct. over-the-counter product: Product available without a prescription under local rules. The usual combination is "disclose over-the-counter products".

D Not here. route of administration: Path by which a medicine enters the body. The usual combination is "confirm the route of administration".

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2. A colleague needs the term for this meaning: Positive test result when the target condition is actually absent. Which term fits?

A. false-positive result

A Correct. false-positive result: Positive test result when the target condition is actually absent. The usual combination is "explain a false-positive result".

B Not here. working diagnosis: Provisional explanation guiding assessment or care. The usual combination is "qualify a working diagnosis".

C Not here. qualified interpreter: Trained language professional supporting accurate communication between speakers. The usual combination is "request a qualified interpreter".

D Not here. laboratory result: Reported outcome of a test on a specimen. The usual combination is "interpret a laboratory result".

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Review 2 / Explanations / continued

3. Rebuild the exchange from "Dizziness means different things". Dr Cole: "When you say it lasts a while, do you mean seconds, minutes, or something you cannot estimate?" Ari: [missing response] Dr Cole: "Please do not guess. I will ask about other symptoms separately rather than treating silence as an answer." Which response belongs in the gap?

D. I cannot estimate the duration. I do not want to give you a number just to complete the question.

A Not here. This line belongs to turn 16, after Dr Cole says: "Exactly. Start with Tuesday and describe the later events in order, including anything that is uncertain." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 6, after Dr Cole says: "That is useful to know. How often have you noticed it, and what are you doing when it starts?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 18, after Dr Cole says: "I will summarize your account, then assess it. The standing association alone does not establish a diagnosis." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Ari's response in turn 10. It connects Dr Cole's preceding point with Dr Cole's follow-up. Duration is the length of a single episode, which remains unclear in this history.

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4. Rebuild the exchange from "Outside the range is not the diagnosis". Casey: "I would rather hear that something is uncertain than be reassured today and surprised tomorrow." Dr Vega: [missing response] Casey: "I understand the difference now: the flag needs review, but it is not the diagnosis itself." Which response belongs in the gap?

D. That is reasonable. A working diagnosis must be described as provisional while we evaluate the evidence.

A Not here. This line belongs to turn 16, after Casey says: "So there is no new result waiting somewhere that I have failed to look at?" It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 4, after Casey says: "Does outside the range mean that I definitely have the condition I read about online?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 8, after Casey says: "I remember having the same test previously. Will you compare those reports rather than only this one?" It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Dr Vega's response in turn 18. It connects Casey's preceding point with Casey's follow-up. A working diagnosis is a provisional explanation and should be distinguished from a confirmed conclusion.

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Review 3 / Explanations

Cumulative review

1. A colleague needs the term for this meaning: Illness caused by a virus. Which term fits?

A. viral illness

A Correct. viral illness: Illness caused by a virus. The usual combination is "explain a viral illness".

B Not here. potential harm: Possible adverse consequence of an action or treatment. The usual combination is "discuss potential harm".

C Not here. treatment indication: Clinical reason supporting use of a particular treatment. The usual combination is "establish a treatment indication".

D Not here. teach-back: Checking an explanation by inviting the listener to restate its meaning. The usual combination is "use teach-back without blame".

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2. A colleague needs the term for this meaning: Detection of a condition that would not have caused harm during a person's lifetime. Which term fits?

B. overdiagnosis

A Not here. screening interval: Time between planned screening episodes. The usual combination is "review the screening interval".

B Correct. overdiagnosis: Detection of a condition that would not have caused harm during a person's lifetime. The usual combination is "discuss overdiagnosis".

C Not here. screening: Testing intended to identify possible disease or risk before relevant symptoms prompt diagnosis. The usual combination is "discuss screening options".

D Not here. qualified interpreter: Trained language professional supporting accurate communication between speakers. The usual combination is "request a qualified interpreter".

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Review 3 / Explanations / continued

3. Rebuild the exchange from "Outside the range is not the diagnosis". Casey: "I do not know whether the earlier value was typical for me or just another unusual day." Dr Vega: [missing response] Casey: "Could something about the sample affect the result, or would that just be an excuse to ignore it?" Which response belongs in the gap?

C. We should not assume it is your baseline without reviewing the relevant history and circumstances.

A Not here. This line belongs to turn 6, after Casey says: "What context do you need before you can tell me more about this particular result?" It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 4, after Casey says: "Does outside the range mean that I definitely have the condition I read about online?" It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Dr Vega's response in turn 10. It connects Casey's preceding point with Casey's follow-up. A baseline is an earlier or usual state used for comparison and must be established appropriately.

