

ENGLISH FOR WORK / HANDOFFS / PATIENT EDUCATION / TEAMWORK / SAFETY

Nursing & Allied Health English

Speak clearly. Check understanding. Confirm the next action.



Phil Stilwell

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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 Shift Handoffs and Clinical Prioritization, page 4

Transfer an unfinished clinical follow-up with its current status, named owner, and confirmed next action.

02 Patient Assessment and Escalation, page 15

Report a new concern with its time, source, and comparison, then confirm an appropriate clinical response.

03 Medication Safety and Allergy Clarification, page 28

Communicate conflicting allergy information without deleting a report, diagnosing a reaction, or guessing a medication decision.

04 Patient Education and Teach-Back, page 38

Check understanding of supplied instructions, correct a misunderstanding without blame, and verify the corrected plan.

05 Interprofessional Rounds, page 50

Present a functional finding, challenge an overbroad discharge summary, and agree on the next professional review.

06 Documentation and Charting, page 60

Select an objective, attributed clinical note and distinguish event time, entry time, and a later correction.

07 Difficult Families and Boundaries, page 72

Respond to a family member with empathy, accurate limits, and a concrete next contact without promising another clinician.

08 Safety Events and Just Culture, page 82

Separate an event chronology from causal assumptions and select a follow-up measure tied to the identified risk.

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

Clear language is part of the care.

Clinical conversations move between technical detail and everyday language. A colleague needs a precise observation and an actionable request; a patient needs a usable explanation without unexplained shorthand. These fictional cases practice that change of register while keeping uncertainty, professional boundaries, and the patient's own account visible.

Lead with the important change

Identify yourself, the person concerned, the change, and the response you need. A well-organized report supports prompt attention; it must never delay urgent action while you perfect the wording. "This is a change from the earlier assessment. I need a review now."

Name the source of information

Separate what you observed, what the patient reported, and what another record states. Preserve a discrepancy for appropriate review instead of silently choosing the version that looks most convenient.

"The record says none known; the patient reports a previous reaction."

Check the explanation, not the patient

Use ordinary language and small steps. A patient's own account of the agreed plan can reveal a misunderstanding that a polite nod leaves hidden. Clarify and check again without blame.

"I may not have explained that clearly. Let us go through that step again."

Close the loop with the receiving person

State who owns the next action and confirm that the other person has understood it. Sending a message, accepting a task, and completing that task are different events.

"You will follow the pending result and contact the responsible clinician. Is that correct?"

Professional boundaries

Original fictional language practice, not clinical training, medical advice, or a treatment protocol. No real patient information is used. Follow current local procedures, professional scope, applicable privacy rules, and qualified clinical judgment. UK sources are identified as such; their legal duties are not presented as universal rules.

A Read the situation

LESSON 01 / SHIFT HANDOFFS AND CLINICAL PRIORITIZATION

Transfer an unfinished clinical follow-up with its current status, named owner, and confirmed next action.

The shift ends; the result is still pending

In a simulation, outgoing nurse Maya hands over to incoming nurse Jonas at 7 p.m. A requested laboratory result is still pending; Maya has not seen a value. The responsible clinician has asked to be contacted when it becomes available. Jonas will take over checking the result and contacting that clinician through the agreed route. The team must also continue the existing care plan. The handoff does not establish a new diagnosis or replace local escalation procedures.

People: Maya, Outgoing nurse; Jonas, Incoming nurse.

Read the record

Choose one answer per question using the facts above.

1. What is known about the requested result?

- A.** It has been reviewed by the responsible clinician.
- B.** It was cancelled at the shift change.
- C.** It is pending, with no value available to Maya.
- D.** It is within the expected range.

2. Which responsibility is transferring?

- A.** Choosing treatment from the expected result
- B.** Replacing the existing care plan
- C.** Declaring the patient ready for discharge
- D.** Checking for the result and contacting the responsible clinician when available

3. What completes the verbal transfer?

- A.** The shift clock reaches seven.
- B.** The result remains in the electronic record.
- C.** Jonas confirms the task and next action, and Maya checks that confirmation.
- D.** Maya names the test without discussing follow-up.

[Answers and explanations, page 110](#)

B Vocabulary in use

CORE TERMS

handoff

Transfer of relevant information and responsibility between care professionals.

give a structured handoff

patient identifier

An approved detail used to establish the correct person's identity.

verify patient identifiers

baseline

A reference condition used when describing a change.

compare with the baseline

pending result

A requested result not yet available or finalized.

follow a pending result

follow-up owner

The named person accountable for the next agreed action.

name the follow-up owner

contingency

An agreed response if a specified situation occurs.

clarify the contingency

shift overlap

A period when outgoing and incoming staff are both present.

use the shift overlap

current status

The person's or task's condition at the stated present time.

summarize current status

relevant history

Background information that bears on the present care situation.

provide relevant history

outstanding task

An action that remains to be completed.

identify outstanding tasks

receiving clinician

The professional taking over information or care responsibility.

confirm the receiving clinician

check-back

Repetition and confirmation used to verify a received message.

use a check-back

Say it in context

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

handoff **HANDOFF**

give a structured handoff

Keep the meaning precise: Transfer of relevant information and responsibility between care professionals.

relevant history **RELEVANT HISTORY**

provide relevant history

Keep the meaning precise: Background information that bears on the present care situation.

B Precision and professional shorthand

EXTEND YOUR RANGE

SBAR

Situation, background, assessment, and recommendation or request.

structure the report with SBAR

care plan

The documented, agreed approach to a person's care.

continue the care plan

clinical priority

The relative urgency established through appropriate clinical assessment.

communicate clinical priority

read-back

Repeating supplied information to check its accuracy.

complete a read-back

responsibility transfer

Explicit movement of a defined duty to another professional.

document responsibility transfer

source record

The original record from which information is taken.

check the source record

I-PASS

A structured handoff framework expanded in the precision note below.

use an I-PASS handoff

action list

A stated set of tasks with relevant responsibility and timing.

review the action list

escalation route

The designated path for obtaining further clinical attention.

confirm the escalation route

acknowledgment

Confirmation that a message has been received.

obtain an acknowledgment

continuity of care

Coordination that connects care across people, shifts, or settings.

support continuity of care

time stamp

A recorded time attached to an observation or action.

include the time stamp

Say it in context

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

check-back CHECK-BACK

use a check-back

Keep the meaning precise: Repetition and confirmation used to verify a received message.

clinical priority CLINICAL PRIORITY

communicate clinical priority

Keep the meaning precise: The relative urgency established through appropriate clinical assessment.

Phrases that move the work forward

Open the transfer

I am handing over one result that is still pending.

Time the report

This is the status at the seven o'clock handoff.

Name the request

The responsible clinician asked to be contacted when it is available.

Accept the task

I will check for the result and contact the responsible clinician.

Correct a mismatch

Not reviewed; it is still pending.

Use the source

Let us check the current record rather than rely on an old summary.

Avoid a guess

We cannot describe a value that has not been received.

Document the transfer

Record the task, receiving professional, and agreed next action.

Confirm identity

Let us verify the patient identifiers before discussing the record.

Separate known from unknown

I have not seen a result value yet.

Give the owner

You are taking over that follow-up from this handoff.

Check understanding

Please repeat the outstanding action so we can confirm it.

Preserve the plan

The existing care plan remains in place unless appropriately changed.

Keep urgency visible

A change in condition follows the clinical escalation process.

Name the contingency

Which agreed route applies if the expected follow-up cannot be completed?

Close the loop

That is correct; you have the pending-result follow-up.

Precision in real exchanges

Purpose: Separate known from unknown

Useful wording: I have not seen a result value yet.

Purpose: Name the request

Useful wording: The responsible clinician asked to be contacted when it is available.

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 opening preserves the known facts?

- A.** The shift has changed, so the original request no longer applies.
- B.** At seven, the result is still pending; Jonas will follow it and contact the responsible clinician.
- C.** At seven, the result was reviewed and no action was needed.
- D.** The laboratory will probably call, so no owner is necessary.

2. Jonas says, "I will review the normal result." What needs correction?

- A.** The clinician has already changed treatment.
- B.** No value is available, so normal is unsupported.
- C.** The result is definitely abnormal.
- D.** The follow-up task has been cancelled.

3. A colleague needs the term for this meaning: The person's or task's condition at the stated present time. Which term fits?

- A.** current status
- B.** responsibility transfer
- C.** care plan
- D.** follow-up owner

D Choose the response that fits / continued

4. Rebuild the exchange from "The shift ends; the result is still pending". Maya: "Correct. The request to contact the clinician still stands. The shift change should not leave the task sitting between two people who each assume the other will act." Jonas: [missing response] Maya: "That is the action I am transferring. The existing care plan continues; this conversation does not introduce a different treatment or a new assessment." Which response belongs in the gap?

- A.** I will be the follow-up owner from this handoff. I will check for the result and contact the responsible clinician through our agreed route when it is available.
- B.** I will keep the outstanding task visible until the required follow-up is complete. An acknowledgment that I heard you is not evidence that the clinician has reviewed the result.
- C.** I will retain the care plan and follow any properly communicated changes. I also want to keep this result task separate from other observations and responsibilities on the shift.
- D.** So it remains a pending result, not a reviewed result. I will not describe it as normal just because there is no new value on this screen.

[Answers and explanations, page 110](#)

One useful distinction

Pending is not normal, negative, reviewed, or unimportant. State what has actually been received and who will follow it. A handoff framework organizes communication; it does not supply missing observations or authorize a clinical decision.

E Conversation

The shift ends; the result is still pending

The shift ends; the result is still pending

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

WORD AND PHRASE BANK

current status / source record / continuity of care / escalation route /
responsibility transfer / pending result / check-back / care plan / follow-up owner /
outstanding task

- 01 **Maya:** Before I leave, we need to hand over one unfinished follow-up. We have checked the patient identifiers, and this report reflects the position at seven.
- 02 **Jonas:** Go ahead with the ¹ _____. I have the correct record open, but I do not want to mistake an earlier note for the latest information.
- 03 **Maya:** The requested laboratory result has not arrived. I have not seen a value, and the responsible clinician asked to be contacted when it becomes available.
- 04 **Jonas:** So it remains a ² _____, not a reviewed result. I will not describe it as normal just because there is no new value on this screen.
- 05 **Maya:** Correct. The request to contact the clinician still stands. The shift change should not leave the task sitting between two people who each assume the other will act.
- 06 **Jonas:** I will be the ³ _____ from this handoff. I will check for the result and contact the responsible clinician through our agreed route when it is available.

E Conversation / continued

- 07 **Maya:** That is the action I am transferring. The existing care plan continues; this conversation does not introduce a different treatment or a new assessment.
- 08 **Jonas:** I will retain the ⁴ _____ and follow any properly communicated changes. I also want to keep this result task separate from other observations and responsibilities on the shift.
- 09 **Maya:** The current record contains the request and the relevant background. If a copied summary conflicts with it, we need to clarify that difference rather than choose the shorter version.
- 10 **Jonas:** I will use the ⁵ _____ to verify the request. A familiar phrase in yesterday's summary is not enough to establish what is required now.

Conversation continues on the next page.

The shift ends; the result is still pending

CONVERSATION / CONTINUED

- 11 **Maya:** Exactly. If the patient's condition changes before the result arrives, that change needs its own assessment and response. We cannot wait merely because this test is outstanding.
- 12 **Jonas:** The ⁶ _____ remains available for that concern. The pending-result task is not a reason to postpone attention to a new clinical change.
- 13 **Maya:** Before I leave, could you repeat the follow-up you are taking over? I want to make sure the result check and clinician contact both have an owner.
- 14 **Jonas:** Here is my ⁷ _____: I will check for the outstanding result and contact the responsible clinician when it becomes available, using the agreed route.
- 15 **Maya:** That matches my request. If the follow-up cannot be completed through that route, use the applicable local process rather than leave an unacknowledged message indefinitely.
- 16 **Jonas:** I will keep the ⁸ _____ visible until the required follow-up is complete. An acknowledgment that I heard you is not evidence that the clinician has reviewed the result.
- 17 **Maya:** Good. We should record who accepted the task and when. That will help the next person distinguish this transfer from an assumption made after I left.
- 18 **Jonas:** I will document the ⁹ _____ with the relevant time. The record will state the actual arrangement, not imply that the result was already available.
- 19 **Maya:** Thank you. I will record that you take over from seven. The result is still pending, and the existing plan continues alongside that follow-up.
- 20 **Jonas:** Agreed. That supports ¹⁰ _____ across the shift change. I have the request, the source, and the next action, rather than simply a test name.

CHECK THE GAPS

1. current status / 2. pending result / 3. follow-up owner / 4. care plan / 5. source record / 6. escalation route / 7. check-back / 8. outstanding task / 9. responsibility transfer / 10. continuity of care

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

F Check accuracy and scope

The shift ends; the result is still pending

Return to the case

In a simulation, outgoing nurse Maya hands over to incoming nurse Jonas at 7 p.m. A requested laboratory result is still pending; Maya has not seen a value. The responsible clinician has asked to be contacted when it becomes available. Jonas will take over checking the result and contacting that clinician through the agreed route. The team must also continue the existing care plan. The handoff does not establish a new diagnosis or replace local escalation procedures.

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

1. Jonas repeats the test name correctly but does not mention contacting the clinician. What still needs confirmation?

- A. That he can recall the test name without looking at the record
- B. That Maya has entered a result value before leaving
- C. That the electronic system has automatically assigned the clinician contact
- D. That he accepts both the result check and the requested clinician contact

2. What should happen if an urgent change occurs before the result?

- A. Use the appropriate clinical escalation process without waiting for that result.
- B. Wait because result follow-up was assigned first.
- C. Call the result normal to simplify the handoff.
- D. Treat the communication framework as a replacement for local procedures.

[Answers and explanations, page 113](#)

Listen for the distinction

Swap roles. Emphasize that accepting follow-up does not mean the result has arrived or been reviewed.

Transfer the task, not just the information

An experienced colleague may sound brief without intending to be dismissive. Ask for the missing owner or action directly. A concise handoff is useful only when the receiving person knows which facts are current and which responsibilities they are accepting.

F Say it / transfer to a new case

Seen by whom?

A scan report is available, but the responsible clinician has not yet reviewed it. The incoming therapist agrees to contact that clinician. No clinical interpretation 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

contact / pending / action / interpretation

- 01 **Therapist:** The report is available, but clinical review is ¹ _____.
- 02 **Nurse:** Who owns the next ² _____?
- 03 **Therapist:** I will ³ _____ the responsible clinician.
- 04 **Nurse:** Do not add an unsupported ⁴ _____.

CHECK THE GAPS

1. pending / 2. action / 3. contact / 4. interpretation

[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 "The shift ends; the result is still pending". Maya: "Before I leave, could you repeat the follow-up you are taking over? I want to make sure the result check and clinician contact both have an owner." Jonas: [missing response] Maya: "That matches my request. If the follow-up cannot be completed through that route, use the applicable local process rather than leave an unacknowledged message indefinitely." Which response belongs in the gap?

- A.** I will document the responsibility transfer with the relevant time. The record will state the actual arrangement, not imply that the result was already available.
- B.** Here is my check-back: I will check for the outstanding result and contact the responsible clinician when it becomes available, using the agreed route.
- C.** I will use the source record to verify the request. A familiar phrase in yesterday's summary is not enough to establish what is required now.
- D.** The escalation route remains available for that concern. The pending-result task is not a reason to postpone attention to a new clinical change.

[Answers and explanations, page 114](#)

A Read the situation

LESSON 02 / PATIENT ASSESSMENT AND ESCALATION

Report a new concern with its time, source, and comparison, then confirm an appropriate clinical response.

A change needs a clear request

In a simulation at 10:20 a.m., patient Alex tells nurse Priya, "I feel worse than earlier." Priya observes that Alex is now stopping mid-sentence to catch a breath, unlike at 10 a.m. The cause is not established. Priya uses the local urgent-response process immediately and communicates with responding clinician Dan. The exercise practices that exchange during the response, not a reason to delay it. No treatment, diagnosis, or numerical threshold is supplied.

People: Priya, Nurse; Dan, Responding clinician.

Read the record

Choose one answer per question using the facts above.

1. What changed between the supplied observations?

- A. A new numerical result became available.
- B. The patient withdrew the concern.
- C. Alex now stops mid-sentence to catch a breath.
- D. A diagnosis was confirmed.

2. What is the source of "I feel worse than earlier"?

- A. A laboratory result
- B. Dan's completed assessment
- C. A copied discharge note
- D. Alex's own report

3. What is Priya already doing?

- A. Deferring the concern until the next shift
- B. Using the local urgent-response process
- C. Waiting to complete a perfect script
- D. Assigning a diagnosis from the dialogue

[Answers and explanations, page 115](#)

B Vocabulary in use

CORE TERMS

patient-reported symptom

A change or experience described by the patient.

record a patient-reported symptom

change from baseline

A difference from the person's relevant reference condition.

report a change from baseline

time course

The pattern of a condition or change over time.

describe the time course

assessment finding

Information obtained through an appropriate clinical assessment.

report assessment findings

urgent review

Prompt assessment requested because of a clinical concern.

request an urgent review

clinical uncertainty

A stated limit on what is known about a clinical situation.

communicate clinical uncertainty

clinical observation

A finding noticed or measured during clinical care.

communicate a clinical observation

onset

The beginning of a symptom or change.

clarify symptom onset

deterioration

Worsening of a person's clinical condition.

recognize possible deterioration

clinical concern

A reason for professional attention to possible patient risk.

state the clinical concern

response activation

Initiating the applicable process for clinical assistance.

confirm response activation

differential diagnosis

Possible explanations considered through qualified clinical assessment.

discuss a differential diagnosis

Say it in context

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

patient-reported symptom PATIENT-REPORTED SYMPTOM

record a patient-reported symptom

Keep the meaning precise: A change or experience described by the patient.

deterioration DETERIORATION

recognize possible deterioration

Keep the meaning precise: Worsening of a person's clinical condition.

B Precision and professional shorthand

EXTEND YOUR RANGE

situational awareness

Shared understanding of the current conditions and relevant risks.

maintain situational awareness

closed-loop communication

An exchange in which receipt and meaning are confirmed.

use closed-loop communication

safety concern

A condition that may expose someone to harm.

raise a safety concern

reassessment

A further assessment after time, intervention, or a change.

communicate reassessment findings

bedside review

Clinical assessment with the patient present.

arrange a bedside review

clinical rationale

The professional reasoning supporting a clinical decision.

explain the clinical rationale

call-out

A clear announcement of important information to the team.

make a focused call-out

assertive statement

A direct, respectful expression of a concern or need.

make an assertive statement

chain of command

The designated sequence for escalating unresolved concerns.

use the chain of command

response time

The interval between a request and the relevant response.

record the response time

monitoring plan

The agreed approach to observing and responding to clinical status.

clarify the monitoring plan

escalation record

Documentation of the concern, contacts, response, and relevant times.

complete the escalation record

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 a differential diagnosis

Keep the meaning precise: Possible explanations considered through qualified clinical assessment.

safety concern **SAFETY CONCERN**

raise a safety concern

Keep the meaning precise: A condition that may expose someone to harm.

C Phrases that move the work forward

State the change

This is different from the observation at ten o'clock.

Describe what you see

Alex is now stopping mid-sentence to catch a breath.

Confirm action

I have activated the local response process.

Give the time

I observed this change at 10:20.

Ask for acknowledgment

Please confirm that you have received the urgent request.

Summarize the comparison

Earlier speech was uninterrupted; now Alex pauses to catch a breath.

Escalate an unresolved concern

The concern remains unresolved; I am using the next appropriate route.

Record the response

Document the concern, contact time, and actual response.

Attribute the report

Alex says, "I feel worse than earlier."

Request review

I need an urgent review now.

Avoid an unsupported diagnosis

The cause has not been established.

Keep the concern clear

I am concerned about the change, not just the wording in the earlier note.

Correct minimization

The earlier assessment does not describe what I am seeing now.

Clarify responsibility

Who is taking the clinical review, and what response is underway?

Stay within evidence

I can report the observation without claiming a cause.

Maintain continuity

Any further change needs to reach the responding team promptly.

Precision in real exchanges

Purpose: Request review

Useful wording: I need an urgent review now.

Purpose: Confirm action

Useful wording: I have activated the local response process.

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 opening is most useful during the response?

- A.** The cause is confirmed because the patient said worse.
- B.** At 10:20 Alex is stopping mid-sentence to catch a breath, unlike at ten; I need urgent review.
- C.** Alex was assessed earlier, so this is probably unchanged.
- D.** I have a possible administrative issue whenever you are free.