D Not here. This line belongs to turn 8, after Casey says: "I remember having the same test previously. Will you compare those reports rather than only this one?" It addresses that point, not the missing turn in the supplied exchange.

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4. Rebuild the exchange from "An invitation is not a diagnosis". Dana: "I want to compare the options without feeling that asking about limitations means I am refusing care." Dr Ellis: [missing response] Dana: "That gives me a clearer starting point. I understand this is an invitation, not a diagnosis or a guarantee." Which response belongs in the gap?

C. Questions support shared decision-making. Your priorities and the evidence both belong in the discussion.

A Not here. This line belongs to turn 6, after Dana says: "Then the test in this letter is not the same as testing to explain a current complaint?" It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 2, after Dana says: "This letter invited me for screening. Does that mean someone thinks I already have the disease?" It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Dr Ellis's response in turn 18. It connects Dana's preceding point with Dana's follow-up. Shared decision-making combines relevant evidence with the person's priorities rather than substituting pressure for discussion.

D Not here. This line belongs to turn 8, after Dana says: "Before deciding, I want to know what a worrying result would mean and what would happen afterward." It addresses that point, not the missing turn in the supplied exchange.

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Review 4 / Explanations

Cumulative review

1. A colleague needs the term for this meaning: Disruption of the usual pattern or quality of sleep. Which term fits?

C. sleep disturbance

A Not here. distress: Significant emotional suffering or discomfort. The usual combination is "acknowledge distress".

B Not here. teach-back: Checking an explanation by inviting the listener to restate its meaning. The usual combination is "use teach-back without blame".

C Correct. sleep disturbance: Disruption of the usual pattern or quality of sleep. The usual combination is "describe sleep disturbance".

D Not here. psychosocial history: Account of psychological and social circumstances relevant to care. The usual combination is "take a psychosocial history".

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2. A colleague needs the term for this meaning: Received but not yet evaluated by the relevant reviewer. Which term fits?

A. awaiting review

A Correct. awaiting review: Received but not yet evaluated by the relevant reviewer. The usual combination is "mark a referral as awaiting review".

B Not here. interim care: Care provided while another assessment or transition is pending. The usual combination is "clarify interim care".

C Not here. referral: Request for another professional or service to assess or assist. The usual combination is "send a specialist referral".

D Not here. qualified interpreter: Trained language professional supporting accurate communication between speakers. The usual combination is "request a qualified interpreter".

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Review 4 / Explanations / continued

3. Rebuild the exchange from "An invitation is not a diagnosis". Dana: "Could I go through more tests and then discover that the original concern was not confirmed?" Dr Ellis: [missing response] Dana: "People also talk about finding conditions that would never have affected them. Is that the same issue?" Which response belongs in the gap?

B. Yes, a false alarm is one limitation to explain alongside the possible benefits and other consequences.

A Not here. This line belongs to turn 4, after Dana says: "I do not have the symptom mentioned in an article I read. Is that a contradiction?" It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Dr Ellis's response in turn 10. It connects Dana's preceding point with Dana's follow-up. A false alarm suggests a problem that subsequent investigation does not confirm, one possible limitation to discuss.

C Not here. This line belongs to turn 2, after Dana says: "This letter invited me for screening. Does that mean someone thinks I already have the disease?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 6, after Dana says: "Then the test in this letter is not the same as testing to explain a current complaint?" It addresses that point, not the missing turn in the supplied exchange.

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4. Rebuild the exchange from "Sent does not mean seen". Fin: "Once the appointment happens, will the specialist's advice come back here, or do I have to relay everything?" Dr Byrne: [missing response] Fin: "That is clearer: receipt now, a status update Friday, and no appointment date promised yet." Which response belongs in the gap?

D. We will track the consultant letter and review the responsibilities it identifies, rather than assume attendance alone closes every question.

A Not here. This line belongs to turn 12, after Fin says: "Who should deal with questions before the specialist sees me? I do not want to fall between teams." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 14, after Fin says: "If something changes clinically before Friday, should I wait for Mina's administrative update to mention it?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 6, after Fin says: "What exactly is the specialist being asked to address? I do not want to arrive without understanding that." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Dr Byrne's response in turn 18. It connects Fin's preceding point with Fin's follow-up. A consultant letter communicates the specialist's assessment or advice back to the referring clinician for review.