2. Which handover preserves the source and time of both findings?

- A.** At ten Priya recorded Alex's current symptoms as unchanged at 10:20.
- B.** At 10:20 Alex reports feeling worse; Priya observes pauses for breath, unlike at ten.
- C.** At ten Alex reported the pauses Priya later observed at 10:20.
- D.** At 10:20 Dan confirmed the cause of the change Priya saw at ten.

3. A colleague needs the term for this meaning: The beginning of a symptom or change. Which term fits?

- A.** onset
- B.** closed-loop communication
- C.** urgent review
- D.** bedside review

D Choose the response that fits / continued

4. Rebuild the exchange from "A change needs a clear request". Priya: "At ten, Alex spoke without those pauses during my conversation. I am concerned that the earlier note could make this sound like an unchanged situation." Dan: [missing response] Priya: "This needs review now, not at the next round. Please confirm the responding team has the current concern rather than only the ten o'clock note." Which response belongs in the gap?

- A.** Maintain situational awareness across the team. Everyone involved needs the present concern and response status, not just the reassuring language of an older entry.
- B.** Your comparison identifies a change from baseline. The earlier entry provides context, but it cannot substitute for assessment of what is happening now.
- C.** State that clinical uncertainty explicitly. Not knowing the cause does not reduce the importance of reporting the change or obtaining the appropriate assessment.
- D.** The escalation record should reflect that sequence. Documenting a request for assessment and documenting the completed assessment are different entries about different events.

[Answers and explanations, page 115](#)

One useful distinction

Describe the actual change and its time before adding an interpretation. A patient-reported symptom and your own observation can both matter, but they are different sources. Do not turn a concern into a confirmed diagnosis merely to sound confident.

E Conversation

A change needs a clear request

A change needs a clear request

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

WORD AND PHRASE BANK

time course / urgent review / change from baseline / closed-loop communication /
situational awareness / clinical concern / clinical uncertainty / escalation record /
patient-reported symptom / reassessment

- 01 **Priya:** Dan, I have activated our urgent-response process for Alex. At ten twenty, Alex is stopping mid-sentence to catch a breath. This differs from the observation at ten.
- 02 **Dan:** I have received the request for ¹ _____. I am responding now. Tell me what Alex reported and what you observed, without waiting to establish a cause.
- 03 **Priya:** Alex said, "I feel worse than earlier." I observed the pauses while Alex was speaking to me. I have not established what is causing the change.
- 04 **Dan:** That separates the ² _____ from your own finding. Keep the patient's words attributed rather than rewriting them as a diagnosis that has already been confirmed.
- 05 **Priya:** At ten, Alex spoke without those pauses during my conversation. I am concerned that the earlier note could make this sound like an unchanged situation.
- 06 **Dan:** Your comparison identifies a ³ _____. The earlier entry provides context, but it cannot substitute for assessment of what is happening now.

E Conversation / continued

- 07 **Priya:** This needs review now, not at the next round. Please confirm the responding team has the current concern rather than only the ten o'clock note.
- 08 **Dan:** Your ⁴ _____ is clear. Keep the request for review now at the front of the message; the receiving team should not have to infer urgency from the older note.
- 09 **Priya:** Thank you. I will communicate any further change through the response already underway. I will not delay that process while trying to produce a perfectly worded summary.
- 10 **Dan:** Maintain ⁵ _____ across the team. Everyone involved needs the present concern and response status, not just the reassuring language of an older entry.

Conversation continues on the next page.

A change needs a clear request

CONVERSATION / CONTINUED

- 11 **Priya:** If a request is not acknowledged, I should not assume that pressing send means the receiving person has accepted responsibility for responding.
- 12 **Dan:** Correct. Use ⁶ _____ and the appropriate escalation process. The route must remain responsive to the concern; an unanswered message is not a completed clinical review.
- 13 **Priya:** For the handover to the responding team, I can give the patient identifiers, the two observation times, the patient's words, and the action already taken.
- 14 **Dan:** Include the ⁷ _____ clearly. In this case, the earlier observation and the change at ten twenty are more useful than an unspecific statement that things changed sometime.
- 15 **Priya:** I also want to avoid writing a possible cause as if it were established. We have a concern requiring assessment, not a diagnosis from this conversation.
- 16 **Dan:** State that ⁸ _____ explicitly. Not knowing the cause does not reduce the importance of reporting the change or obtaining the appropriate assessment.
- 17 **Priya:** I will record the observation and the response activation with their times. Later actions should be added as they actually occur, not as though they already happened.
- 18 **Dan:** The ⁹ _____ should reflect that sequence. Documenting a request for assessment and documenting the completed assessment are different entries about different events.
- 19 **Priya:** I will hand over the two observation times and the response already underway. Tell me when the assessment findings are available so the record stays current.
- 20 **Dan:** Agreed. Any ¹⁰ _____ findings will be communicated through the clinical process. Keep the current concern visible as the responding team takes over; the earlier note must not obscure the change.

CHECK THE GAPS

1. urgent review / 2. patient-reported symptom / 3. change from baseline / 4. clinical concern / 5. situational awareness / 6. closed-loop communication / 7. time course / 8. clinical uncertainty / 9. escalation record / 10. reassessment

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

F Check accuracy and scope

A change needs a clear request

Return to the case

In a simulation at 10:20 a.m., patient Alex tells nurse Priya, "I feel worse than earlier." Priya observes that Alex is now stopping mid-sentence to catch a breath, unlike at 10 a.m. The cause is not established. Priya uses the local urgent-response process immediately and communicates with responding clinician Dan. The exercise practices that exchange during the response, not a reason to delay it. No treatment, diagnosis, or numerical threshold is supplied.

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

1. Dan has not acknowledged the request. Which response fits the brief?

- A. Continue the appropriate urgent escalation process rather than assume silence means acceptance.
- B. Treat the request as accepted because it was sent.
- C. Wait until the next shift to check receipt.
- D. Replace the concern with a less urgent message.

2. What should the later record describe?

- A. An earlier status copied as though current
- B. An assessment marked complete before it happened
- C. Actual observations, attributed reports, relevant times, and the response taken
- D. A diagnosis added to make the narrative decisive

[Answers and explanations, page 118](#)

Listen for the distinction

Swap roles. Keep Alex's reported words separate from Priya's observation; do not add a diagnosis or treatment.

Directness can be a safety skill

A clear request for urgent review is not an accusation. State the change and what you need without softening the message into a casual suggestion. Professional politeness should not obscure urgency, and a senior colleague should acknowledge the concern explicitly.

F Say it / transfer to a new case

An earlier note is not a current finding

At 2 p.m., a therapist identifies a new change during a simulation and uses the appropriate response route. A colleague refers to an unchanged status recorded at noon.

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

earlier / underway / assessment / change

- 01 **Therapist:** The noon entry is an ¹ _____ observation.
- 02 **Colleague:** The two o'clock finding describes a ² _____.
- 03 **Therapist:** The appropriate response is already ³ _____.
- 04 **Colleague:** We must not substitute the old note for a current ⁴ _____.

CHECK THE GAPS

1. earlier / 2. change / 3. underway / 4. assessment

[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 "A change needs a clear request". Priya: "For the handover to the responding team, I can give the patient identifiers, the two observation times, the patient's words, and the action already taken." Dan: [missing response] Priya: "I also want to avoid writing a possible cause as if it were established. We have a concern requiring assessment, not a diagnosis from this conversation." Which response belongs in the gap?

- A.** That separates the patient-reported symptom from your own finding. Keep the patient's words attributed rather than rewriting them as a diagnosis that has already been confirmed.
- B.** Include the time course clearly. In this case, the earlier observation and the change at ten twenty are more useful than an unspecific statement that things changed sometime.
- C.** I have received the request for urgent review. I am responding now. Tell me what Alex reported and what you observed, without waiting to establish a cause.
- D.** Your clinical concern is clear. Keep the request for review now at the front of the message; the receiving team should not have to infer urgency from the older note.

[Answers and explanations, page 119](#)

Review 1 / Meaning and context

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

Case file

Revisit "Shift Handoffs and Clinical Prioritization" and "Patient Assessment and Escalation". 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: An approved detail used to establish the correct person's identity. Which term fits?

- A. outstanding task
- B. acknowledgment
- C. patient identifier
- D. I-PASS

2. A colleague needs the term for this meaning: A reason for professional attention to possible patient risk. Which term fits?

- A. situational awareness
- B. patient-reported symptom
- C. clinical concern
- D. reassessment

3. Rebuild the exchange from "The shift ends; the result is still pending". Maya: "The current record contains the request and the relevant background. If a copied summary conflicts with it, we need to clarify that difference rather than choose the shorter version." Jonas: [missing response] Maya: "Exactly. If the patient's condition changes before the result arrives, that change needs its own assessment and response. We cannot wait merely because this test is outstanding." Which response belongs in the gap?

- A. Here is my check-back: I will check for the outstanding result and contact the responsible clinician when it becomes available, using the agreed route.
- B. Go ahead with the current status. I have the correct record open, but I do not want to mistake an earlier note for the latest information.
- C. I will use the source record to verify the request. A familiar phrase in yesterday's summary is not enough to establish what is required now.
- D. I will document the responsibility transfer with the relevant time. The record will state the actual arrangement, not imply that the result was already available.

Review 1 / Meaning and context / continued

4. Rebuild the exchange from "A change needs a clear request". Priya: "I will record the observation and the response activation with their times. Later actions should be added as they actually occur, not as though they already happened." Dan: [missing response] Priya: "I will hand over the two observation times and the response already underway. Tell me when the assessment findings are available so the record stays current." Which response belongs in the gap?

- A.** Your comparison identifies a change from baseline. The earlier entry provides context, but it cannot substitute for assessment of what is happening now.
- B.** Maintain situational awareness across the team. Everyone involved needs the present concern and response status, not just the reassuring language of an older entry.
- C.** State that clinical uncertainty explicitly. Not knowing the cause does not reduce the importance of reporting the change or obtaining the appropriate assessment.
- D.** The escalation record should reflect that sequence. Documenting a request for assessment and documenting the completed assessment are different entries about different events.

[Answers and explanations, page 150](#)

A Read the situation

LESSON 03 / MEDICATION SAFETY AND ALLERGY CLARIFICATION

Communicate conflicting allergy information without deleting a report, diagnosing a reaction, or guessing a medication decision.

The allergy field and the patient disagree

In a simulation, the medication record says "no known drug allergies." Patient Rosa reports a rash after an antibiotic several years ago, but cannot recall the name or exact date. No current reaction is reported. Nurse Mei contacts pharmacist Sam through the local medication-safety process before the unresolved discrepancy is treated as settled. The available facts do not establish the cause of the historical rash or authorize a drug choice, dose, or administration decision.

People: Mei, Nurse; Sam, Pharmacist.

Read the record

Choose one answer per question using the facts above.

1. Which conflict needs review?

- A. The record supplies a verified date that Rosa disputes.
- B. The record says no known drug allergies, while Rosa reports a previous rash after an antibiotic.
- C. Two clinicians have confirmed opposite diagnoses.
- D. Rosa reports a current reaction to a named drug.

2. Which details remain unknown?

- A. Whether Rosa described a rash
- B. Whether the record contains an allergy entry
- C. Whether Mei contacted the medication-safety process
- D. The antibiotic name and exact date

3. The drug-name field is empty. Which entry preserves the available history without manufacturing certainty?

- A. Previous antibiotic allergy confirmed; drug identity to be entered later.
- B. No known drug allergies verified today because no drug can be named.
- C. Patient denies a previous reaction to any specifically identified antibiotic.
- D. Patient reports a past rash after an antibiotic; name and exact date not recalled.

[Answers and explanations, page 120](#)

B Vocabulary in use

CORE TERMS

allergy status

The documented position on a person's known or suspected allergies.

verify allergy status

adverse drug reaction

A harmful, unintended response to a medicine.

document an adverse drug reaction

hypersensitivity

A reproducible adverse response associated with exposure to a substance.

describe suspected hypersensitivity

suspected culprit

The medicine or substance thought possibly responsible.

identify the suspected culprit

brand name

A product name assigned by a manufacturer.

record the brand name

route of administration

The way a medicine enters the body.

verify the route of administration

drug allergy

A harmful immune-mediated response to a medicine.

assess a suspected drug allergy

intolerance

An unwanted response that is not necessarily an immune-mediated allergy.

clarify a reported intolerance

reaction history

The account of a previous response to a medicine or substance.

obtain a reaction history

generic name

The nonproprietary name of a medicine's active substance.

verify the generic name

formulation

The prepared form of a medicine, such as a tablet or liquid.

confirm the formulation

temporal association

A relationship in timing that does not alone prove causation.

describe a temporal association

Say it in context

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

allergy status ALLERGY STATUS

verify allergy status

Keep the meaning precise: The documented position on a person's known or suspected allergies.

reaction history REACTION HISTORY

obtain a reaction history

Keep the meaning precise: The account of a previous response to a medicine or substance.

B Precision and professional shorthand

EXTEND YOUR RANGE

medication reconciliation

Comparing medication information to identify and resolve differences.

complete medication reconciliation

discrepancy

A difference between two accounts or records.

escalate a discrepancy

corroborating record

Another reliable record that may support or clarify an account.

seek a corroborating record

no known drug allergies

A stated absence of known drug allergies, not a synonym for unknown.

verify a no-known-drug-allergies entry

contraindication

A circumstance making a treatment inappropriate under applicable clinical criteria.

check a contraindication

pharmacist review

Professional assessment of a medication-related question by a pharmacist.

obtain pharmacist review

medication administration record

The record used to document medicines administered.

check the medication administration record

patient account

Information reported by the person receiving care.

preserve the patient account

unable to ascertain

Not possible to establish from the available information.

document information as unable to ascertain

allergy alert

A visible notification drawing attention to relevant allergy information.

review an allergy alert

prescriber clarification

Information sought from the authorized prescribing professional.

request prescriber clarification

record reconciliation

Resolving documented differences through an authorized process.

track record reconciliation

Say it in context

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

temporal association TEMPORAL ASSOCIATION

describe a temporal association

Keep the meaning precise: A relationship in timing that does not alone prove causation.

corroborating record CORROBORATING RECORD

seek a corroborating record

Keep the meaning precise: Another reliable record that may support or clarify an account.

Phrases that move the work forward

State the discrepancy

The allergy field and the patient's account do not match.

Identify the unknown

She cannot recall the drug name or exact date.

Separate the timing

No current reaction has been reported in this scenario.

Preserve the report

Do not erase the patient's account to make the fields agree.

Ask specifically

What happened, when did it happen, and which medicine was involved?

Distinguish names

We need to verify the active substance, not assume from a remembered brand.

Explain the purpose

I am checking the difference so the team has accurate information.

Update appropriately

Record clarified information through the authorized documentation process.

Attribute the history

Rosa reports a rash after an antibiotic several years ago.

Avoid diagnosis

The cause of that historical reaction is not established.

Seek review

Please review this discrepancy through the medication-safety process.

Avoid false certainty

Unknown is not the same as no known allergies.

Check other records

Is there an appropriate prior record that could clarify the medicine?

Route the decision

The medication decision needs the appropriately authorized clinical review.

Confirm receipt

Please confirm who is reviewing the unresolved history.

Close the discrepancy

Keep the difference visible until the review actually resolves it.

Precision in real exchanges

Purpose: Avoid diagnosis

Useful wording: The cause of that historical reaction is not established.

Purpose: Separate the timing

Useful wording: No current reaction has been reported in this scenario.

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 message best supports review?

- A.** The record is complete because the patient cannot remember a date.
- B.** Rosa is currently having the same reaction.
- C.** The record says no known drug allergies; Rosa reports a past rash after an unnamed antibiotic.
- D.** Rosa has a confirmed allergy to every antibiotic.

2. Which inference is unsupported?

- A.** The record and patient account differ.
- B.** The rash was definitely caused by an immune-mediated drug allergy.
- C.** A historical rash was reported.
- D.** The exact drug is not recalled.

3. A colleague needs the term for this meaning: An unwanted response that is not necessarily an immune-mediated allergy. Which term fits?

- A.** brand name
- B.** intolerance
- C.** contraindication
- D.** discrepancy

D Choose the response that fits / continued

4. Rebuild the exchange from "The allergy field and the patient disagree". Mei: "The old entry looks definite. I was tempted to leave it alone because I cannot yet give you a complete alternative." Sam: [missing response] Mei: "She said the rash started after the antibiotic. Should my message say the drug caused it? That would be shorter." Which response belongs in the gap?

- A.** No. Report the temporal association. The sequence matters, but it does not establish the cause or tell us whether the response was allergic.
- B.** A corroborating record may help us identify the medicine. Use the appropriate access process; do not treat another incomplete record as definitive either.
- C.** We still need to review the allergy status. An incomplete new account can expose a problem with an apparently complete old record.
- D.** Correct. Verify the generic name and relevant product details through the review. Similar-sounding brands are not enough to establish what she took.

[Answers and explanations, page 120](#)

One useful distinction

A report of a rash after a medicine establishes a reported sequence, not a confirmed immune mechanism. Preserve the report and seek appropriate review. No known allergies and information not established are different statuses; do not substitute one for the other.

E Conversation

The allergy field and the patient disagree

The allergy field and the patient disagree

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

WORD AND PHRASE BANK

discrepancy / generic name / Record reconciliation / temporal association /
patient account / prescriber clarification / pharmacist review / corroborating record /
Unable to ascertain / allergy status

- 01 **Mei:** Sam, I have a conflict in Rosa's allergy history. The record says no known drug allergies; she remembers a rash after an antibiotic.
- 02 **Sam:** I have received the ¹ _____. Was she describing something happening now, or a previous episode? I will take the review.
- 03 **Mei:** A previous episode, several years ago. She has not reported a current reaction. She cannot remember the antibiotic or the exact date.
- 04 **Sam:** Keep those limits with the ² _____. We need her description, not a guessed drug name or a diagnosis added to fill the field.
- 05 **Mei:** The old entry looks definite. I was tempted to leave it alone because I cannot yet give you a complete alternative.
- 06 **Sam:** We still need to review the ³ _____. An incomplete new account can expose a problem with an apparently complete old record.
- 07 **Mei:** She said the rash started after the antibiotic. Should my message say the drug caused it? That would be shorter.
- 08 **Sam:** No. Report the ⁴ _____. The sequence matters, but it does not establish the cause or tell us whether the response was allergic.
- 09 **Mei:** I can ask whether she has a previous clinic letter. I will not suggest a familiar antibiotic and ask her to agree.
- 10 **Sam:** A ⁵ _____ may help us identify the medicine. Use the appropriate access process; do not treat another incomplete record as definitive either.

Conversation continues on the next page.

The allergy field and the patient disagree

CONVERSATION / CONTINUED

- 11 **Mei:** If a letter gives a brand, I will pass that on exactly. I should not translate it into a substance from memory.
- 12 **Sam:** Correct. Verify the ⁶ _____ and relevant product details through the review. Similar-sounding brands are not enough to establish what she took.
- 13 **Mei:** The screen wants a status before I move on. I cannot make the uncertainty disappear just because a completed field looks tidier.
- 14 **Sam:** ⁷ _____ is different from none known. Use our authorized documentation process and retain the reported rash and the details we cannot establish.
- 15 **Mei:** Is this now with you, or should I send the same request to another inbox? I want a clear owner rather than duplicate messages.
- 16 **Sam:** I am taking the ⁸ _____ and will coordinate any needed clinical clarification. This conversation does not settle a drug choice or administration decision.
- 17 **Mei:** If an order needs clarification, I need the actual response back. An unanswered message cannot tell us what the prescriber intended.
- 18 **Sam:** We will obtain ⁹ _____ through the appropriate route where needed. Keep the question and the response distinguishable in the record.
- 19 **Mei:** I will leave the discrepancy visible and document that you accepted the review. Please return the outcome, including anything that remains unresolved.
- 20 **Sam:** Agreed. ¹⁰ _____ follows the evidence we obtain. Receiving this request is not the same as having resolved Rosa's history.

CHECK THE GAPS

1. discrepancy / 2. patient account / 3. allergy status / 4. temporal association / 5. corroborating record / 6. generic name / 7. Unable to ascertain / 8. pharmacist review / 9. prescriber clarification / 10. Record reconciliation

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

F Check accuracy and scope

The allergy field and the patient disagree

Return to the case

In a simulation, the medication record says "no known drug allergies." Patient Rosa reports a rash after an antibiotic several years ago, but cannot recall the name or exact date. No current reaction is reported. Nurse Mei contacts pharmacist Sam through the local medication-safety process before the unresolved discrepancy is treated as settled. The available facts do not establish the cause of the historical rash or authorize a drug choice, dose, or administration decision.

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

1. What should happen to the unresolved information?

- A. Delete it because it is incomplete.
- B. Convert it to no known allergies without review.
- C. Mark it resolved because a message was sent.
- D. Keep it visible and route it for appropriate clinical clarification.

2. Which question seeks a useful missing detail without suggesting the answer?

- A. You meant stomach upset rather than a rash, correct?
- B. Do you remember the medicine's name or have a prior record we can appropriately check?
- C. It was definitely the same medicine as today's order, wasn't it?
- D. Can I assume the rash was unrelated?

[Answers and explanations, page 123](#)

Listen for the distinction

Swap roles. Stress the distinction between none known and unable to ascertain, without choosing a medication.

Make uncertainty specific

A patient may use allergy for several kinds of past experience. Listen without dismissing the account or confirming a diagnosis beyond the evidence. Explain what needs clarification and preserve the source of each detail so the next professional can assess it appropriately.

F Say it / transfer to a new case

Unknown does not mean absent

A patient remembers a previous reaction but cannot name the medicine. A new staff member proposes recording no known allergies solely because the name is unavailable.

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

clarification / report / unknown / absent

- 01 **Nurse:** The medicine name is ¹ _____.
- 02 **Colleague:** That does not prove the history is ² _____.
- 03 **Nurse:** Preserve the patient's ³ _____.
- 04 **Colleague:** Route the discrepancy for qualified ⁴ _____.

CHECK THE GAPS

1. unknown / 2. absent / 3. report / 4. clarification

[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 "The allergy field and the patient disagree". Mei: "The screen wants a status before I move on. I cannot make the uncertainty disappear just because a completed field looks tidier." Sam: [missing response] Mei: "Is this now with you, or should I send the same request to another inbox? I want a clear owner rather than duplicate messages." Which response belongs in the gap?

- A.** I am taking the pharmacist review and will coordinate any needed clinical clarification. This conversation does not settle a drug choice or administration decision.
- B.** No. Report the temporal association. The sequence matters, but it does not establish the cause or tell us whether the response was allergic.
- C.** Keep those limits with the patient account. We need her description, not a guessed drug name or a diagnosis added to fill the field.
- D.** Unable to ascertain is different from none known. Use our authorized documentation process and retain the reported rash and the details we cannot establish.

[Answers and explanations, page 124](#)

A Read the situation

LESSON 04 / PATIENT EDUCATION AND TEACH-BACK

Check understanding of supplied instructions, correct a misunderstanding without blame, and verify the corrected plan.

A nod hides the wrong day

In a role-play, nurse Leila reviews an approved discharge sheet with patient Victor. Its appointment section says Thursday at 10:30 a.m., reception B, and bring the current medication list. The printed clinic number is for appointment questions, not an emergency route. Victor nods, then says he will return Friday. Leila must check and clarify the supplied appointment details without adding medical instructions. Victor may use the sheet while explaining the plan in his own words.

People: Leila, Nurse; Victor, Patient.

Read the record

Choose one answer per question using the facts above.

1. Which appointment details are supplied?

- A. Thursday, 10:30 a.m., reception B
- B. Friday, 10:30 a.m., reception B
- C. Thursday, 3:30 p.m., reception A
- D. Friday, 3:30 p.m., reception A

2. What does Victor's Friday answer reveal?

- A. Deliberate refusal to attend
- B. A confirmed change to the appointment
- C. Proof that the written sheet is obsolete
- D. A misunderstanding that needs clarification

3. What is the printed clinic number for in this case?

- A. Confirmation that no clinical follow-up is needed
- B. Appointment questions
- C. Any emergency instead of the applicable emergency route
- D. Direct permission to change medication

[Answers and explanations, page 125](#)

B Vocabulary in use

CORE TERMS

teach-back

Asking a person to explain information in their own words to check the explanation.

use teach-back

health literacy

The ability to find, understand, and use health information and services.

support health literacy

discharge instructions

The approved information about the plan after leaving a care setting.

review discharge instructions

appointment window

A stated period for attending or arranging a visit.

clarify the appointment window

self-management

The person's role in carrying out an agreed care plan.

support self-management

language access

Arrangements enabling meaningful communication across language differences.

arrange language access

plain language

Familiar wording that communicates the intended meaning clearly.

explain in plain language

chunk and check

Giving small amounts of information and checking each part.

use chunk and check

follow-up appointment

A planned later visit to continue review or care.

confirm the follow-up appointment

medication list

A record of medicines the person is using.

bring a current medication list

caregiver involvement

Participation of a supporting person with appropriate permission.

confirm caregiver involvement

qualified interpreter

A person with appropriate interpreting competence for the setting.

request a qualified interpreter

Say it in context

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

teach-back **TEACH-BACK**

use teach-back

Keep the meaning precise: Asking a person to explain information in their own words to check the explanation.

follow-up appointment **FOLLOW-UP APPOINTMENT**

confirm the follow-up appointment

Keep the meaning precise: A planned later visit to continue review or care.

B Precision and professional shorthand

EXTEND YOUR RANGE

comprehension check

A focused check of what information has been understood.

make a comprehension check

rephrasing

Expressing the same meaning in different words.

try a clearer rephrasing

return demonstration

The learner showing a taught task back to the professional.

observe a return demonstration

contact pathway

The appropriate route for a particular question or concern.

clarify the contact pathway

written reinforcement

Printed or digital information supporting the spoken explanation.

provide written reinforcement

understanding verified

A status supported by an actual check of the relevant information.

document understanding verified

misunderstanding

A difference between the intended meaning and the received meaning.

clarify a misunderstanding

demonstration

Showing how a specified task is performed.

provide a demonstration

action step

A specific part of the agreed plan to carry out.

identify the next action step

access barrier

A practical difficulty affecting use of information or services.

identify an access barrier

nonjudgmental wording

Language that avoids blame or disparagement.

use nonjudgmental wording

education record

Documentation of information given and the person's demonstrated understanding.

update the education record

Say it in context

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

qualified interpreter **QUALIFIED INTERPRETER**

request a qualified interpreter

Keep the meaning precise: A person with appropriate interpreting competence for the setting.

return demonstration **RETURN DEMONSTRATION**

observe a return demonstration

Keep the meaning precise: The learner showing a taught task back to the professional.

Phrases that move the work forward

Invite the plan

In your own words, when and where will you return?

Correct one detail

The appointment is Thursday, not Friday.

Allow the reference

You can keep the sheet in front of you.

Check location

Which reception will you go to?

Check again

Let us go over that part once more.

Invite questions

What would you like me to explain more clearly?

Check practical access

Is there any difficulty reaching that reception at the agreed time?

Acknowledge the correction

Yes, that matches the appointment details on the sheet.

Take responsibility

I may not have made the day clear.

Point to the source

Let us look at the appointment line together.

Clarify the time

Ten thirty here means 10:30 in the morning.

Confirm what to bring

Please bring the current medication list shown on the sheet.

Avoid a memory test

I am checking my explanation, not testing your memory.

Separate contact purposes

This clinic number is for appointment questions.

Arrange language support

We can arrange appropriate language assistance.

Record accurately

Document the corrected plan you actually checked with the patient.

Precision in real exchanges

Purpose: Point to the source

Useful wording: Let us look at the appointment line together.

Purpose: Allow the reference

Useful wording: You can keep the sheet in front of 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. Which question checks the supplied information most effectively?

- A.** In your own words, when and where will you return, and what will you bring?
- B.** Do you understand everything?
- C.** You can read the sheet, can't you?
- D.** You will remember all of that, right?

2. Victor says Friday. Which response is best?

- A.** Friday is close enough to Thursday.
- B.** I will record understanding verified without asking again.
- C.** I may not have made the day clear; the sheet says Thursday. Let us check that part again.
- D.** You were nodding, so you must already know.

3. A colleague needs the term for this meaning: Giving small amounts of information and checking each part. Which term fits?

- A.** rephrasing
- B.** written reinforcement
- C.** self-management
- D.** chunk and check

D Choose the response that fits / continued

4. Rebuild the exchange from "A nod hides the wrong day". Leila: "I may not have made the day clear. It is Thursday, not Friday. Let us look at that line together so the spoken and written information match." Victor: [missing response] Leila: "You can keep looking at the sheet. To check that I explained it clearly, tell me which day and reception you will come to." Which response belongs in the gap?

- A.** I nodded because I was following most of it, but there were several details together. Could you go through the appointment part once more?
- B.** I will come on Thursday at ten thirty in the morning. I will go to reception B, rather than the desk where I first arrived today.
- C.** Yes, I see Thursday now. I connected it with a different appointment on Friday. Having the sheet in front of me helps with that detail.
- D.** So I should not use the appointment number as a substitute for urgent help. Its stated purpose is appointment questions, not every possible concern after leaving.

[Answers and explanations, page 125](#)

One useful distinction

Teach-back checks how clearly information was explained. It is not a memory test or a request to repeat every word exactly. A person may consult the approved sheet while describing the plan. A yes answer alone does not verify understanding.

E Conversation

A nod hides the wrong day

A nod hides the wrong day

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

WORD AND PHRASE BANK

reception B / location / appointment questions / detail / plan / contact / medication list
/ access barrier / current / appointment

- 01 **Leila:** We have reached the appointment section on your discharge sheet. Before we finish, I would like to check that I have explained those details clearly.
- 02 **Victor:** I nodded because I was following most of it, but there were several details together. Could you go through the ¹ _____ part once more?
- 03 **Leila:** Of course. The sheet says Thursday at ten thirty in the morning, at reception B. It also says to bring your current medication list.
- 04 **Victor:** I think I have it. I will return Friday at ten thirty and go to reception B with my ² _____.
- 05 **Leila:** I may not have made the day clear. It is Thursday, not Friday. Let us look at that line together so the spoken and written information match.
- 06 **Victor:** Yes, I see Thursday now. I connected it with a different appointment on Friday. Having the sheet in front of me helps with that ³ _____.
- 07 **Leila:** You can keep looking at the sheet. To check that I explained it clearly, tell me which day and reception you will come to.
- 08 **Victor:** I will come on Thursday at ten thirty in the morning. I will go to ⁴ _____, rather than the desk where I first arrived today.
- 09 **Leila:** Yes, that matches the sheet. What will you bring with you for the appointment? You can look at the same line while you explain it.
- 10 **Victor:** I will bring my ⁵ _____ medication list. I have an older printed list at home, so I should not assume that old copy describes everything accurately now.

Conversation continues on the next page.

A nod hides the wrong day

CONVERSATION / CONTINUED

- 11 **Leila:** The instruction is to bring the current list. If you need help clarifying what you have, use the appropriate team contact rather than guess about medication changes.
- 12 **Victor:** Understood. I also see a clinic number. Is that the ⁶ _____ for questions about this appointment, such as finding reception B?
- 13 **Leila:** Yes, that is the purpose identified in this section. It is not a replacement for the appropriate urgent clinical route if an urgent concern arises.
- 14 **Victor:** So I should not use the appointment number as a substitute for urgent help. Its stated purpose is ⁷ _____, not every possible concern after leaving.
- 15 **Leila:** Correct. Returning to this visit, is there any practical difficulty reaching reception B at the time shown? I can help clarify the location information available here.
- 16 **Victor:** I was not sure whether B meant the building or the desk. Could you explain the ⁸ _____ on the clinic map rather than assume I know this site?
- 17 **Leila:** Let us check the current clinic map together. I would rather confirm the route now than send you toward the wrong reception from memory.
- 18 **Victor:** Thank you. That would remove an ⁹ _____ for me. The day is now clear, and the next thing I need is the exact way to that reception.
- 19 **Leila:** We will clarify that together. Then I will record the appointment details we checked, rather than write a broad statement that every discharge instruction is understood.
- 20 **Victor:** Let me give the ¹⁰ _____ once more: Thursday, ten thirty in the morning, reception B, with my current medication list. We will check the map before I leave.

CHECK THE GAPS

1. appointment / 2. medication list / 3. detail / 4. reception B / 5. current / 6. contact / 7. appointment questions / 8. location / 9. access barrier / 10. plan

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

F Check accuracy and scope

A nod hides the wrong day

Return to the case

In a role-play, nurse Leila reviews an approved discharge sheet with patient Victor. Its appointment section says Thursday at 10:30 a.m., reception B, and bring the current medication list. The printed clinic number is for appointment questions, not an emergency route. Victor nods, then says he will return Friday. Leila must check and clarify the supplied appointment details without adding medical instructions. Victor may use the sheet while explaining the plan in his own words.

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

1. Victor correctly explains Thursday, 10:30 a.m., reception B and the current medication list. Which entry matches the check?

- A. The appointment number was verified as the contact for all concerns after discharge.
- B. Those appointment details were checked through teach-back; remaining discharge information was not tested here.
- C. All discharge instructions were understood because the appointment details were correct.
- D. Appointment attendance is confirmed because the day and time were correctly repeated.

2. Victor asks whether the clinic number replaces urgent care routes. What preserves the brief?

- A. It proves no urgent concern can occur.
- B. It authorizes changing treatment without review.
- C. No; its stated purpose here is appointment questions, and urgent concerns use the appropriate clinical route.
- D. Yes, every number on a discharge sheet serves every purpose.

[Answers and explanations, page 127](#)

Listen for the distinction

Swap roles and use the appointment sheet. Repeat the current-list instruction and the limited purpose of the clinic number.

A nod is not a completed check

Nodding may show attention, politeness, or a wish not to interrupt. Invite the patient to describe the plan without making the exchange sound like an examination. Take responsibility for an unclear explanation and check the corrected detail again.

F Say it / transfer to a new case

Correct the location, then check it

An approved appointment note says Tuesday at 2 p.m., reception C. A patient correctly repeats the day and time but says reception A. The nurse clarifies only the location.

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

words / C / afternoon / location

- 01 **Nurse:** The day and time match; let us clarify the ¹ _____.
- 02 **Patient:** The note says reception ² _____.
- 03 **Nurse:** Please explain that corrected detail in your own ³ _____.
- 04 **Patient:** I will use reception C on Tuesday at two in the ⁴ _____.

CHECK THE GAPS

1. location / 2. C / 3. words / 4. afternoon

[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 nod hides the wrong day". Leila: "Yes, that is the purpose identified in this section. It is not a replacement for the appropriate urgent clinical route if an urgent concern arises." Victor: [missing response] Leila: "Correct. Returning to this visit, is there any practical difficulty reaching reception B at the time shown? I can help clarify the location information available here." Which response belongs in the gap?

- A. I will bring my current medication list. I have an older printed list at home, so I should not assume that old copy describes everything accurately now.
- B. So I should not use the appointment number as a substitute for urgent help. Its stated purpose is appointment questions, not every possible concern after leaving.
- C. Yes, I see Thursday now. I connected it with a different appointment on Friday. Having the sheet in front of me helps with that detail.
- D. I will come on Thursday at ten thirty in the morning. I will go to reception B, rather than the desk where I first arrived today.

[Answers and explanations, page 129](#)

Review 2 / Meaning and context

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

Case file

Revisit "Medication Safety and Allergy Clarification" and "Patient Education and Teach-Back". 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: A harmful, unintended response to a medicine. Which term fits?

- A. medication administration record
- B. allergy alert
- C. generic name
- D. adverse drug reaction

2. A colleague needs the term for this meaning: A record of medicines the person is using. Which term fits?

- A. comprehension check
- B. medication list
- C. teach-back
- D. contact pathway

3. Rebuild the exchange from "A change needs a clear request". Priya: "Thank you. I will communicate any further change through the response already underway. I will not delay that process while trying to produce a perfectly worded summary." Dan: [missing response] Priya: "If a request is not acknowledged, I should not assume that pressing send means the receiving person has accepted responsibility for responding." Which response belongs in the gap?

- A. Maintain situational awareness across the team. Everyone involved needs the present concern and response status, not just the reassuring language of an older entry.
- B. State that clinical uncertainty explicitly. Not knowing the cause does not reduce the importance of reporting the change or obtaining the appropriate assessment.
- C. The escalation record should reflect that sequence. Documenting a request for assessment and documenting the completed assessment are different entries about different events.
- D. Your comparison identifies a change from baseline. The earlier entry provides context, but it cannot substitute for assessment of what is happening now.

Review 2 / Meaning and context / continued

4. Rebuild the exchange from "A nod hides the wrong day". Leila: "Let us check the current clinic map together. I would rather confirm the route now than send you toward the wrong reception from memory." Victor: [missing response] Leila: "We will clarify that together. Then I will record the appointment details we checked, rather than write a broad statement that every discharge instruction is understood." Which response belongs in the gap?

- A.** I was not sure whether B meant the building or the desk. Could you explain the location on the clinic map rather than assume I know this site?
- B.** Thank you. That would remove an access barrier for me. The day is now clear, and the next thing I need is the exact way to that reception.
- C.** Let me give the plan once more: Thursday, ten thirty in the morning, reception B, with my current medication list. We will check the map before I leave.
- D.** I will bring my current medication list. I have an older printed list at home, so I should not assume that old copy describes everything accurately now.

[Answers and explanations, page 153](#)

A Read the situation

LESSON 05 / INTERPROFESSIONAL ROUNDS

Present a functional finding, challenge an overbroad discharge summary, and agree on the next professional review.

Walking the corridor is not testing the stairs

During simulated rounds, nurse Omar sees a proposed noon discharge and a note saying "mobilizing well." Physiotherapist Eva reports a 40-meter corridor walk with a wheeled walker and supervision. Stairs were not assessed. The stated home access includes 12 steps and no elevator. Eva has not cleared stair use or independent mobility. The team needs the specific finding and unresolved access question; the language exercise does not decide fitness for discharge or prescribe a mobility technique.

People: Omar, Nurse; Eva, Physiotherapist.

Read the record

Choose one answer per question using the facts above.

1. What was actually assessed?

- A. Independent stair climbing
- B. Twelve steps without equipment
- C. All activities required at home
- D. A 40-meter corridor walk with a wheeled walker and supervision

2. What remains unresolved?

- A. Whether the home has any steps
- B. Whether a corridor walk occurred
- C. Whether the proposed time is noon
- D. Stair access to the stated home setting

3. What is the team's immediate communication need?

- A. Removal of the supervision condition to shorten the note
- B. A precise finding and a clear unresolved question for the appropriate review
- C. A guarantee that noon discharge is safe
- D. A mobility technique invented from the dialogue

[Answers and explanations, page 130](#)

B Vocabulary in use

CORE TERMS

interprofessional rounds

A care discussion involving professionals from different disciplines.

contribute to interprofessional rounds

ambulation

Walking or moving about on foot.

describe observed ambulation

mobility aid

Equipment used to support movement.

specify the mobility aid

supervision

Oversight without assuming the same meaning as physical assistance.

document required supervision

independent mobility

Movement without another person's assistance or supervision for the stated task.

verify independent mobility

stair negotiation

Managing ascent or descent of steps.

assess stair negotiation

functional assessment

Evaluation of how a person performs relevant practical tasks.

report a functional assessment

gait

The pattern of walking.

assess gait

wheeled walker

A walking support with wheels.

use a wheeled walker

physical assistance

Hands-on help provided during a task.

specify physical assistance

transfer ability

Capacity to move between positions or surfaces.

assess transfer ability

activity tolerance

Capacity to sustain a specified activity.

describe activity tolerance

Say it in context

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

interprofessional rounds INTERPROFESSIONAL ROUNDS

contribute to interprofessional rounds

Keep the meaning precise: A care discussion involving professionals from different disciplines.

wheeled walker WHEELED WALKER

use a wheeled walker

Keep the meaning precise: A walking support with wheels.

B Precision and professional shorthand

EXTEND YOUR RANGE

home environment

The physical and practical conditions in the person's home setting.

assess the home environment

discharge readiness

Whether relevant conditions for leaving the care setting have been met.

review discharge readiness

equipment provision

Arranging necessary equipment through the appropriate process.

verify equipment provision

unassessed task

A relevant activity not yet evaluated.

identify an unassessed task

shared goal

An agreed outcome supported by the care team and patient.

establish a shared goal

therapy recommendation

Advice from the relevant therapy assessment.

clarify the therapy recommendation

access requirement

A condition that must be met to enter or use a setting.

clarify access requirements

discharge destination

The setting to which a person is expected to leave.

confirm the discharge destination

functional limitation

A restriction in performing a specified task.

describe a functional limitation

discipline-specific finding

An observation within a professional field's assessment.

share discipline-specific findings

discharge barrier

An unresolved issue relevant to a proposed departure.

communicate a discharge barrier

team decision

A conclusion reached through the appropriate care-team process.

record the team decision

Say it in context

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

activity tolerance ACTIVITY TOLERANCE

describe activity tolerance

Keep the meaning precise: Capacity to sustain a specified activity.

equipment provision EQUIPMENT PROVISION

verify equipment provision

Keep the meaning precise: Arranging necessary equipment through the appropriate process.