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Additional case 1 / Explanations

Extended conversation

1. direct address

Turn 3. Direct address keeps the patient as the person being consulted rather than turning the interpreter into the recipient of clinical questions.

2. clarification

Turn 7. Clarification resolves an unclear term or message before it is interpreted as though its meaning were already certain.

3. qualified interpretation

Turn 11. Qualified interpretation provides trained language support and does not transfer clinical decision-making or consent from the patient to the interpreter.

4. teach-back

Turn 15. Teach-back checks how the explanation was understood and should be directed to the patient through the interpreter rather than answered by the interpreter.

5. source attribution

Turn 18. Source attribution identifies who supplied the information and prevents an interpreted patient account from being confused with the interpreter's own opinion.

6. closing summary

Turn 20. A closing summary gathers the agreed information and next step so the patient can confirm the meaning through the same language support.

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Transfer exchange

1. idea

Interpreter: Please give one idea at a time.

Turn 1. The request is for manageable segments rather than a long uninterrupted explanation.

Additional case 1 / Explanations / continued

2. pause

Clinician: I will pause between them.

Turn 2. Pausing allows each segment to be interpreted before more information is added.

3. meaning

Interpreter: I will preserve the full meaning.

Turn 3. The interpreter aims to retain the content rather than replace it with a summary.

4. decision-maker

Clinician: The patient remains the decision-maker.

Turn 4. Interpretation supports the patient's participation and does not transfer their decision-making role.

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Additional case 2 / Explanations

Extended conversation

1. functional information

Turn 4. Functional information describes relevant abilities or limitations and is different from disclosing an entire diagnostic or personal history.

2. job demands

Turn 8. Job demands are the actual tasks and conditions relevant to assessing work-related function rather than a generic assumption about an occupation.

3. disclosure scope

Turn 12. Disclosure scope defines the information, purpose, and recipient covered by the relevant authorization rather than treating one request as unlimited permission.

4. occupational recommendation

Turn 16. An occupational recommendation concerns work-related advice based on appropriate assessment and is not a guarantee that an employer will adopt a particular arrangement.

5. evidence limitation

Turn 18. An evidence limitation identifies what the assessment cannot support and prevents a form's wording from forcing an invented clinical conclusion.

6. authorized recipient

Turn 20. An authorized recipient is the person or service permitted to receive the specified information through the applicable process.

[Return to the conversation, page 98](#)

Transfer exchange

1. unrelated

Patient: Those past diagnoses are unrelated to the stated purpose.

Turn 1. The scenario identifies the requested history as unrelated to the work-note purpose.

Additional case 2 / Explanations / continued

2. authorized

Clinician: Disclosure has not been authorized.

Turn 2. The patient has not authorized sharing the additional historical information.

3. requirements

Patient: Please clarify the actual requirements.

Turn 3. The appropriate process must establish what information is actually required.

4. permission

Clinician: We will not assume unlimited permission.

Turn 4. A request for a work note does not itself authorize every possible disclosure.

[Return to the conversation, page 100](#)

Additional case 3 / Explanations

Extended conversation

1. contact permission

Turn 4. Contact permission specifies what communication is authorized through a particular route and should be checked before sensitive details are left.

2. unsuccessful contact attempt

Turn 6. An unsuccessful contact attempt records that contact was tried but not achieved, preventing it from being mistaken for a completed clinical explanation.

3. clinical priority

Turn 10. Clinical priority is determined from the actual result and circumstances and cannot be inferred from an unanswered telephone call.

4. follow-up ownership

Turn 12. Follow-up ownership identifies who must complete the next action so an unanswered contact does not disappear between team members.

5. acknowledged escalation

Turn 16. An acknowledged escalation includes confirmation that the relevant person received and accepted the concern rather than merely having a message sent.

6. closed-loop follow-up

Turn 20. Closed-loop follow-up verifies that the relevant communication and responsibility were completed or appropriately escalated, not simply attempted.

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Transfer exchange

1. sent

Coordinator: The escalation was sent.

Turn 1. The coordinator has transmitted the escalation to the appropriate clinician.

Additional case 3 / Explanations / continued

2. acknowledged

Clinician: Receipt has not been acknowledged.

Turn 2. No acknowledgment has arrived, so acceptance cannot be assumed.

3. open

Coordinator: The task remains open.

Turn 3. The scenario explicitly keeps the task open pending the appropriate process.

4. process

Clinician: We must follow the actual service process.

Turn 4. The response follows the real clinical and operational arrangements rather than an invented waiting rule.