Phrases that move the work forward

State the finding

Eva observed a 40-meter corridor walk.

Name the gap

Stairs have not been assessed.

Challenge the summary

Mobilizing well is too broad for the finding we have.

Avoid a false positive

Corridor performance does not establish stair safety.

Separate timing from readiness

Noon is a proposed time, not evidence that the conditions are met.

State a shared goal

We want a workable plan that reflects the actual home setting.

Make the concern specific

My concern is the unassessed task required at the destination.

Clarify the record

Record the observed task separately from the outstanding assessment.

Include the conditions

The walk used a wheeled walker and required supervision.

Clarify the home

The stated home access has twelve steps and no elevator.

Avoid a false negative

Not assessed does not mean unable.

Preserve professional scope

The relevant qualified team must review the discharge implications.

Invite the next review

What assessment is needed to address the stair-access question?

Check equipment

Confirm the equipment arrangements rather than assume they are complete.

Prevent overstatement

Please retain the supervision condition in the summary.

Close rounds accurately

The discharge decision remains with the appropriate clinical process.

Precision in real exchanges

Purpose: Clarify the home

Useful wording: The stated home access has twelve steps and no elevator.

Purpose: Challenge the summary

Useful wording: Mobilizing well is too broad for the finding we have.

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 summary is most accurate?

- A.** Unable to climb stairs, as demonstrated today.
- B.** Cleared for twelve steps because the corridor distance was longer.
- C.** Walked 40 meters with a wheeled walker and supervision; stairs not assessed.
- D.** Independently mobile in all home activities.

2. Why does the home information matter?

- A.** An elevator was confirmed available.
- B.** Home access never affects discharge planning.
- C.** The destination requires a task that the corridor assessment did not establish.
- D.** Twelve steps are always equivalent to forty meters of walking.

3. A colleague needs the term for this meaning: The pattern of walking. Which term fits?

- A.** independent mobility
- B.** discharge readiness
- C.** gait
- D.** shared goal

D Choose the response that fits / continued

4. Rebuild the exchange from "Walking the corridor is not testing the stairs". Omar: "The home information says twelve steps and no elevator. That seems different from the task you observed in the corridor." Eva: [missing response] Omar: "Should I write unable to manage stairs so the issue stays visible? I do not want a short note to hide it." Which response belongs in the gap?

- A.** Yes, stair negotiation remains unresolved for that destination. Do not convert the corridor result into clearance for the steps at home.
- B.** My functional assessment was a forty-meter corridor walk with a wheeled walker and supervision. I did not assess stairs.
- C.** Write that it is an unassessed task. Unable would claim a finding I do not have; safe would make the opposite unsupported claim.
- D.** Please keep supervision in the summary. Forty meters tells the team how far, but not whether another person was needed.

[Answers and explanations, page 130](#)

One useful distinction

A distance alone does not describe functional performance. Include the aid, assistance or supervision, setting, and assessed task. A corridor walk does not establish stair ability. Not assessed is different from assessed and unable; preserve that distinction.

Conversation

Walking the corridor is not testing the stairs

Walking the corridor is not testing the stairs

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

WORD AND PHRASE BANK

functional assessment / home environment / discharge destination / stair negotiation /
unassessed task / supervision / equipment provision / discharge readiness / team decision
/ shared goal

- 01 **Omar:** The discharge board says noon, and the rounds note says mobilizing well. Can I repeat that, or does it leave something important out?
- 02 **Eva:** My ¹ _____ was a forty-meter corridor walk with a wheeled walker and supervision. I did not assess stairs.
- 03 **Omar:** Then independently mobile is not accurate. I had read the distance and missed the support level when I scanned the note.
- 04 **Eva:** Please keep ² _____ in the summary. Forty meters tells the team how far, but not whether another person was needed.
- 05 **Omar:** The home information says twelve steps and no elevator. That seems different from the task you observed in the corridor.
- 06 **Eva:** Yes. ³ _____ remains unresolved for that destination. Do not convert the corridor result into clearance for the steps at home.
- 07 **Omar:** Should I write unable to manage stairs so the issue stays visible? I do not want a short note to hide it.
- 08 **Eva:** Write that it is an ⁴ _____. Unable would claim a finding I do not have; safe would make the opposite unsupported claim.
- 09 **Omar:** Understood. The lack of an elevator matters because those steps are part of getting home, not an optional activity on a checklist.
- 10 **Eva:** The ⁵ _____ is the practical context. We need the appropriate review of that access question before this is presented as a settled plan.

Conversation continues on the next page.

Walking the corridor is not testing the stairs

CONVERSATION / CONTINUED

- 11 **Omar:** Do we at least know the walker is arranged? Using one here does not tell me whether the equipment arrangements at the destination are complete.
- 12 **Eva:** ⁶ _____ needs its own confirmation. My assessment note says what we used during the walk, not that the destination arrangements are finished.
- 13 **Omar:** The coordinator is asking for an answer before noon. I can give a concise status, but I cannot turn that deadline into a clinical finding.
- 14 **Eva:** Exactly. The question is ⁷ _____, not whether the board has a departure time. Give the finding, its conditions, and the unresolved stair issue.
- 15 **Omar:** Let me try: forty meters, wheeled walker, supervision; stairs not assessed; twelve steps at home, no elevator. That access question needs qualified review.
- 16 **Eva:** That is accurate and supports our ⁸ _____: a workable plan for this person. It does not set nursing and therapy against each other.
- 17 **Omar:** If the team proposes somewhere else, I will confirm the actual arrangement. I will not assume a different building solves every support question.
- 18 **Eva:** Yes. Verify the ⁹ _____ and the findings relevant to it. A proposal is not a confirmed change in where the patient will go.
- 19 **Omar:** I will take that summary to rounds. Noon remains proposed, and I will not describe the stair task as either passed or failed.
- 20 **Eva:** Record the eventual ¹⁰ _____ and its conditions through the appropriate process. Until then, keep the observed walk separate from the open access question.

CHECK THE GAPS

1. functional assessment / 2. supervision / 3. stair negotiation / 4. unassessed task / 5. home environment / 6. equipment provision / 7. discharge readiness / 8. shared goal / 9. discharge destination / 10. team decision

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

F Check accuracy and scope

Walking the corridor is not testing the stairs

Return to the case

During simulated rounds, nurse Omar sees a proposed noon discharge and a note saying "mobilizing well." Physiotherapist Eva reports a 40-meter corridor walk with a wheeled walker and supervision. Stairs were not assessed. The stated home access includes 12 steps and no elevator. Eva has not cleared stair use or independent mobility. The team needs the specific finding and unresolved access question; the language exercise does not decide fitness for discharge or prescribe a mobility technique.

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

1. How should Omar respond to pressure for a noon summary?

- A. Treat the proposed time as the assessment result.
- B. Report the specific assessment and unresolved stair question for the qualified team.
- C. Remove supervision to make the note more decisive.
- D. Convert not assessed to safe.

2. Which concise rounds entry changes missing evidence into a finding that was not made?

- A. Stair use unsuccessful; corridor walk completed with supervision and a walker.
- B. Stairs unassessed; corridor walk completed with supervision and a walker.
- C. Corridor walk assessed; twelve-step home access remains an open question.
- D. Noon proposed; qualified review of home stair access remains outstanding.

[Answers and explanations, page 133](#)

Listen for the distinction

Swap roles. Emphasize stairs not assessed and noon proposed; do not turn either into discharge clearance.

Disagree with the inference, not the profession

Different disciplines bring different observations to rounds. A functional concern is not automatically an objection to efficient discharge planning. Name the assessed task, the conditions, and the unassessed task so the team can decide from a shared picture rather than a vague label.

F Say it / transfer to a new case

Measured distance, untested task

A therapist observes a 25-meter indoor walk with assistance. Outdoor uneven ground has not been assessed. A summary incorrectly calls the person independent outdoors.

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

indoors / unassessed / assistance / independence

- 01 **Therapist:** The observed walk was ¹ _____.
- 02 **Nurse:** It required ² _____.
- 03 **Therapist:** Uneven outdoor ground is ³ _____.
- 04 **Nurse:** The summary must not claim outdoor ⁴ _____.

CHECK THE GAPS

1. indoors / 2. assistance / 3. unassessed / 4. independence

[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 "Walking the corridor is not testing the stairs". Omar: "The coordinator is asking for an answer before noon. I can give a concise status, but I cannot turn that deadline into a clinical finding." Eva: [missing response] Omar: "Let me try: forty meters, wheeled walker, supervision; stairs not assessed; twelve steps at home, no elevator. That access question needs qualified review." Which response belongs in the gap?

- A.** That is accurate and supports our shared goal: a workable plan for this person. It does not set nursing and therapy against each other.
- B.** Exactly. The question is discharge readiness, not whether the board has a departure time. Give the finding, its conditions, and the unresolved stair issue.
- C.** The home environment is the practical context. We need the appropriate review of that access question before this is presented as a settled plan.
- D.** Yes. Verify the discharge destination and the findings relevant to it. A proposal is not a confirmed change in where the patient will go.

[Answers and explanations, page 134](#)

A Read the situation

LESSON 06 / DOCUMENTATION AND CHARTING

Select an objective, attributed clinical note and distinguish event time, entry time, and a later correction.

Replace the label with the observable facts

In a documentation simulation, nurse Elena drafts "Patient difficult and refusing all care." At 2:20 p.m., the patient said, "I want to rest before washing." Elena offered to return at 3 p.m.; the patient agreed. No other care was discussed. Elena enters the note at 2:45 p.m. Supervisor Chris reviews its wording. No capacity assessment, diagnosis, or explanation beyond the quoted request is supplied.

People: Elena, Nurse; Chris, Supervisor.

Read the record

Choose one answer per question using the facts above.

1. What did the patient actually request?

- A. A confirmed change in diagnosis
- B. Rest before washing
- C. Refusal of every type of care
- D. Permanent cancellation of all support

2. Which times need to be distinguished?

- A. Event at 2:45 p.m. and entry at 2:20 p.m.
- B. Only the computer's current date
- C. Event at 2:20 p.m. and entry at 2:45 p.m.
- D. Event and entry both at 3 p.m.

3. What was agreed?

- A. The patient had already washed at 3 p.m.
- B. No further contact would occur
- C. Every future care offer would be declined
- D. Elena would return at 3 p.m.

[Answers and explanations, page 135](#)

B Vocabulary in use

CORE TERMS

objective documentation

Recording observable or verifiable information without unsupported judgment.

use objective documentation

direct quotation

The person's exact words identified as a quote.

include a relevant direct quotation

clinical inference

A professional interpretation distinguished from the underlying facts.

separate clinical inference from observation

entry time

The time the documentation is entered.

preserve the entry time

addendum

Additional information appended to an existing record.

make an authorized addendum

audit trail

A record showing relevant entries, changes, authors, and times.

preserve the audit trail

subjective report

Information about an experience described by the person.

attribute a subjective report

behavioral description

A factual account of what a person said or did.

provide a behavioral description

event time

The time the described action or observation occurred.

record the event time

late entry

A later record of an earlier event, identified according to local procedure.

identify a late entry

amendment

A documented correction or change made through the approved process.

request an amendment

record integrity

The reliability and traceability of documented information.

protect record integrity

Say it in context

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

objective documentation OBJECTIVE DOCUMENTATION

use objective documentation

Keep the meaning precise: Recording observable or verifiable information without unsupported judgment.

event time EVENT TIME

record the event time

Keep the meaning precise: The time the described action or observation occurred.

B Precision and professional shorthand

EXTEND YOUR RANGE

copy-forward

Reusing earlier text in a later record.

verify copy-forward content

autopopulated field

A field filled automatically from another source.

verify autopopulated fields

contemporaneous note

Documentation made at or close to the relevant event.

make a contemporaneous note

care declined

A specific offered action that the person did not accept.

specify the care declined

capacity assessment

A qualified assessment of decision-making ability under applicable criteria.

document a capacity assessment accurately

approved abbreviation

A shortened form permitted and understood in the local documentation system.

use approved abbreviations

template text

Preset wording inserted into a record.

review template text

author attribution

Identification of the person responsible for an entry.

maintain author attribution

factual correction

A change that corrects an inaccurate statement.

document a factual correction

agreed follow-up

The next contact or action actually agreed with the person.

record agreed follow-up

informed refusal

Declining an intervention after the relevant information and process.

distinguish an informed refusal

documentation scope

The limits of what an entry can support from the available evidence.

keep within documentation scope

Say it in context

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

record integrity **RECORD INTEGRITY**

protect record integrity

Keep the meaning precise: The reliability and traceability of documented information.

contemporaneous note **CONTEMPORANEOUS NOTE**

make a contemporaneous note

Keep the meaning precise: Documentation made at or close to the relevant event.

Phrases that move the work forward

Replace the label

Describe what was said and what you observed.

Limit the claim

No other care was discussed in this interaction.

Record agreement

The patient agreed to that return time.

Avoid an inferred motive

The record does not establish why the patient wanted to rest beyond the stated request.

Check copied wording

That phrase came from an earlier note and needs verification.

Correct transparently

Use the approved amendment process rather than conceal the earlier entry.

Use relevant detail

Include the facts needed for the next person's follow-up.

Check the final note

Does every statement have a source in the supplied facts?

Attribute the words

The patient said, "I want to rest before washing."

Record the offer

I offered to return at 3 p.m.

Separate the times

The event occurred at 2:20; this entry is being made at 2:45.

Keep plans prospective

A planned return is not a completed visit.

Preserve the author

Attribute the entry to the person making it.

Avoid overreach

This interaction does not establish a capacity assessment.

Clarify an abbreviation

Use the approved term where a shortened form could be misunderstood.

Close accurately

Record the later return only after its actual outcome is known.

Precision in real exchanges

Purpose: Record the offer

Useful wording: I offered to return at 3 p.m.

Purpose: Record agreement

Useful wording: The patient agreed to that return time.

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 replacement note best matches the event?

- A.** At 2:20, patient said, "I want to rest before washing." Return at 3 offered and agreed.
- B.** Patient refused all clinical care throughout the day.
- C.** Patient lacked capacity because washing was postponed.
- D.** Patient was uncooperative for reasons not recorded.

2. Which claim is not supported?

- A.** The entry was made after the event.
- B.** The patient refused every type of care.
- C.** The patient requested rest before washing.
- D.** Elena offered to return at three.

3. A colleague needs the term for this meaning: A factual account of what a person said or did. Which term fits?

- A.** addendum
- B.** behavioral description
- C.** autopopulated field
- D.** capacity assessment

D Choose the response that fits / continued

4. Rebuild the exchange from "Replace the label with the observable facts". Elena: "No other care was discussed. I should not make the note broader just because the original template gave me a short phrase about noncompliance." Chris: [missing response] Elena: "I am entering the note at two forty-five. The conversation happened at two twenty, so those times describe different things even though they are close together." Which response belongs in the gap?

- A.** Good. Objective documentation can remain respectful without losing detail. The next clinician should understand the specific request and follow-up, rather than inherit a label about the patient.
- B.** Preserve the audit trail in the appropriate system. Transparent correction helps a later reader understand what was changed and why the current wording is more accurate.
- C.** Follow the authorized amendment process if a saved entry needs correction. Keep the change traceable and do not obscure the original entry or its author.
- D.** Correct. Review the template text rather than let it determine the event. A convenient field does not justify recording something that the interaction did not establish.

[Answers and explanations, page 135](#)

One useful distinction

The quoted request supports a preference about timing, not refusal of all care or a capacity finding. Record the offered return and the agreement. Do not document a planned action as completed before it occurs.

E Conversation

Replace the label with the observable facts

Replace the label with the observable facts

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

WORD AND PHRASE BANK

template text / Objective documentation / event time / amendment /
documentation scope / audit trail / agreed follow-up / direct quotation / clinical inference
/ behavioral description

- 01 **Elena:** My draft says the patient was difficult and refusing all care. Reading it back, I can see that it does not explain what happened during the interaction.
- 02 **Chris:** Start with a ¹ _____. What did the patient actually say, what did you offer, and which part of care was discussed?
- 03 **Elena:** At two twenty, the patient said, "I want to rest before washing." I offered to return at three, and the patient agreed to that time.
- 04 **Chris:** That ² _____ is useful because it states the request precisely. It does not support a claim that every kind of care was refused.
- 05 **Elena:** No other care was discussed. I should not make the note broader just because the original template gave me a short phrase about noncompliance.
- 06 **Chris:** Correct. Review the ³ _____ rather than let it determine the event. A convenient field does not justify recording something that the interaction did not establish.
- 07 **Elena:** I am entering the note at two forty-five. The conversation happened at two twenty, so those times describe different things even though they are close together.
- 08 **Chris:** Preserve the ⁴ _____ and the actual entry time according to our documentation procedure. Do not make the entry appear to have been written earlier than it was.
- 09 **Elena:** I also wrote that I returned at three, but that is still in the future. I meant that I had arranged to return then.
- 10 **Chris:** Record it as ⁵ _____. The patient agreed to your offer, but the outcome of that future visit cannot be documented as complete now.

Conversation continues on the next page.

Replace the label with the observable facts

CONVERSATION / CONTINUED

- 11 **Elena:** I was going to write anxious as the reason. But the patient only asked to rest. Should I leave out that interpretation unless I can support it?
- 12 **Chris:** Only add a supported ⁶ _____ within your role, clearly distinguished from the facts. The account supports a request for rest, not an established finding of anxiety or another explanation.
- 13 **Elena:** The phrase refusing all care may already have been saved in the draft record. I should check its status rather than silently assume nobody could have seen it.
- 14 **Chris:** Follow the authorized ⁷ _____ process if a saved entry needs correction. Keep the change traceable and do not obscure the original entry or its author.
- 15 **Elena:** So I should not delete the history merely to make the final record look as though the inaccurate wording never existed.
- 16 **Chris:** Preserve the ⁸ _____ in the appropriate system. Transparent correction helps a later reader understand what was changed and why the current wording is more accurate.
- 17 **Elena:** The final note can state the quotation, the offer to return, and the agreement. It should not imply a formal decision about capacity or informed refusal.
- 18 **Chris:** That respects the ⁹ _____. Those are distinct clinical and procedural matters, and the facts here do not establish that either assessment occurred.
- 19 **Elena:** I will record the request and agreed return time now. After the visit at three, I can document what happened rather than writing the outcome ahead.
- 20 **Chris:** Good. ¹⁰ _____ can remain respectful without losing detail. The next clinician should understand the specific request and follow-up, rather than inherit a label about the patient.

CHECK THE GAPS

1. behavioral description / 2. direct quotation / 3. template text / 4. event time / 5. agreed follow-up / 6. clinical inference / 7. amendment / 8. audit trail / 9. documentation scope / 10. Objective documentation

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

F Check accuracy and scope

Replace the label with the observable facts

Return to the case

In a documentation simulation, nurse Elena drafts "Patient difficult and refusing all care." At 2:20 p.m., the patient said, "I want to rest before washing." Elena offered to return at 3 p.m.; the patient agreed. No other care was discussed. Elena enters the note at 2:45 p.m. Supervisor Chris reviews its wording. No capacity assessment, diagnosis, or explanation beyond the quoted request is supplied.

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

1. How should the two times be handled?

- A. Change the entry time to make it appear contemporaneous.
- B. Omit the event time and assume readers will infer it.
- C. Record the event at three because that was the planned return.
- D. Identify the event time and preserve the actual entry time under local procedure.

2. At 2:45, which entry preserves both the earlier event and the future plan?

- A. At 2:20 the patient requested rest before washing; return at 3 was offered and agreed.
- B. At 2:45 the patient requested rest; the 3 p.m. visit was completed as planned.
- C. At 2:20 the patient declined all care; the record was entered at the event time.
- D. At 3 the patient agreed to rest before washing; the note was completed at 2:45.

[Answers and explanations, page 138](#)

Listen for the distinction

Swap roles. Replace the broad label with the supplied quotation, offer, and agreement; do not invent the later outcome.

A useful note can be both precise and respectful

Labels may feel efficient, but they can hide the event that the next clinician needs to understand. Record observable behavior, attributed words, relevant actions, and timing. Neutral wording does not require deleting a difficult interaction; it requires describing it accurately.

F Say it / transfer to a new case

A plan entered as an event

At 11 a.m., a note says "Education completed at noon." The only supplied fact is an agreement to return at noon for education. The noon visit has not occurred.

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

future / process / outcome / planned

- 01 **Reviewer:** Noon is still in the ¹ _____.
- 02 **Author:** The visit is ² _____, not completed.
- 03 **Reviewer:** Correct the statement through the approved ³ _____.
- 04 **Author:** The later entry must reflect the actual ⁴ _____.

CHECK THE GAPS

1. future / 2. planned / 3. process / 4. outcome

[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 "Replace the label with the observable facts". Elena: "The phrase refusing all care may already have been saved in the draft record. I should check its status rather than silently assume nobody could have seen it." Chris: [missing response] Elena: "So I should not delete the history merely to make the final record look as though the inaccurate wording never existed." Which response belongs in the gap?

- A.** Record it as agreed follow-up. The patient agreed to your offer, but the outcome of that future visit cannot be documented as complete now.
- B.** Correct. Review the template text rather than let it determine the event. A convenient field does not justify recording something that the interaction did not establish.
- C.** Follow the authorized amendment process if a saved entry needs correction. Keep the change traceable and do not obscure the original entry or its author.
- D.** That direct quotation is useful because it states the request precisely. It does not support a claim that every kind of care was refused.

[Answers and explanations, page 139](#)

Review 3 / Meaning and context

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

Case file

Revisit "Interprofessional Rounds" and "Documentation and Charting". 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: Walking or moving about on foot. Which term fits?

- A. discipline-specific finding
- B. ambulation
- C. access requirement
- D. physical assistance

2. A colleague needs the term for this meaning: A later record of an earlier event, identified according to local procedure. Which term fits?

- A. late entry
- B. care declined
- C. copy-forward
- D. objective documentation

3. Rebuild the exchange from "A nod hides the wrong day". Leila: "Yes, that matches the sheet. What will you bring with you for the appointment? You can look at the same line while you explain it." Victor: [missing response] Leila: "The instruction is to bring the current list. If you need help clarifying what you have, use the appropriate team contact rather than guess about medication changes." Which response belongs in the gap?

- A. I was not sure whether B meant the building or the desk. Could you explain the location on the clinic map rather than assume I know this site?
- B. So I should not use the appointment number as a substitute for urgent help. Its stated purpose is appointment questions, not every possible concern after leaving.
- C. I will bring my current medication list. I have an older printed list at home, so I should not assume that old copy describes everything accurately now.
- D. I will come on Thursday at ten thirty in the morning. I will go to reception B, rather than the desk where I first arrived today.

Review 3 / Meaning and context / continued

4. Rebuild the exchange from "Replace the label with the observable facts". Elena: "The final note can state the quotation, the offer to return, and the agreement. It should not imply a formal decision about capacity or informed refusal." Chris: [missing response] Elena: "I will record the request and agreed return time now. After the visit at three, I can document what happened rather than writing the outcome ahead." Which response belongs in the gap?

- A.** Record it as agreed follow-up. The patient agreed to your offer, but the outcome of that future visit cannot be documented as complete now.
- B.** Start with a behavioral description. What did the patient actually say, what did you offer, and which part of care was discussed?
- C.** That direct quotation is useful because it states the request precisely. It does not support a claim that every kind of care was refused.
- D.** That respects the documentation scope. Those are distinct clinical and procedural matters, and the facts here do not establish that either assessment occurred.

[Answers and explanations, page 155](#)

A Read the situation

LESSON 07 / DIFFICULT FAMILIES AND BOUNDARIES

Respond to a family member with empathy, accurate limits, and a concrete next contact without promising another clinician.

Acknowledge the frustration; keep the boundary

In a simulation, family member Anika says, "Nobody tells us anything," and asks nurse Luis to explain a test result. The patient has agreed to include Anika in relevant updates; that permission does not authorize Luis to invent an interpretation. Luis can contact the responsible clinician and return with a status update by 4 p.m. No clinician meeting time is confirmed. Anika is frustrated but is not making threats. Urgent clinical concerns would follow the appropriate separate route.

People: Anika, Family member; Luis, Nurse.

Read the record

Choose one answer per question using the facts above.

1. What permission is supplied?

- A. Anika can make every decision for the patient.
- B. Luis can interpret any result without the appropriate role.
- C. Every relative may receive all records.
- D. The patient has agreed to include Anika in relevant updates.

2. What can Luis promise?

- A. His own status update by 4 p.m.
- B. A clinician meeting at exactly 4 p.m.
- C. A reassuring interpretation of the result
- D. Completion of every unresolved issue by four

3. How is Anika's behavior described?

- A. A confirmed reason to end all communication
- B. Frustrated, without threats
- C. Physically threatening
- D. Calm and satisfied

[Answers and explanations, page 140](#)

B Vocabulary in use

CORE TERMS

family liaison

Communication connecting family members with the care team.

coordinate family liaison

permission to share

An appropriate basis allowing specified information to be communicated.

verify permission to share

authorized recipient

A person appropriately entitled to receive the relevant information.

confirm the authorized recipient

scope of practice

The professional activities permitted by role, competence, and applicable rules.

work within scope of practice

validation

Recognition that an expressed feeling or concern has been heard.

provide appropriate validation

active listening

Attentive listening that checks the speaker's meaning.

demonstrate active listening

patient preference

The person's expressed choice relevant to their care or communication.

respect patient preferences

confidentiality

Protection of information from inappropriate access or disclosure.

maintain confidentiality

professional boundary

A limit that keeps actions and communication within an appropriate role.

maintain a professional boundary

empathic acknowledgment

Recognition of a person's concern or experience without unsupported agreement.

offer empathic acknowledgment

de-escalation

Communication or action intended to reduce tension and support safety.

use de-escalation skills

clarifying question

A question used to establish the specific concern or missing detail.

ask a clarifying question

Say it in context

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

family liaison FAMILY LIAISON

coordinate family liaison

Keep the meaning precise: Communication connecting family members with the care team.

professional boundary PROFESSIONAL BOUNDARY

maintain a professional boundary

Keep the meaning precise: A limit that keeps actions and communication within an appropriate role.

B Precision and professional shorthand

EXTEND YOUR RANGE

family meeting

An arranged discussion involving appropriate relatives and care professionals.

request a family meeting

status update

Information about what has happened and what remains pending.

provide a status update

named contact

The identified person responsible for the next communication.

provide a named contact

complaint pathway

The designated route for raising and reviewing service concerns.

explain the complaint pathway

substitute decision-maker

A person with applicable authority to decide in specified circumstances.

verify substitute decision-maker authority

communication preference

A stated choice about how or with whom information is shared.

record communication preferences

clinical explanation

Interpretation of clinical information by an appropriately qualified professional.

arrange a clinical explanation

update commitment

A specific promise to communicate again at an agreed point.

honor the update commitment

expectation management

Clear communication about what can and cannot currently be promised.

improve expectation management

shared decision-making

A process combining relevant evidence with the patient's values and preferences.

support shared decision-making

consent discussion

A relevant exchange supporting an appropriately informed decision.

arrange a consent discussion

safety boundary

A limit or action needed to protect people from actual risk.

apply an appropriate safety boundary

Say it in context

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

clarifying question CLARIFYING QUESTION

ask a clarifying question

Keep the meaning precise: A question used to establish the specific concern or missing detail.

named contact NAMED CONTACT

provide a named contact

Keep the meaning precise: The identified person responsible for the next communication.

Phrases that move the work forward

Acknowledge the experience

You have been waiting for a clear explanation, and that is frustrating.

Confirm participation

The patient has agreed that you can be included in these updates.

Arrange the right discussion

I will contact the responsible clinician about that question.

Separate the appointment

Four is my update time, not a confirmed meeting with the clinician.

Keep listening

Let me check that I have understood your main concern.

Clarify authority

Being included in updates does not by itself determine decision-making authority.

Explain delay honestly

The meeting time is still unconfirmed, and I will tell you what I have established.

Protect urgent response

A new urgent clinical concern needs the appropriate clinical route immediately.

Clarify the concern

Which question has not yet been answered?

Keep the role clear

I can explain the next step, but I cannot invent an interpretation of the result.

Promise what you control

I will return with a status update by 4 p.m.

Avoid unsupported reassurance

I cannot tell you the result is normal from the information we have here.

Avoid defensiveness

I want to address the missing explanation rather than argue about your frustration.

Name the next contact

I will be your contact for this promised update.

Offer the formal route

I can explain how to raise the communication concern through the appropriate pathway.

Close with the commitment

I will update you by four even if the meeting time remains pending.

Precision in real exchanges

Purpose: Keep the role clear

Useful wording: I can explain the next step, but I cannot invent an interpretation of the result.

Purpose: Arrange the right discussion

Useful wording: I will contact the responsible clinician about that question.

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 opening best acknowledges the concern?

- A.** You are wrong because staff have spoken today.
- B.** Calm down before anyone tells you anything.
- C.** Every test result is probably fine.
- D.** You have been waiting for a clear explanation; let me check the unanswered question and arrange the right contact.

2. Anika asks, "Will the clinician be here at four?" What is accurate?

- A.** Four is my promised status update; a clinician meeting time is not yet confirmed.
- B.** Yes, my update promise guarantees the clinician's attendance.
- C.** No clinician will ever attend because no time is booked now.
- D.** Four means the result will definitely be normal.

3. A colleague needs the term for this meaning: Protection of information from inappropriate access or disclosure. Which term fits?

- A.** status update
- B.** confidentiality
- C.** validation
- D.** substitute decision-maker

D Choose the response that fits / continued

4. Rebuild the exchange from "Acknowledge the frustration; keep the boundary".

Anika: "Does that mean you cannot tell me anything? I am not asking for a lecture about whose job it is. I need a practical next step." **Luis:** [missing response] **Anika:** "All right, but what exactly are you promising? Earlier I heard soon, and soon turned into several hours without a clear answer." **Which response belongs in the gap?**

- A.** You have been waiting for a clear explanation, and I can hear how frustrating that is. Let me check which question you most need answered.
- B.** The next step is for me to contact the responsible clinician and confirm the response arrangements. I will stay responsible for the update I promise you.
- C.** The patient has agreed to include you in these updates. I can contact the responsible clinician with that question, but I should not invent a clinical interpretation.
- D.** Four is my update time, not a confirmed clinician meeting. I do not want you to rearrange the family around an appointment that has not been agreed.

[Answers and explanations, page 140](#)

One useful distinction

Permission to include a relative in updates is not automatically authority to decide for the patient. A nurse can acknowledge frustration without confirming an unsupported allegation. A status update promises communication; a clinical explanation requires the appropriate professional involvement.

E Conversation

Acknowledge the frustration; keep the boundary

Acknowledge the frustration; keep the boundary

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

WORD AND PHRASE BANK

reassurance / concern / status update / update time / commitment / responsible clinician
/ named contact / decision-making authority / clear explanation / updates

- 01 **Anika:** Nobody tells us anything. We keep hearing that someone will explain the result, but we still do not know who that person is or when we will hear.
- 02 **Luis:** You have been waiting for a ¹ _____, and I can hear how frustrating that is. Let me check which question you most need answered.
- 03 **Anika:** I want to know what the test result means for my father. I do not want another message saying that somebody has passed the request to somebody else.
- 04 **Luis:** The patient has agreed to include you in these ² _____. I can contact the responsible clinician with that question, but I should not invent a clinical interpretation.
- 05 **Anika:** Does that mean you cannot tell me anything? I am not asking for a lecture about whose job it is. I need a practical next step.
- 06 **Luis:** The next step is for me to contact the ³ _____ and confirm the response arrangements. I will stay responsible for the update I promise you.
- 07 **Anika:** All right, but what exactly are you promising? Earlier I heard soon, and soon turned into several hours without a clear answer.
- 08 **Luis:** I will give you a ⁴ _____ by four this afternoon. That will include what I have confirmed and anything still awaiting a response.
- 09 **Anika:** So the clinician will meet us at four? I can ask my sister to come then if that is a firm time.
- 10 **Luis:** Four is my ⁵ _____, not a confirmed clinician meeting. I do not want you to rearrange the family around an appointment that has not been agreed.

Conversation continues on the next page.

Acknowledge the frustration; keep the boundary

CONVERSATION / CONTINUED

- 11 **Anika:** Thank you for making that distinction. I am still worried. Can you at least say the result is probably normal because nobody has come urgently?
- 12 **Luis:** I cannot give that ⁶ _____ from silence or timing. The result needs the appropriate clinical explanation, and I will carry that specific question to the responsible team.
- 13 **Anika:** Please tell them how hard the silence has been. I should not have to keep chasing before someone explains what is happening.
- 14 **Luis:** I will include that ⁷ _____ accurately. If you want it reviewed through the formal communication-complaint route, I can explain that process as well.
- 15 **Anika:** I would like the explanation arranged first. Since my father agreed to include me, does that also mean I can make all the decisions for him?
- 16 **Luis:** Inclusion in updates does not by itself establish ⁸ _____. His preferences and the applicable decision process still matter. We should clarify any specific decision with the appropriate team.
- 17 **Anika:** For now, I need the result discussion arranged and one reliable contact. Please pass the history on so I do not have to explain it again next shift.
- 18 **Luis:** I will be the ⁹ _____ for this promised update and document the concern and next step appropriately. The team should receive the question you have already explained.
- 19 **Anika:** If the meeting time is still unknown at four, please tell me that directly. Waiting without knowing whether the request was received is the hardest part.
- 20 **Luis:** I will keep that ¹⁰ _____. You will hear the current status from me by four, with the next communication step, rather than an invented answer or an unconfirmed appointment.

CHECK THE GAPS

1. clear explanation / 2. updates / 3. responsible clinician / 4. status update / 5. update time / 6. reassurance / 7. concern / 8. decision-making authority / 9. named contact / 10. commitment

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

F Check accuracy and scope

Acknowledge the frustration; keep the boundary

Return to the case

In a simulation, family member Anika says, "Nobody tells us anything," and asks nurse Luis to explain a test result. The patient has agreed to include Anika in relevant updates; that permission does not authorize Luis to invent an interpretation. Luis can contact the responsible clinician and return with a status update by 4 p.m. No clinician meeting time is confirmed. Anika is frustrated but is not making threats. Urgent clinical concerns would follow the appropriate separate route.

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

1. What should Luis avoid inferring from permission to share updates?

- A. That relevant updates may include Anika
- B. That patient preferences matter
- C. That the result question needs the right clinical professional
- D. That Anika automatically has full decision-making authority

2. It is four and Luis has no confirmed clinician meeting time. Which update keeps his promise?

- A. I will give today's promised update when a clinician appointment becomes available.
- B. Four was the expected meeting time, although I have not confirmed attendance.
- C. The request has been sent, so the result explanation is now complete.
- D. The meeting time is still unconfirmed; here is the status I established and the next communication step.

[Answers and explanations, page 143](#)

Listen for the distinction

Swap roles. Acknowledge the missing explanation without inferring a normal result or decision-making authority.

Boundaries should still offer a way forward

A boundary can sound dismissive when it ends the conversation without an alternative. Acknowledge the specific concern, explain what you can do, and state the next contact. Do not describe every frustrated family member as aggressive or confuse a firm request with a threat.

F Say it / transfer to a new case

An update is not a meeting

A therapist promises a family a 5 p.m. update about arranging a care conference. The conference time remains unconfirmed. The patient has agreed to the relevant family involvement.

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

commitment / status / time / update

- 01 **Family member:** Is five the conference ¹ _____?
- 02 **Therapist:** Five is my ² _____; the conference is not yet booked.
- 03 **Family member:** Please explain the current ³ _____ even if it is pending.
- 04 **Therapist:** I will keep my communication ⁴ _____.

CHECK THE GAPS

1. time / 2. update / 3. status / 4. commitment

[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 "Acknowledge the frustration; keep the boundary". Anika: "Please tell them how hard the silence has been. I should not have to keep chasing before someone explains what is happening." Luis: [missing response] Anika: "I would like the explanation arranged first. Since my father agreed to include me, does that also mean I can make all the decisions for him?" Which response belongs in the gap?

- A.** The next step is for me to contact the responsible clinician and confirm the response arrangements. I will stay responsible for the update I promise you.
- B.** I will give you a status update by four this afternoon. That will include what I have confirmed and anything still awaiting a response.
- C.** You have been waiting for a clear explanation, and I can hear how frustrating that is. Let me check which question you most need answered.
- D.** I will include that concern accurately. If you want it reviewed through the formal communication-complaint route, I can explain that process as well.

[Answers and explanations, page 144](#)

A Read the situation

LESSON 08 / SAFETY EVENTS AND JUST CULTURE

Separate an event chronology from causal assumptions and select a follow-up measure tied to the identified risk.

Report the fall without inventing its cause

In a simulated safety review, a patient fall is recorded at 11:05 a.m. Immediate clinical response has followed local procedure; the review does not replace it. Nurse Beth did not witness the fall. The patient later reported standing to reach water. A draft says a colleague was careless and the call bell was out of reach, but neither claim is established. Safety lead Arun asks for the sources, sequence, and unresolved environmental details before conclusions or corrective actions are assigned.

People: Beth, Nurse; Arun, Safety lead.

Read the record

Choose one answer per question using the facts above.

1. Which event is supplied as recorded?

- A. A verified unreachable call bell
- B. A completed causal investigation
- C. A fall at 11:05 a.m.
- D. A proven act of carelessness

2. What is the source of the water detail?

- A. The patient's later report
- B. Beth's eyewitness account
- C. A confirmed equipment log
- D. A completed staff investigation

3. What is the purpose of this review?

- A. Replace the immediate clinical response
- B. Assign blame from the outcome alone
- C. Mark every suggested cause as verified
- D. Reconstruct supported facts and unresolved details before conclusions

[Answers and explanations, page 145](#)

B Vocabulary in use

CORE TERMS

patient safety event

An occurrence relevant to possible or actual harm during care.

report a patient safety event

firsthand observation

Information directly witnessed by the person reporting it.

distinguish firsthand observation

contributing factor

A condition or action that helped an event occur.

investigate contributing factors

hindsight bias

Judging earlier actions as obviously wrong because the outcome is now known.

avoid hindsight bias

just culture

A fair approach combining learning from systems with appropriate individual accountability.

support a just culture

human factors

Study of interactions between people, tasks, equipment, and working conditions.

apply human-factors analysis

event chronology

The ordered sequence of known events and times.

reconstruct the event chronology

secondhand account

Information received from another person rather than directly witnessed.

attribute a secondhand account

causal assumption

An explanation treated as true before sufficient support is established.

challenge a causal assumption

outcome bias

Judging a decision mainly by its result rather than the information available then.

recognize outcome bias

psychological safety

A climate in which people can raise concerns without interpersonal intimidation.

strengthen psychological safety

systems approach

Review of how connected processes and conditions affect performance.

use a systems approach

Say it in context

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

patient safety event PATIENT SAFETY EVENT

report a patient safety event

Keep the meaning precise: An occurrence relevant to possible or actual harm during care.

causal assumption CAUSAL ASSUMPTION

challenge a causal assumption

Keep the meaning precise: An explanation treated as true before sufficient support is established.

B Precision and professional shorthand

EXTEND YOUR RANGE

environmental condition

A relevant physical feature of the setting.
verify environmental conditions

immediate response

Actions taken promptly to address the situation and possible harm.
document the immediate response

clinical record

The care documentation concerning the individual patient.
maintain the clinical record

root cause analysis

A structured investigation of underlying and contributing causes.
contribute to root cause analysis

action owner

The named person responsible for carrying out an agreed action.
name the action owner

balancing measure

A check for unintended effects of a change.
include a balancing measure

call-bell access

Whether the patient can reach and use the assistance-call device.
check call-bell access

incident report

The formal record submitted through a safety-reporting process.
complete an incident report

evidence preservation

Protecting relevant records or information for accurate review.
support evidence preservation

corrective action

A change intended to address an identified problem or cause.
assign a corrective action

effectiveness measure

A way to check whether an action achieved its intended result.
define an effectiveness measure

learning feedback

Information returned to staff about findings and improvements.
provide learning feedback

Say it in context

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

systems approach SYSTEMS APPROACH

use a systems approach

Keep the meaning precise: Review of how connected processes and conditions affect performance.

clinical record CLINICAL RECORD

maintain the clinical record

Keep the meaning precise: The care documentation concerning the individual patient.

Phrases that move the work forward

State the event

A fall was recorded at 11:05 a.m.

Limit firsthand knowledge

I did not witness the fall.

Name the unknown

The call-bell position at the time has not been verified.

Respect the clinical response

The safety review does not replace immediate patient assessment and care.

Avoid hindsight

Evaluate what was known then, not only what became clear afterward.

Match the action

Which identified factor would this proposed change address?