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Find a phrase by purpose

Agreeing on a consultation agenda

Open the agenda: What else were you hoping we could cover?

Reflect the priority: The tiredness is the main concern for you today.

Explain sequencing: I will clarify that concern before we agree on the order.

[Full phrase bank, page 7](#)

Taking a precise symptom history

Clarify a label: What does dizzy feel like for you?

Offer a neutral distinction: Is it spinning, feeling faint, or something different?

Locate the onset: When did you first notice it?

[Full phrase bank, page 17](#)

Reconciling medicines without blame

Ask about actual use: Walk me through what you actually take.

Normalize disclosure: Please include products bought without a prescription.

Name the discrepancy: These two lists do not match.

[Full phrase bank, page 29](#)

Explaining an uncertain test result

Acknowledge the worry: Seeing a flag before an explanation can be unsettling.

Explain the marker: The flag shows how the result compares with the laboratory range.

Limit the conclusion: The flag alone does not establish a diagnosis.

[Full phrase bank, page 39](#)

Find a phrase by purpose / continued

Responding to an antibiotic request

Acknowledge experience: I can see why your previous experience shaped your expectation.

State the recommendation: Based on today's assessment, I am not recommending an antibiotic.

Explain the distinction: Improving afterward does not prove the medicine caused the improvement.

[Full phrase bank, page 51](#)

Discussing preventive screening choices

Explain the invitation: This invites a discussion; it does not announce a diagnosis.

Separate purposes: Screening and testing a symptom are different situations.

Explain an uncertain result: A positive screen may lead to further evaluation.

[Full phrase bank, page 61](#)

Opening a mental-health conversation

Open sensitively: How have things been emotionally as well as physically?

Ask directly: Have you had thoughts about ending your life?

Explain the question: I ask directly because your safety matters.

[Full phrase bank, page 73](#)

Closing the referral loop

State the confirmed stage: The receiving office has confirmed receipt.

Name the missing step: An appointment has not yet been confirmed.

Identify the owner: Mina is checking the status.

[Full phrase bank, page 83](#)

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[Lesson 07, p. 72](#), [Lesson 08, p. 82](#)**reassessment**[Lesson 05, p. 50](#)**record transfer**[Lesson 08, p. 82](#)**referral**[Lesson 08, p. 81](#)**relative risk**[Lesson 06, p. 59](#)**repeat sample**[Lesson 04, p. 37](#)

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References and publication notes

All cases, organizations, figures, and conversations are fictional teaching material, not transcripts. Communication practice does not replace qualified advice or current workplace procedures.

[1] AHRQ. Use the Teach-Back Method: Tool 5.

Supports checking the clarity of an explanation without treating the patient as the problem. The original conversations are language practice, not copied clinical scripts. Source checked 10 October 2026.

<https://www.ahrq.gov/health-literacy/improve/precautions/tool5.html>

[2] AAFP. Continuity of Care.

Context for sustained primary-care relationships and coordination across encounters. Source checked 10 October 2026.

<https://www.aafp.org/about/policies/continuity-of-care>

[3] CDC. Healthy Habits: Antibiotic Do's and Don'ts.

Background for antibiotic communication; fictional cases do not establish prescribing rules. Source checked 10 October 2026.

<https://www.cdc.gov/antibiotic-use/about/index.html>

[4] AHRQ. Make Referrals Easy: Tool 21.

Context for referral communication and follow-up responsibilities. Source checked 10 October 2026.

<https://www.ahrq.gov/health-literacy/improve/precautions/tool21.html>

Companion course

The website offers the eight-lesson course and related practice. This book can be used independently. No audio access or external account is needed for its exercises.

<https://englishladder.com/efsp-general-practitioners.html>

Hear the concern. Make the plan clear.

Eight consultations move from a shared agenda to accurate histories, medicines, test results, antibiotic expectations, screening, mental health, and referral follow-up.

Agreeing on a consultation agenda

A booked review does not determine the urgency of a newly raised symptom. Agree on the agenda after appropriate clinical assessment, not before it.

Taking a precise symptom history

A reported trigger is not a demonstrated cause. Dizziness, vertigo, and feeling faint should not be substituted for one another without clarification.

Reconciling medicines without blame

Do not treat a different brand name as proof of a different ingredient. Verify products and instructions before resolving the clinical question.

Explaining an uncertain test result

Outside a reference interval is not a diagnosis. Normal, negative, and no further action are also different statements, each requiring context.

Phil Stilwell

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