Distinguish delivery

Attendance confirms the briefing occurred, not that risk decreased.

Watch for trade-offs

Include a check for unintended delays or workarounds.

Attribute the account

The patient later reported standing to reach water.

Challenge the inference

The draft does not establish that the colleague was careless.

Preserve the sequence

Separate what happened before, during, and after the event.

Seek relevant evidence

Which records or accounts can clarify the conditions at that time?

Keep accountability fair

Review actions and system conditions without prejudging the outcome.

Name an owner

Assign the agreed action to a specific responsible person.

Check effectiveness

Measure whether the intended condition actually improved.

Return the learning

Share the supported findings and next steps through the appropriate process.

Precision in real exchanges

Purpose: Challenge the inference

Useful wording: The draft does not establish that the colleague was careless.

Purpose: Name the unknown

Useful wording: The call-bell position at the time has not been verified.

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 opening gives the strongest factual foundation?

- A.** The call bell was definitely unreachable because a fall occurred.
- B.** Every system failed at exactly the same time.
- C.** A fall was recorded at 11:05; I did not witness it; the patient later reported standing to reach water.
- D.** A careless colleague caused the fall.

2. Which statement needs verification before being presented as fact?

- A.** The patient later reported standing for water.
- B.** A fall is recorded at eleven oh five.
- C.** The call bell was out of reach at the time.
- D.** Beth did not witness the fall.

3. A colleague needs the term for this meaning: Information received from another person rather than directly witnessed. Which term fits?

- A.** immediate response
- B.** secondhand account
- C.** just culture
- D.** action owner

D Choose the response that fits / continued

4. Rebuild the exchange from "Report the fall without inventing its cause". Beth: "Who added careless? I cannot find evidence for that judgment. I want the reviewer to see what happened before inheriting a conclusion about the colleague." Arun: [missing response] Beth: "It also says the call bell was out of reach. We need to establish its position at the time rather than infer it from the fact that the patient stood." Which response belongs in the gap?

- A.** Yes. Call-bell access is a relevant question, but not yet a verified explanation. Identify which information could clarify that condition and preserve the distinction in the report.
- B.** That is a causal assumption, not an established finding. Remove the unsupported conclusion through the appropriate correction process while retaining the actual event and relevant accounts.
- C.** Make the limit on firsthand observation explicit. The patient's account remains relevant; it should not be erased simply because you did not see the event yourself.
- D.** Follow the appropriate evidence preservation process. Keep records and accounts accurate and traceable rather than rewriting them to fit the first theory suggested at the meeting.

[Answers and explanations, page 145](#)

One useful distinction

A fall is an event; carelessness is an interpretation that requires evidence. Attribute the patient's account and distinguish it from firsthand observation. Absence of a witness does not make the report irrelevant, but it limits what the reporter can personally verify.

E Conversation

Report the fall without inventing its cause

Report the fall without inventing its cause

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

WORD AND PHRASE BANK

learning feedback / hindsight bias / evidence preservation / action owner /
event chronology / causal assumption / firsthand observation / effectiveness measure /
just culture / Call-bell access

- 01 **Beth:** I am reviewing the safety report for the fall at eleven oh five. The immediate clinical response followed our process, but the draft explanation goes beyond what I know.
- 02 **Arun:** Let us start with the ¹ _____. What is recorded, what did you observe yourself, and what was reported afterward by somebody else?
- 03 **Beth:** I did not witness the fall. The patient later said they had stood to reach water. I can attribute that account, but I cannot describe the fall as an eyewitness.
- 04 **Arun:** Make the limit on ² _____ explicit. The patient's account remains relevant; it should not be erased simply because you did not see the event yourself.
- 05 **Beth:** Who added careless? I cannot find evidence for that judgment. I want the reviewer to see what happened before inheriting a conclusion about the colleague.
- 06 **Arun:** That is a ³ _____, not an established finding. Remove the unsupported conclusion through the appropriate correction process while retaining the actual event and relevant accounts.
- 07 **Beth:** It also says the call bell was out of reach. We need to establish its position at the time rather than infer it from the fact that the patient stood.

E Conversation / continued

- 08 **Arun:** Yes. ⁴ _____ is a relevant question, but not yet a verified explanation. Identify which information could clarify that condition and preserve the distinction in the report.
- 09 **Beth:** We may also need the surrounding care record and staff accounts. They could help reconstruct the sequence, although no single source should be treated as complete automatically.
- 10 **Arun:** Follow the appropriate ⁵ _____ process. Keep records and accounts accurate and traceable rather than rewriting them to fit the first theory suggested at the meeting.

Conversation continues on the next page.

Report the fall without inventing its cause

CONVERSATION / CONTINUED

- 11 **Beth:** Some staff fear that questioning the draft removes accountability. Others think reviewing individual actions means automatically blaming someone.
- 12 **Arun:** A ⁶ _____ avoids both shortcuts. We examine actions and system conditions fairly; we do not decide guilt from the outcome or promise that conduct can never be reviewed.
- 13 **Beth:** Knowing the outcome makes it tempting to say the next step should have been obvious. But we need to understand what information people actually had at the time.
- 14 **Arun:** That helps avoid ⁷ _____. Reconstruct the working situation before judging decisions. The review should explain what is supported, what remains uncertain, and what further evidence is needed.
- 15 **Beth:** Suppose a later review finds inconsistent positioning of the call bell. A reminder session alone would not tell us whether the intended bedside condition actually improved.
- 16 **Arun:** We would need an ⁸ _____ matched to that finding, such as a defined accessibility audit in the relevant setting. Attendance would show delivery, not the practical result.
- 17 **Beth:** We should assign the change to someone and state when follow-up will be checked. Otherwise we have only a general promise.
- 18 **Arun:** Name the ⁹ _____ and the review point. Include an appropriate check for unintended effects rather than assume every change is beneficial in every respect.

Report the fall without inventing its cause / continued

- 19 **Beth:** I will attribute the patient's account and leave the environmental questions open. Please make sure later findings are added with their evidence, not substituted for the original account.
- 20 **Arun:** Then provide ¹⁰ _____ through the appropriate route. Staff need the supported findings and next actions, not a repeated accusation or a claim that the event is explained before review.

CHECK THE GAPS

1. event chronology / **2.** firsthand observation / **3.** causal assumption / **4.** Call-bell access / **5.** evidence preservation / **6.** just culture / **7.** hindsight bias / **8.** effectiveness measure / **9.** action owner / **10.** learning feedback

[Why these answers fit, page 146](#)

F Check accuracy and scope

Report the fall without inventing its cause

Return to the case

In a simulated safety review, a patient fall is recorded at 11:05 a.m. Immediate clinical response has followed local procedure; the review does not replace it. Nurse Beth did not witness the fall. The patient later reported standing to reach water. A draft says a colleague was careless and the call bell was out of reach, but neither claim is established. Safety lead Arun asks for the sources, sequence, and unresolved environmental details before conclusions or corrective actions are assigned.

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

1. A later review identifies inconsistent call-bell positioning. Which paired measure distinguishes implementation from practical effect?

- A. Reminder emails sent, followed by reminder emails opened
- B. Slides completed, followed by minutes spent presenting them
- C. Briefing attendance, followed by a defined audit of accessible call bells
- D. Staff invited, followed by staff attending the same briefing

2. What does a just-culture approach require here?

- A. Assume everyone is careless after an adverse outcome.
- B. Promise that no conduct will ever be reviewed.
- C. Remove patient accounts because staff did not witness the event.
- D. Examine supported actions and system conditions with fair accountability.

[Answers and explanations, page 148](#)

Listen for the distinction

Swap roles. Keep the call-bell position unverified and the clinical response already taken; do not assign a cause.

Fair review is not automatic blame or automatic absolution

An event deserves a careful account of actions, context, and system conditions. A fair learning culture makes it possible to report concerns while retaining appropriate accountability. It does not establish a cause from an outcome or promise that every action is beyond review.

F Say it / transfer to a new case

Delivery is not effectiveness

After an identified equipment-location problem, a team gives a briefing to 20 staff. No check of equipment accessibility has yet occurred. A review asks whether the practical condition improved.

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

unchecked / activity / delivered / effectiveness

- 01 **Lead:** The briefing was ¹ _____ to twenty staff.
- 02 **Reviewer:** That is evidence of the ² _____, not the practical result.
- 03 **Lead:** Equipment accessibility remains ³ _____.
- 04 **Reviewer:** Use a relevant measure of ⁴ _____.

CHECK THE GAPS

1. delivered / 2. activity / 3. unchecked / 4. effectiveness

[Why these answers fit, page 148](#)

F Say it / transfer to a new case / continued

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 "Report the fall without inventing its cause". Beth: "Knowing the outcome makes it tempting to say the next step should have been obvious. But we need to understand what information people actually had at the time." Arun: [missing response] Beth: "Suppose a later review finds inconsistent positioning of the call bell. A reminder session alone would not tell us whether the intended bedside condition actually improved." Which response belongs in the gap?

- A.** We would need an effectiveness measure matched to that finding, such as a defined accessibility audit in the relevant setting. Attendance would show delivery, not the practical result.
- B.** That helps avoid hindsight bias. Reconstruct the working situation before judging decisions. The review should explain what is supported, what remains uncertain, and what further evidence is needed.
- C.** Yes. Call-bell access is a relevant question, but not yet a verified explanation. Identify which information could clarify that condition and preserve the distinction in the report.
- D.** A just culture avoids both shortcuts. We examine actions and system conditions fairly; we do not decide guilt from the outcome or promise that conduct can never be reviewed.

[Answers and explanations, page 149](#)

Review 4 / Meaning and context

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

Case file

Revisit "Difficult Families and Boundaries" and "Safety Events and Just Culture". 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: An appropriate basis allowing specified information to be communicated. Which term fits?

- A. clinical explanation
- B. shared decision-making
- C. empathic acknowledgment
- D. permission to share

2. A colleague needs the term for this meaning: Judging a decision mainly by its result rather than the information available then. Which term fits?

- A. root cause analysis
- B. patient safety event
- C. environmental condition
- D. outcome bias

3. Rebuild the exchange from "Replace the label with the observable facts". Elena: "I also wrote that I returned at three, but that is still in the future. I meant that I had arranged to return then." Chris: [missing response] Elena: "I was going to write anxious as the reason. But the patient only asked to rest. Should I leave out that interpretation unless I can support it?" Which response belongs in the gap?

- A. That direct quotation is useful because it states the request precisely. It does not support a claim that every kind of care was refused.
- B. Follow the authorized amendment process if a saved entry needs correction. Keep the change traceable and do not obscure the original entry or its author.
- C. That respects the documentation scope. Those are distinct clinical and procedural matters, and the facts here do not establish that either assessment occurred.
- D. Record it as agreed follow-up. The patient agreed to your offer, but the outcome of that future visit cannot be documented as complete now.

Review 4 / Meaning and context / continued

4. Rebuild the exchange from "Report the fall without inventing its cause". Beth: "We should assign the change to someone and state when follow-up will be checked. Otherwise we have only a general promise." Arun: [missing response] Beth: "I will attribute the patient's account and leave the environmental questions open. Please make sure later findings are added with their evidence, not substituted for the original account." Which response belongs in the gap?

- A.** Make the limit on firsthand observation explicit. The patient's account remains relevant; it should not be erased simply because you did not see the event yourself.
- B.** That is a causal assumption, not an established finding. Remove the unsupported conclusion through the appropriate correction process while retaining the actual event and relevant accounts.
- C.** Name the action owner and the review point. Include an appropriate check for unintended effects rather than assume every change is beneficial in every respect.
- D.** Follow the appropriate evidence preservation process. Keep records and accounts accurate and traceable rather than rewriting them to fit the first theory suggested at the meeting.

[Answers and explanations, page 158](#)

Language for the next case

Speaking up about an unfamiliar device assignment

competency record

The competency record documents the relevant assessed ability; experience with a different model does not automatically establish it.

Malik: Thank you for saying so. Let us check your competency record and arrange appropriate coverage rather than assume the devices work identically.

competency assessment

A competency assessment checks and documents performance against the required standard, rather than merely recording that a demonstration occurred.

Malik: A demonstration may support learning, but it does not replace our competency assessment. We must follow the actual requirement.

escalation pathway

The escalation pathway provides the defined route for obtaining a higher-level response when the immediate arrangement cannot safely resolve the issue.

Malik: Use the local escalation pathway with me. Do not improvise device use or leave the concern unacknowledged.

Scope of practice

Scope of practice defines the professional activities permitted within a role; individual competence and local requirements must also be considered.

Malik: Agreed. Scope of practice and competence both matter. A staffing gap does not remove either boundary.

accountability

Accountability identifies who is responsible for the assigned work and decisions; discussing training does not leave the current task ownerless.

Malik: I will assign suitable coverage and confirm the accountability. Keep any immediate patient concern on the appropriate clinical response route.

supervised practice

Supervised practice is learning under an appropriate supervisor and agreed conditions, not automatic permission for independent work.

Malik: We can arrange supervised practice and assessment through the education team, separate from today's coverage decision.

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

Conversation

Speaking up about an unfamiliar device assignment

In a simulation, a nurse is assigned a device-related task requiring documented local competency. The nurse has used another model but has not completed the assessment for this one. The charge nurse must arrange a safe response through the local process. No device operating instructions are provided.

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

WORD AND PHRASE BANK

competency record / accountability / competency assessment / escalation pathway / supervised practice / Scope of practice

- 01 **Tara:** I need to raise a concern before taking that task. I have used the previous model, but I am not assessed on this one.
- 02 **Malik:** Thank you for saying so. Let us check your ¹ _____ and arrange appropriate coverage rather than assume the devices work identically.
- 03 **Tara:** The ward is busy, and I do not want this to sound like I am refusing to help the team.
- 04 **Malik:** You are identifying a specific limit. Tell me which assigned tasks you can safely continue while I address this one.
- 05 **Tara:** I can continue the work already within my role and competence. This particular task needs someone with the required assessment.
- 06 **Malik:** Agreed. ² _____ and competence both matter. A staffing gap does not remove either boundary.
- 07 **Tara:** Could watching someone once count as the assessment? I do not want a quick demonstration mistaken for authorization to work independently.
- 08 **Malik:** A demonstration may support learning, but it does not replace our ³ _____. We must follow the actual requirement.
- 09 **Tara:** Then please identify who will take responsibility for the task now. I do not want it left between us while training is discussed.
- 10 **Malik:** I will assign suitable coverage and confirm the ⁴ _____. Keep any immediate patient concern on the appropriate clinical response route.

Conversation continues on the next page.

Speaking up about an unfamiliar device assignment

CONVERSATION / CONTINUED

- 11 **Tara:** If suitable coverage is not available, what should I do next?
- 12 **Malik:** Use the local ⁵ _____ with me. Do not improvise device use or leave the concern unacknowledged.
- 13 **Tara:** I would like to complete the training so this does not remain a recurring gap in future assignments.
- 14 **Malik:** We can arrange ⁶ _____ and assessment through the education team, separate from today's coverage decision.
- 15 **Tara:** Should I document that I raised the concern and the arrangement we agree?
- 16 **Malik:** Yes, through the appropriate record. Keep it factual: the specific competency gap, the person informed, and the confirmed response.
- 17 **Tara:** I will avoid writing that every device task is outside my role. The issue is this model and the outstanding local assessment.
- 18 **Malik:** That precision helps us address the real gap without misrepresenting your wider skills or the work you are continuing.
- 19 **Tara:** Please confirm the coverage before we finish this handover. I want the next action clear, not just an agreement that training would be useful.
- 20 **Malik:** I will. The task needs a safe, named arrangement now; the training plan addresses what changes for future assignments.

CHECK THE GAPS

1. competency record / 2. Scope of practice / 3. competency assessment / 4. accountability / 5. escalation pathway / 6. supervised practice

[Why these answers fit, page 160](#)

Attendance is mistaken for demonstrated competence

A colleague attended a device demonstration but has not completed the required local competency assessment. Independent use is being proposed.

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

WORD AND PHRASE BANK

assessment / use / task / decision

- 01 **Nurse:** Attendance confirms a demonstration, not the required ¹ _____.
- 02 **Lead:** Check the documented requirement before assigning independent ² _____.
- 03 **Nurse:** Arrange appropriate coverage for the current ³ _____.
- 04 **Lead:** Record the training plan separately from today's coverage ⁴ _____.

CHECK THE GAPS

1. assessment / 2. use / 3. task / 4. decision

[Why these answers fit, page 160](#)

Keep the distinction audible

State a competence limit clearly and request safe coverage without abandoning responsibility.

Language for the next case

Difficulty finding words is not absence of a preference

word-finding difficulty

Word-finding difficulty affects access to spoken words; it does not establish that the person has no preference or understanding.

June: Good. His word-finding difficulty tells us something about expression, not that he has nothing to communicate.

processing time

Processing time is the time needed to understand and respond; rushing can make the person's communication appear less effective.

June: Keep the question clear and allow the assessed processing time. Do not fill every pause by adding more questions.

Supported communication

Supported communication helps the person express and understand messages without replacing their participation with someone else's assumptions.

June: Address him directly and include his chosen support appropriately. Supported communication should enable his participation, not replace it.

reliability

Reliability concerns how consistently the response conveys the intended meaning; a nod alone is not universal proof of agreement.

June: Not without checking the individual communication plan. We need to consider the reliability of that response in this situation.

communication aid

A communication aid supports expression or understanding; its suitability must be checked for the individual rather than assumed from its presence.

June: Verify that before using it. The assessed communication aid needs to match his abilities and the intended purpose.

Decision-making capacity

Decision-making capacity is a separate, context-specific assessment; a language impairment alone does not establish its absence.

June: No. Decision-making capacity cannot be inferred from difficulty speaking. Use the appropriate decision process and communication support.

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

Conversation

Difficulty finding words is not absence of a preference

In a simulation, a patient with documented aphasia has difficulty producing words. The nurse wants to confirm a preference during routine care. The speech-language pathologist has assessed communication supports, but no conclusion about decision-making capacity is supplied. The conversation concerns communication, not a new diagnosis.

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

WORD AND PHRASE BANK

reliability / Supported communication / communication aid / processing time /
Decision-making capacity / word-finding difficulty

- 01 **Alex:** I asked about a preference, but he could not get the words out. I do not want to record that he has no view.
- 02 **June:** Good. His ¹ _____ tells us something about expression, not that he has nothing to communicate.
- 03 **Alex:** He sometimes nods quickly. Can I take a nod as agreement and move on?
- 04 **June:** Not without checking the individual communication plan. We need to consider the ² _____ of that response in this situation.
- 05 **Alex:** I may have asked two questions at once. That probably made it harder to tell what the nod referred to.
- 06 **June:** Keep the question clear and allow the assessed ³ _____. Do not fill every pause by adding more questions.
- 07 **Alex:** There is a board by the bed. I was unsure whether it was for this patient or left from an earlier admission.
- 08 **June:** Verify that before using it. The assessed ⁴ _____ needs to match his abilities and the intended purpose.
- 09 **Alex:** Would using pictures always be easier than written words?
- 10 **June:** Not necessarily. Aphasia affects people differently. Follow the assessed supports and tell us if the method is not working in the care interaction.

Conversation continues on the next page.

Difficulty finding words is not absence of a preference

CONVERSATION / CONTINUED

- 11 **Alex:** I also caught myself speaking mainly to his daughter because she answered quickly.
- 12 **June:** Address him directly and include his chosen support appropriately.
5 _____ should enable his participation, not replace it.
- 13 **Alex:** If the daughter supplies an answer, I should distinguish her account from his own response.
- 14 **June:** Exactly. Record who communicated what and how you checked the meaning, especially when the answer affects the next step.
- 15 **Alex:** Does the aphasia diagnosis itself tell us he cannot make the decision?
- 16 **June:** No. 6 _____ cannot be inferred from difficulty speaking. Use the appropriate decision process and communication support.
- 17 **Alex:** For today's note, I can describe the question, the aid used, his response, and what remained unclear.
- 18 **June:** That is more useful than "unable to communicate." If a particular message could not be established, say so without generalizing to every situation.
- 19 **Alex:** I will review the current communication plan and contact you if the support does not work for this interaction.
- 20 **June:** Please do. We need feedback from actual care conversations so the team can refine support without assuming silence means agreement.

CHECK THE GAPS

1. word-finding difficulty / 2. reliability / 3. processing time / 4. communication aid / 5. Supported communication / 6. Decision-making capacity

[Why these answers fit, page 162](#)

A family answer is recorded as the patient's choice

A relative answers a routine preference question while the patient with aphasia has not yet communicated a clear response.

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

WORD AND PHRASE BANK

preference / capacity / patient / uncertainty

- 01 **Nurse:** The answer came from the relative, not yet from the ¹ _____.
- 02 **Therapist:** Use the assessed support to establish the patient's own ² _____.
- 03 **Nurse:** I will not treat difficulty speaking as proof of absent ³ _____.
- 04 **Therapist:** Record the method, response, and any remaining ⁴ _____.

CHECK THE GAPS

1. patient / 2. preference / 3. capacity / 4. uncertainty

[Why these answers fit, page 162](#)

Keep the distinction audible

Agree communication support while avoiding assumptions about comprehension or decision-making.

Language for the next case

Half a tray is not half the daily nutritional requirement

intake chart

The intake chart records food and fluid actually consumed; an unexplained percentage may be insufficient for nutritional assessment.

Owen: It is unclear. The intake chart does not identify which items were eaten, and I did not observe the whole meal.

portion size

Portion size is the amount served and helps interpret how much was consumed; a percentage without a base can mislead.

Owen: I will. Should the record include the portion size as well as the amount left?

texture modification

Texture modification changes food consistency and requires the appropriate individualized assessment and plan rather than an improvised substitution.

Leena: Correct. Route that concern promptly to the appropriate clinical team. Any texture modification must follow the assessed plan and authorized process.

access barrier

An access barrier prevents food from being practically available to eat, such as packaging the person cannot open.

Owen: Two containers were difficult for the patient to open. That may be an access barrier, rather than evidence that the patient disliked the food.

Nutritional requirements

Nutritional requirements concern the person's assessed needs; one unqualified meal percentage does not measure how much of those needs was met.

Leena: No. Nutritional requirements are a separate assessment. We need the relevant intake and clinical information.

dietetic assessment

Dietetic assessment evaluates nutritional needs and intake using relevant evidence; clearer observations support but do not replace it.

Leena: Thank you. That improves the dietetic assessment without asking staff to invent nutrient calculations at the bedside.

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

Conversation

Half a tray is not half the daily nutritional requirement

In a simulation, a food chart says "50% eaten" for lunch. It does not identify the items consumed, portion sizes, or any assistance. The nurse observed that two containers were hard for the patient to open. The dietitian needs usable intake information; no nutrition prescription or swallowing change is authorized by this exchange.

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

WORD AND PHRASE BANK

texture modification / access barrier / Nutritional requirements / intake chart / portion size
/ dietetic assessment

- 01 **Leena:** The lunch entry says fifty percent. Does that mean half of every item, or half of the tray judged overall?
- 02 **Owen:** It is unclear. The ¹ _____ does not identify which items were eaten, and I did not observe the whole meal.
- 03 **Leena:** Then we should not convert it into an exact energy total. What did you directly observe?
- 04 **Owen:** Two containers were difficult for the patient to open. That may be an ² _____, rather than evidence that the patient disliked the food.
- 05 **Leena:** Useful distinction. Record that observation and what help was offered or provided, without guessing the rest of the meal.
- 06 **Owen:** I will. Should the record include the ³ _____ as well as the amount left?

Conversation / continued

- 07 **Leena:** Use our recording method, including enough detail to interpret the intake. Half of a small serving is not the same amount as half of a large one.
- 08 **Owen:** Someone described fifty percent of lunch as half the patient's daily requirement. That does not follow from this entry, does it?
- 09 **Leena:** No. ⁴ _____ are a separate assessment. We need the relevant intake and clinical information.
- 10 **Owen:** The patient also said one item was unfamiliar. I should ask about preferences rather than infer them from cultural background.

Conversation continues on the next page.

Half a tray is not half the daily nutritional requirement

CONVERSATION / CONTINUED

- 11 **Leena:** Exactly. Capture the stated preference and discuss suitable options within the current plan. Do not substitute foods that conflict with established restrictions.
- 12 **Owen:** If the patient reports difficulty eating or swallowing, I should not quietly change the prescribed texture to encourage intake.
- 13 **Leena:** Correct. Route that concern promptly to the appropriate clinical team. Any
5 _____ must follow the assessed plan and authorized process.
- 14 **Owen:** What should I write about the part of lunch that nobody observed?
- 15 **Leena:** Mark what is unknown under the documentation procedure. A complete-looking estimate is not better than an honest limit on observation.
- 16 **Owen:** For the next meal, I will make sure the relevant support needs reach the team and that the record uses our agreed method.
- 17 **Leena:** Thank you. That improves the 6 _____ without asking staff to invent nutrient calculations at the bedside.
- 18 **Owen:** I will correct the unsupported daily-requirement statement and preserve the original record as our process requires.
- 19 **Leena:** And tell us what changes after the access support is in place. We need the actual intake pattern, not an assumption that one intervention solved everything.
- 20 **Owen:** I will hand over the support needs and the recording gaps so the next shift continues that observation consistently.

CHECK THE GAPS

1. intake chart / 2. access barrier / 3. portion size / 4. Nutritional requirements / 5. texture modification / 6. dietetic assessment

[Why these answers fit, page 164](#)

An unopened container is labeled a disliked food

A food container remains unopened because the patient reports difficulty opening the lid. No dislike of the food has been stated.

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

WORD AND PHRASE BANK

preference / unknown / barrier / provided

- 01 **Nurse:** Record the reported difficulty with the lid as an access ¹ _____.
- 02 **Dietitian:** Do not infer a food ² _____ that the patient has not expressed.
- 03 **Nurse:** Document what assistance was actually ³ _____.
- 04 **Dietitian:** Keep any unobserved amount of intake marked as ⁴ _____.

CHECK THE GAPS

1. barrier / 2. preference / 3. provided / 4. unknown

[Why these answers fit, page 164](#)

Keep the distinction audible

Clarify intake documentation and report barriers for qualified nutritional review.

01 / Answers and explanations

A / Read the situation

A1. What is known about the requested result?

C. It is pending, with no value available to Maya.

The briefing states that the result is pending and no value has been seen.

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

A2. Which responsibility is transferring?

D. Checking for the result and contacting the responsible clinician when available

Jonas is taking over the specified follow-up, not a new clinical decision.

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

A3. What completes the verbal transfer?

C. Jonas confirms the task and next action, and Maya checks that confirmation.

Mutual confirmation establishes what the receiving nurse understood and accepted.

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

D / Response choices

D1. Which opening preserves the known facts?

B. At seven, the result is still pending; Jonas will follow it and contact the responsible clinician.

The correct statement preserves pending status and names the agreed follow-up responsibility.

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

D2. Jonas says, "I will review the normal result." What needs correction?

B. No value is available, so normal is unsupported.

No result value has been received, so neither normal nor abnormal is established.

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

01 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: The person's or task's condition at the stated present time. Which term fits?

A. current status

A Correct. current status: The person's or task's condition at the stated present time. The usual combination is "summarize current status".

B Not here. responsibility transfer: Explicit movement of a defined duty to another professional. The usual combination is "document responsibility transfer".

C Not here. care plan: The documented, agreed approach to a person's care. The usual combination is "continue the care plan".

D Not here. follow-up owner: The named person accountable for the next agreed action. The usual combination is "name the follow-up owner".

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

D4. Rebuild the exchange from "The shift ends; the result is still pending". Maya: "Correct. The request to contact the clinician still stands. The shift change should not leave the task sitting between two people who each assume the other will act." Jonas: [missing response] Maya: "That is the action I am transferring. The existing care plan continues; this conversation does not introduce a different treatment or a new assessment." Which response belongs in the gap?

A. I will be the follow-up owner from this handoff. I will check for the result and contact the responsible clinician through our agreed route when it is available.

A Correct. This is Jonas's response in turn 6. It connects Maya's preceding point with Maya's follow-up. The follow-up owner is the named person accepting responsibility for the outstanding action.

B Not here. This line belongs to turn 16, after Maya says: "That matches my request. If the follow-up cannot be completed through that route, use the applicable local process rather than leave an unacknowledged message indefinitely." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 8, after Maya says: "That is the action I am transferring. The existing care plan continues; this conversation does not introduce a different treatment or a new assessment." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 4, after Maya says: "The requested laboratory result has not arrived. I have not seen a value, and the responsible clinician asked to be contacted when it becomes available." It addresses that point, not the missing turn in the supplied exchange.

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

E / Conversation

1. current status

Turn 2. Current status identifies what is actually known at the stated handoff time.

01 / Answers and explanations / continued

2. pending result

Turn 4. Pending result means no available result has yet supplied the value being discussed.

3. follow-up owner

Turn 6. The follow-up owner is the named person accepting responsibility for the outstanding action.

4. care plan

Turn 8. The care plan remains the documented approach unless an appropriately authorized change is made.

5. source record

Turn 10. The source record provides the original information against which summaries should be checked.

6. escalation route

Turn 12. The escalation route provides the appropriate path for further clinical attention when needed.

7. check-back

Turn 14. A check-back repeats the received task so the sender can verify accurate understanding.

8. outstanding task

Turn 16. An outstanding task remains open until the required follow-up has actually occurred.

9. responsibility transfer

Turn 18. Responsibility transfer records the accepted movement of a defined duty between professionals.

10. continuity of care

Turn 20. Continuity of care connects the unfinished work across the shift boundary with an explicit owner.

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

01 / Answers and explanations / continued

F / Accuracy and scope

F1. Jonas repeats the test name correctly but does not mention contacting the clinician. What still needs confirmation?

D. That he accepts both the result check and the requested clinician contact

Repeating the test name verifies only part of the message. The agreed responsibility also includes checking availability and contacting the clinician.

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

F2. What should happen if an urgent change occurs before the result?

A. Use the appropriate clinical escalation process without waiting for that result.

Pending information does not justify delaying the appropriate response to an urgent clinical change.

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

F / Guided speaking

1. pending

Therapist: The report is available, but clinical review is pending.

Turn 1. Availability of a report does not mean the responsible clinician has reviewed it.

2. action

Nurse: Who owns the next action?

Turn 2. The exchange needs an explicit owner for the remaining contact task.

3. contact

Therapist: I will contact the responsible clinician.

Turn 3. The supplied agreement assigns that contact to the incoming therapist.

4. interpretation

Nurse: Do not add an unsupported interpretation.

Turn 4. No clinical interpretation appears in the supplied facts for this exercise.

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01 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "The shift ends; the result is still pending". Maya: "Before I leave, could you repeat the follow-up you are taking over? I want to make sure the result check and clinician contact both have an owner." Jonas: [missing response] Maya: "That matches my request. If the follow-up cannot be completed through that route, use the applicable local process rather than leave an unacknowledged message indefinitely." Which response belongs in the gap?

B. Here is my check-back: I will check for the outstanding result and contact the responsible clinician when it becomes available, using the agreed route.

A Not here. This line belongs to turn 18, after Maya says: "Good. We should record who accepted the task and when. That will help the next person distinguish this transfer from an assumption made after I left." It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Jonas's response in turn 14. It connects Maya's preceding point with Maya's follow-up. A check-back repeats the received task so the sender can verify accurate understanding.

C Not here. This line belongs to turn 10, after Maya says: "The current record contains the request and the relevant background. If a copied summary conflicts with it, we need to clarify that difference rather than choose the shorter version." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 12, after Maya says: "Exactly. If the patient's condition changes before the result arrives, that change needs its own assessment and response. We cannot wait merely because this test is outstanding." It addresses that point, not the missing turn in the supplied exchange.

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02 / Answers and explanations

A / Read the situation

A1. What changed between the supplied observations?

C. Alex now stops mid-sentence to catch a breath.

The brief contrasts the earlier observation with the new interruption of speech.

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A2. What is the source of "I feel worse than earlier"?

D. Alex's own report

The statement is attributed directly to the patient, rather than to a clinician or test.

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A3. What is Priya already doing?

B. Using the local urgent-response process

The briefing explicitly places the communication within an immediate local response.

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D / Response choices

D1. Which opening is most useful during the response?

B. At 10:20 Alex is stopping mid-sentence to catch a breath, unlike at ten; I need urgent review.

The message gives the observed change, comparison, time, and requested response without diagnosing.

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D2. Which handover preserves the source and time of both findings?

B. At 10:20 Alex reports feeling worse; Priya observes pauses for breath, unlike at ten.

The patient supplies the reported experience; Priya supplies the observation and earlier comparison. None establishes a cause or makes an earlier entry current.

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02 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: The beginning of a symptom or change. Which term fits?

A. onset

A Correct. onset: The beginning of a symptom or change. The usual combination is "clarify symptom onset".

B Not here. closed-loop communication: An exchange in which receipt and meaning are confirmed. The usual combination is "use closed-loop communication".

C Not here. urgent review: Prompt assessment requested because of a clinical concern. The usual combination is "request an urgent review".

D Not here. bedside review: Clinical assessment with the patient present. The usual combination is "arrange a bedside review".

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D4. Rebuild the exchange from "A change needs a clear request". Priya: "At ten, Alex spoke without those pauses during my conversation. I am concerned that the earlier note could make this sound like an unchanged situation." Dan: [missing response] Priya: "This needs review now, not at the next round. Please confirm the responding team has the current concern rather than only the ten o'clock note." Which response belongs in the gap?

B. Your comparison identifies a change from baseline. The earlier entry provides context, but it cannot substitute for assessment of what is happening now.

A Not here. This line belongs to turn 10, after Priya says: "Thank you. I will communicate any further change through the response already underway. I will not delay that process while trying to produce a perfectly worded summary." It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Dan's response in turn 6. It connects Priya's preceding point with Priya's follow-up. The comparison shows a difference from the earlier reference observation, not an unchanged status.

C Not here. This line belongs to turn 16, after Priya says: "I also want to avoid writing a possible cause as if it were established. We have a concern requiring assessment, not a diagnosis from this conversation." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 18, after Priya says: "I will record the observation and the response activation with their times. Later actions should be added as they actually occur, not as though they already happened." It addresses that point, not the missing turn in the supplied exchange.

[Return to the exercise, page 19](#)

E / Conversation

1. urgent review

Turn 2. Urgent review is the prompt clinical assessment Priya is requesting in response to the change.

02 / Answers and explanations / continued

2. patient-reported symptom

Turn 4. The patient's description is a reported experience, distinct from the nurse's direct observation.

3. change from baseline

Turn 6. The comparison shows a difference from the earlier reference observation, not an unchanged status.

4. clinical concern

Turn 8. The clinical concern is the stated reason for prompt professional attention to the observed change.

5. situational awareness

Turn 10. Situational awareness keeps the team aligned on the current condition, relevant change, and response.

6. closed-loop communication

Turn 12. Closed-loop communication includes confirmation of receipt and meaning rather than reliance on sending alone.

7. time course

Turn 14. The time course describes how the concern developed across the supplied observations.

8. clinical uncertainty

Turn 16. Clinical uncertainty identifies what remains unknown without reducing the need for an appropriate response.

9. escalation record

Turn 18. The escalation record documents the concern, communication, timing, and actual response for continuity.

10. reassessment

Turn 20. Reassessment is a further clinical assessment whose findings must reflect what is actually established.

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02 / Answers and explanations / continued

F / Accuracy and scope

F1. Dan has not acknowledged the request. Which response fits the brief?

A. Continue the appropriate urgent escalation process rather than assume silence means acceptance.

A sent request is not confirmed receipt, and the urgent concern remains actionable.

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F2. What should the later record describe?

C. Actual observations, attributed reports, relevant times, and the response taken

A factual escalation record preserves both the clinical information and what actually occurred.

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F / Guided speaking

1. earlier

Therapist: The noon entry is an earlier observation.

Turn 1. Noon precedes the new finding at two and cannot establish the current status.

2. change

Colleague: The two o'clock finding describes a change.

Turn 2. The supplied facts explicitly identify something new rather than an unchanged condition.

3. underway

Therapist: The appropriate response is already underway.

Turn 3. The briefing says the therapist has used the appropriate response route.

4. assessment

Colleague: We must not substitute the old note for a current assessment.

Turn 4. An earlier record does not replace assessment of the newly identified change.

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02 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "A change needs a clear request". Priya: "For the handover to the responding team, I can give the patient identifiers, the two observation times, the patient's words, and the action already taken." Dan: [missing response] Priya: "I also want to avoid writing a possible cause as if it were established. We have a concern requiring assessment, not a diagnosis from this conversation." Which response belongs in the gap?

B. Include the time course clearly. In this case, the earlier observation and the change at ten twenty are more useful than an unspecific statement that things changed sometime.

A Not here. This line belongs to turn 4, after Priya says: "Alex said, "I feel worse than earlier." I observed the pauses while Alex was speaking to me. I have not established what is causing the change." It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Dan's response in turn 14. It connects Priya's preceding point with Priya's follow-up. The time course describes how the concern developed across the supplied observations.

C Not here. This line belongs to turn 2, after Priya says: "Dan, I have activated our urgent-response process for Alex. At ten twenty, Alex is stopping mid-sentence to catch a breath. This differs from the observation at ten." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 8, after Priya says: "This needs review now, not at the next round. Please confirm the responding team has the current concern rather than only the ten o'clock note." It addresses that point, not the missing turn in the supplied exchange.

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03 / Answers and explanations

A / Read the situation

A1. Which conflict needs review?

B. The record says no known drug allergies, while Rosa reports a previous rash after an antibiotic.

The discrepancy is between the documented status and an incompletely identified historical patient report.

[Return to the exercise, page 28](#)

A2. Which details remain unknown?

D. The antibiotic name and exact date

The briefing explicitly identifies the missing drug name and date.

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A3. The drug-name field is empty. Which entry preserves the available history without manufacturing certainty?

D. Patient reports a past rash after an antibiotic; name and exact date not recalled.

The report establishes a remembered event with missing details. It does not confirm an allergy mechanism, verify the old negative status, or establish a denial.

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D / Response choices

D1. Which message best supports review?

C. The record says no known drug allergies; Rosa reports a past rash after an unnamed antibiotic.

The accurate message preserves both sources and the limits of the reported history.

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D2. Which inference is unsupported?

B. The rash was definitely caused by an immune-mediated drug allergy.

Timing and a patient report alone do not establish the reaction's mechanism or cause.

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03 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: An unwanted response that is not necessarily an immune-mediated allergy. Which term fits?

B. intolerance

A Not here. brand name: A product name assigned by a manufacturer. The usual combination is "record the brand name".

B Correct. intolerance: An unwanted response that is not necessarily an immune-mediated allergy. The usual combination is "clarify a reported intolerance".

C Not here. contraindication: A circumstance making a treatment inappropriate under applicable clinical criteria. The usual combination is "check a contraindication".

D Not here. discrepancy: A difference between two accounts or records. The usual combination is "escalate a discrepancy".

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

D4. Rebuild the exchange from "The allergy field and the patient disagree". Mei: "The old entry looks definite. I was tempted to leave it alone because I cannot yet give you a complete alternative." Sam: [missing response] Mei: "She said the rash started after the antibiotic. Should my message say the drug caused it? That would be shorter." Which response belongs in the gap?

C. We still need to review the allergy status. An incomplete new account can expose a problem with an apparently complete old record.

A Not here. This line belongs to turn 8, after Mei says: "She said the rash started after the antibiotic. Should my message say the drug caused it? That would be shorter." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 10, after Mei says: "I can ask whether she has a previous clinic letter. I will not suggest a familiar antibiotic and ask her to agree." It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Sam's response in turn 6. It connects Mei's preceding point with Mei's follow-up. Allergy status is the documented position that requires clarification when new information conflicts with it.

D Not here. This line belongs to turn 12, after Mei says: "If a letter gives a brand, I will pass that on exactly. I should not translate it into a substance from memory." It addresses that point, not the missing turn in the supplied exchange.

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E / Conversation

1. discrepancy

Turn 2. The discrepancy is the difference between the recorded status and the patient's historical report.

03 / Answers and explanations / continued

2. patient account

Turn 4. The patient account attributes the historical information to Rosa without making it a confirmed diagnosis.

3. allergy status

Turn 6. Allergy status is the documented position that requires clarification when new information conflicts with it.

4. temporal association

Turn 8. Temporal association preserves the reported timing without claiming that causation has been established.

5. corroborating record

Turn 10. A corroborating record may help identify the medicine or clarify the previous reaction history.

6. generic name

Turn 12. The generic name identifies the medicine's active substance rather than relying only on a remembered product brand.

7. Unable to ascertain

Turn 14. Unable to ascertain describes information that cannot currently be established, not an absence of allergy history.

8. pharmacist review

Turn 16. Pharmacist review is the professional assessment of the medication-related discrepancy, not a clerical status change.

9. prescriber clarification

Turn 18. Prescriber clarification obtains the authorized prescribing professional's response to the medication question.

10. Record reconciliation

Turn 20. Record reconciliation addresses the documented difference through an authorized process rather than deleting one source.

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03 / Answers and explanations / continued

F / Accuracy and scope

F1. What should happen to the unresolved information?

D. Keep it visible and route it for appropriate clinical clarification.

Incomplete information still matters and must not be silently removed or prematurely closed.

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F2. Which question seeks a useful missing detail without suggesting the answer?

B. Do you remember the medicine's name or have a prior record we can appropriately check?

The neutral question seeks identifying evidence without supplying an unsupported answer.

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F / Guided speaking

1. unknown

Nurse: The medicine name is unknown.

Turn 1. The patient's inability to name the medicine leaves that detail unestablished.

2. absent

Colleague: That does not prove the history is absent.

Turn 2. Missing identification does not establish that no reaction history exists.

3. report

Nurse: Preserve the patient's report.

Turn 3. The supplied history should remain attributed and visible for appropriate review.

4. clarification

Colleague: Route the discrepancy for qualified clarification.

Turn 4. The unresolved difference requires appropriate review, not an unsupported negative entry.

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03 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "The allergy field and the patient disagree". Mei: "The screen wants a status before I move on. I cannot make the uncertainty disappear just because a completed field looks tidier." Sam: [missing response] Mei: "Is this now with you, or should I send the same request to another inbox? I want a clear owner rather than duplicate messages." Which response belongs in the gap?

D. Unable to ascertain is different from none known. Use our authorized documentation process and retain the reported rash and the details we cannot establish.

A Not here. This line belongs to turn 16, after Mei says: "Is this now with you, or should I send the same request to another inbox? I want a clear owner rather than duplicate messages." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 8, after Mei says: "She said the rash started after the antibiotic. Should my message say the drug caused it? That would be shorter." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 4, after Mei says: "A previous episode, several years ago. She has not reported a current reaction. She cannot remember the antibiotic or the exact date." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Sam's response in turn 14. It connects Mei's preceding point with Mei's follow-up. Unable to ascertain describes information that cannot currently be established, not an absence of allergy history.

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04 / Answers and explanations

A / Read the situation

A1. Which appointment details are supplied?

A. Thursday, 10:30 a.m., reception B

The approved sheet gives Thursday at ten thirty in the morning at reception B.

[Return to the exercise, page 38](#)

A2. What does Victor's Friday answer reveal?

D. A misunderstanding that needs clarification

The supplied facts show a mismatch in understanding, not refusal or a changed booking.

[Return to the exercise, page 38](#)

A3. What is the printed clinic number for in this case?

B. Appointment questions

The brief explicitly limits this number's stated purpose to appointment questions.

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D / Response choices

D1. Which question checks the supplied information most effectively?

A. In your own words, when and where will you return, and what will you bring?

The focused question requires the patient to explain the actual plan rather than simply agree.

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D2. Victor says Friday. Which response is best?

C. I may not have made the day clear; the sheet says Thursday. Let us check that part again.

The response corrects the supplied detail without blame and includes another check.

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04 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Giving small amounts of information and checking each part. Which term fits?

D. chunk and check

A Not here. rephrasing: Expressing the same meaning in different words. The usual combination is "try a clearer rephrasing".

B Not here. written reinforcement: Printed or digital information supporting the spoken explanation. The usual combination is "provide written reinforcement".

C Not here. self-management: The person's role in carrying out an agreed care plan. The usual combination is "support self-management".

D Correct. chunk and check: Giving small amounts of information and checking each part. The usual combination is "use chunk and check".

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D4. Rebuild the exchange from "A nod hides the wrong day". Leila: "I may not have made the day clear. It is Thursday, not Friday. Let us look at that line together so the spoken and written information match." Victor: [missing response] Leila: "You can keep looking at the sheet. To check that I explained it clearly, tell me which day and reception you will come to." Which response belongs in the gap?

C. Yes, I see Thursday now. I connected it with a different appointment on Friday. Having the sheet in front of me helps with that detail.

A Not here. This line belongs to turn 2, after Leila says: "We have reached the appointment section on your discharge sheet. Before we finish, I would like to check that I have explained those details clearly." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 8, after Leila says: "You can keep looking at the sheet. To check that I explained it clearly, tell me which day and reception you will come to." It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Victor's response in turn 6. It connects Leila's preceding point with Leila's follow-up. Detail refers to the particular day that Victor confused with another appointment.

D Not here. This line belongs to turn 14, after Leila says: "Yes, that is the purpose identified in this section. It is not a replacement for the appropriate urgent clinical route if an urgent concern arises." It addresses that point, not the missing turn in the supplied exchange.

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E / Conversation

1. appointment

Turn 2. Appointment identifies the specific later visit being discussed, not the entire discharge plan.

2. medication list

Turn 4. The medication list is the supplied document Victor should bring to the visit.

04 / Answers and explanations / continued

3. detail

Turn 6. Detail refers to the particular day that Victor confused with another appointment.

4. reception B

Turn 8. Reception B is the location explicitly stated in the approved appointment instructions.

5. current

Turn 10. Current distinguishes the up-to-date medication list from an older version that may no longer be accurate.

6. contact

Turn 12. Contact refers to the printed route for appointment questions, whose purpose must remain clear.

7. appointment questions

Turn 14. Appointment questions is the limited purpose assigned to the printed clinic number in this scenario.

8. location

Turn 16. Location identifies Victor's remaining practical question about where to attend.

9. access barrier

Turn 18. An access barrier is a practical difficulty, here uncertainty about finding the right reception.

10. plan

Turn 20. Plan summarizes the corrected appointment facts that Victor has now checked with Leila.

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F / Accuracy and scope

F1. Victor correctly explains Thursday, 10:30 a.m., reception B and the current medication list. Which entry matches the check?

B. Those appointment details were checked through teach-back; remaining discharge information was not tested here.

Correct teach-back supports the specific information checked. It does not prove attendance, understanding of other instructions, or a broader purpose for the clinic number.

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04 / Answers and explanations / continued

F2. Victor asks whether the clinic number replaces urgent care routes. What preserves the brief?

C. No; its stated purpose here is appointment questions, and urgent concerns use the appropriate clinical route.

The supplied number has a limited appointment purpose and does not replace appropriate urgent attention.

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F / Guided speaking

1. location

Nurse: The day and time match; let us clarify the location.

Turn 1. The only mismatch in the supplied response concerns the reception.

2. C

Patient: The note says reception C.

Turn 2. The approved appointment note explicitly names reception C.

3. words

Nurse: Please explain that corrected detail in your own words.

Turn 3. Teach-back checks the person's understanding rather than asking only for agreement.

4. afternoon

Patient: I will use reception C on Tuesday at two in the afternoon.

Turn 4. Two p.m. means two in the afternoon, preserving the supplied appointment time.

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04 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "A nod hides the wrong day". Leila: "Yes, that is the purpose identified in this section. It is not a replacement for the appropriate urgent clinical route if an urgent concern arises." Victor: [missing response] Leila: "Correct. Returning to this visit, is there any practical difficulty reaching reception B at the time shown? I can help clarify the location information available here." Which response belongs in the gap?

B. So I should not use the appointment number as a substitute for urgent help. Its stated purpose is appointment questions, not every possible concern after leaving.

A Not here. This line belongs to turn 10, after Leila says: "Yes, that matches the sheet. What will you bring with you for the appointment? You can look at the same line while you explain it." It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Victor's response in turn 14. It connects Leila's preceding point with Leila's follow-up. Appointment questions is the limited purpose assigned to the printed clinic number in this scenario.

C Not here. This line belongs to turn 6, after Leila says: "I may not have made the day clear. It is Thursday, not Friday. Let us look at that line together so the spoken and written information match." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 8, after Leila says: "You can keep looking at the sheet. To check that I explained it clearly, tell me which day and reception you will come to." It addresses that point, not the missing turn in the supplied exchange.

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05 / Answers and explanations

A / Read the situation

A1. What was actually assessed?

D. A 40-meter corridor walk with a wheeled walker and supervision

The supplied assessment concerns a corridor walk under stated equipment and supervision conditions.

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A2. What remains unresolved?

D. Stair access to the stated home setting

The home has twelve steps, but the relevant stair task has not been assessed.

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A3. What is the team's immediate communication need?

B. A precise finding and a clear unresolved question for the appropriate review

The case calls for accurate shared information before the qualified discharge decision.

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D / Response choices

D1. Which summary is most accurate?

C. Walked 40 meters with a wheeled walker and supervision; stairs not assessed.

The accurate statement preserves the assessed task and its conditions without inventing stair findings.

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D2. Why does the home information matter?

C. The destination requires a task that the corridor assessment did not establish.

The home requires stair access, which remains distinct from the assessed corridor walk.

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05 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: The pattern of walking. Which term fits?

C. gait

A Not here. independent mobility: Movement without another person's assistance or supervision for the stated task. The usual combination is "verify independent mobility".

B Not here. discharge readiness: Whether relevant conditions for leaving the care setting have been met. The usual combination is "review discharge readiness".

C Correct. gait: The pattern of walking. The usual combination is "assess gait".

D Not here. shared goal: An agreed outcome supported by the care team and patient. The usual combination is "establish a shared goal".

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D4. Rebuild the exchange from "Walking the corridor is not testing the stairs". Omar: "The home information says twelve steps and no elevator. That seems different from the task you observed in the corridor." Eva: [missing response] Omar: "Should I write unable to manage stairs so the issue stays visible? I do not want a short note to hide it." Which response belongs in the gap?

A. Yes. stair negotiation remains unresolved for that destination. Do not convert the corridor result into clearance for the steps at home.

A Correct. This is Eva's response in turn 6. It connects Omar's preceding point with Omar's follow-up. Stair negotiation is the unassessed task required by the stated access to the home.

B Not here. This line belongs to turn 2, after Omar says: "The discharge board says noon, and the rounds note says mobilizing well. Can I repeat that, or does it leave something important out?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 8, after Omar says: "Should I write unable to manage stairs so the issue stays visible? I do not want a short note to hide it." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 4, after Omar says: "Then independently mobile is not accurate. I had read the distance and missed the support level when I scanned the note." It addresses that point, not the missing turn in the supplied exchange.

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E / Conversation

1. functional assessment

Turn 2. Functional assessment concerns the specific task and conditions actually evaluated, not a general clearance.

05 / Answers and explanations / continued

2. supervision

Turn 4. Supervision was required during the observed walk, so independent mobility would overstate the finding.

3. stair negotiation

Turn 6. Stair negotiation is the unassessed task required by the stated access to the home.

4. unassessed task

Turn 8. An unassessed task lacks an evaluation; that is different from a demonstrated inability.

5. home environment

Turn 10. The home environment supplies practical conditions that the discharge plan must address.

6. equipment provision

Turn 12. Equipment provision concerns actual arrangements for equipment, not merely its use during an assessment.

7. discharge readiness

Turn 14. Discharge readiness concerns the relevant conditions for leaving, not the proposed departure time alone.

8. shared goal

Turn 16. A shared goal allows the team to coordinate a workable plan without concealing unresolved evidence.

9. discharge destination

Turn 18. The discharge destination identifies the actual setting whose access and support requirements need consideration.

10. team decision

Turn 20. The team decision must reflect the appropriate review rather than an inference from a vague mobility summary.

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05 / Answers and explanations / continued

F / Accuracy and scope

F1. How should Omar respond to pressure for a noon summary?

B. Report the specific assessment and unresolved stair question for the qualified team.

Accurate reporting allows the appropriate team to address the actual gap despite scheduling pressure.

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F2. Which concise rounds entry changes missing evidence into a finding that was not made?

A. Stair use unsuccessful; corridor walk completed with supervision and a walker.

Unsuccessful claims that a stair task was assessed and not completed. The supplied record says it was not assessed, which is neither success nor failure.

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F / Guided speaking

1. indoors

Therapist: The observed walk was indoors.

Turn 1. The supplied assessment took place indoors, not on outdoor ground.

2. assistance

Nurse: It required assistance.

Turn 2. The briefing explicitly includes assistance as a condition of the observed walk.

3. unassessed

Therapist: Uneven outdoor ground is unassessed.

Turn 3. No assessment of that separate task is supplied in this case.

4. independence

Nurse: The summary must not claim outdoor independence.

Turn 4. An assisted indoor walk does not establish independent outdoor performance.

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05 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "Walking the corridor is not testing the stairs". Omar: "The coordinator is asking for an answer before noon. I can give a concise status, but I cannot turn that deadline into a clinical finding." Eva: [missing response] Omar: "Let me try: forty meters, wheeled walker, supervision; stairs not assessed; twelve steps at home, no elevator. That access question needs qualified review." Which response belongs in the gap?

B. Exactly. The question is discharge readiness, not whether the board has a departure time. Give the finding, its conditions, and the unresolved stair issue.

A Not here. This line belongs to turn 16, after Omar says: "Let me try: forty meters, wheeled walker, supervision; stairs not assessed; twelve steps at home, no elevator. That access question needs qualified review." It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Eva's response in turn 14. It connects Omar's preceding point with Omar's follow-up. Discharge readiness concerns the relevant conditions for leaving, not the proposed departure time alone.

C Not here. This line belongs to turn 10, after Omar says: "Understood. The lack of an elevator matters because those steps are part of getting home, not an optional activity on a checklist." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 18, after Omar says: "If the team proposes somewhere else, I will confirm the actual arrangement. I will not assume a different building solves every support question." 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 did the patient actually request?

B. Rest before washing

The supplied quotation concerns the timing of washing, not every aspect of care.

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A2. Which times need to be distinguished?

C. Event at 2:20 p.m. and entry at 2:45 p.m.

The briefing gives separate times for the interaction and documentation.

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A3. What was agreed?

D. Elena would return at 3 p.m.

The agreement is a future return time, not a completed care event.

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D / Response choices

D1. Which replacement note best matches the event?

A. At 2:20, patient said, "I want to rest before washing." Return at 3 offered and agreed.

The replacement preserves the quotation, timing, offer, and agreement without adding unsupported judgments.

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D2. Which claim is not supported?

B. The patient refused every type of care.

The brief explicitly says no other care was discussed, so the universal refusal claim is unjustified.

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06 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: A factual account of what a person said or did. Which term fits?

B. behavioral description

A Not here. addendum: Additional information appended to an existing record. The usual combination is "make an authorized addendum".

B Correct. behavioral description: A factual account of what a person said or did. The usual combination is "provide a behavioral description".

C Not here. autopopulated field: A field filled automatically from another source. The usual combination is "verify autopopulated fields".

D Not here. capacity assessment: A qualified assessment of decision-making ability under applicable criteria. The usual combination is "document a capacity assessment accurately".

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D4. Rebuild the exchange from "Replace the label with the observable facts". Elena: "No other care was discussed. I should not make the note broader just because the original template gave me a short phrase about noncompliance." Chris: [missing response] Elena: "I am entering the note at two forty-five. The conversation happened at two twenty, so those times describe different things even though they are close together." Which response belongs in the gap?

D. Correct. Review the template text rather than let it determine the event. A convenient field does not justify recording something that the interaction did not establish.

A Not here. This line belongs to turn 20, after Elena says: "I will record the request and agreed return time now. After the visit at three, I can document what happened rather than writing the outcome ahead." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 16, after Elena says: "So I should not delete the history merely to make the final record look as though the inaccurate wording never existed." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 14, after Elena says: "The phrase refusing all care may already have been saved in the draft record. I should check its status rather than silently assume nobody could have seen it." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Chris's response in turn 6. It connects Elena's preceding point with Elena's follow-up. Template text is preset wording that must still match the facts of the individual interaction.

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E / Conversation

1. behavioral description

Turn 2. A behavioral description identifies what was said or done instead of relying on a judgmental label.

06 / Answers and explanations / continued

2. direct quotation

Turn 4. The direct quotation preserves the patient's actual words and the limited request they express.

3. template text

Turn 6. Template text is preset wording that must still match the facts of the individual interaction.

4. event time

Turn 8. Event time identifies when the patient interaction occurred, distinct from when the note was entered.

5. agreed follow-up

Turn 10. Agreed follow-up is the accepted future plan, not evidence that the later visit has occurred.

6. clinical inference

Turn 12. A clinical inference must be distinguished from observed facts and cannot be invented to explain the event.

7. amendment

Turn 14. An amendment corrects a record through the approved process without concealing the original history.

8. audit trail

Turn 16. The audit trail provides traceability of entries and changes, supporting reliable correction rather than concealment.

9. documentation scope

Turn 18. Documentation scope limits the entry to what the supplied evidence and relevant professional process actually support.

10. Objective documentation

Turn 20. Objective documentation records supported facts and attributed information without the unsupported label in the original draft.

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06 / Answers and explanations / continued

F / Accuracy and scope

F1. How should the two times be handled?

D. Identify the event time and preserve the actual entry time under local procedure.

The two times describe different events and should not be conflated or concealed.

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F2. At 2:45, which entry preserves both the earlier event and the future plan?

A. At 2:20 the patient requested rest before washing; return at 3 was offered and agreed.

The event was at 2:20, entry at 2:45, and agreed return at 3. The future visit has no known outcome and the request concerned washing, not all care.

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F / Guided speaking

1. future

Reviewer: Noon is still in the future.

Turn 1. At eleven, the agreed noon visit has not yet occurred.

2. planned

Author: The visit is planned, not completed.

Turn 2. The supplied fact is an agreement to return, not a completed education session.

3. process

Reviewer: Correct the statement through the approved process.

Turn 3. An inaccurate entry should be corrected transparently under the applicable documentation procedure.

4. outcome

Author: The later entry must reflect the actual outcome.

Turn 4. The result of the visit can be documented only after it is known.

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06 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "Replace the label with the observable facts". Elena: "The phrase refusing all care may already have been saved in the draft record. I should check its status rather than silently assume nobody could have seen it." Chris: [missing response] Elena: "So I should not delete the history merely to make the final record look as though the inaccurate wording never existed." Which response belongs in the gap?

C. Follow the authorized amendment process if a saved entry needs correction. Keep the change traceable and do not obscure the original entry or its author.

A Not here. This line belongs to turn 10, after Elena says: "I also wrote that I returned at three, but that is still in the future. I meant that I had arranged to return then." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 6, after Elena says: "No other care was discussed. I should not make the note broader just because the original template gave me a short phrase about noncompliance." It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Chris's response in turn 14. It connects Elena's preceding point with Elena's follow-up. An amendment corrects a record through the approved process without concealing the original history.

D Not here. This line belongs to turn 4, after Elena says: "At two twenty, the patient said, "I want to rest before washing." I offered to return at three, and the patient agreed to that time." It addresses that point, not the missing turn in the supplied exchange.

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07 / Answers and explanations

A / Read the situation

A1. What permission is supplied?

D. The patient has agreed to include Anika in relevant updates.

The permission concerns relevant updates to Anika, not unlimited authority or disclosure.

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A2. What can Luis promise?

A. His own status update by 4 p.m.

The brief gives Luis control of his update, not the clinician's schedule or clinical conclusion.

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A3. How is Anika's behavior described?

B. Frustrated, without threats

The supplied facts identify frustration but explicitly state that no threats are being made.

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D / Response choices

D1. Which opening best acknowledges the concern?

D. You have been waiting for a clear explanation; let me check the unanswered question and arrange the right contact.

The opening recognizes the missing explanation and moves toward an appropriate response without unsupported reassurance.

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D2. Anika asks, "Will the clinician be here at four?" What is accurate?

A. Four is my promised status update; a clinician meeting time is not yet confirmed.

The brief distinguishes Luis's own update from an unconfirmed clinician meeting.

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07 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Protection of information from inappropriate access or disclosure. Which term fits?

B. confidentiality

A Not here. status update: Information about what has happened and what remains pending. The usual combination is "provide a status update".

B Correct. confidentiality: Protection of information from inappropriate access or disclosure. The usual combination is "maintain confidentiality".

C Not here. validation: Recognition that an expressed feeling or concern has been heard. The usual combination is "provide appropriate validation".

D Not here. substitute decision-maker: A person with applicable authority to decide in specified circumstances. The usual combination is "verify substitute decision-maker authority".

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D4. Rebuild the exchange from "Acknowledge the frustration; keep the boundary".

Anika: "Does that mean you cannot tell me anything? I am not asking for a lecture about whose job it is. I need a practical next step." **Luis:** [missing response] **Anika:** "All right, but what exactly are you promising? Earlier I heard soon, and soon turned into several hours without a clear answer." **Which response belongs in the gap?**

B. The next step is for me to contact the responsible clinician and confirm the response arrangements. I will stay responsible for the update I promise you.

A Not here. This line belongs to turn 2, after Anika says: "Nobody tells us anything. We keep hearing that someone will explain the result, but we still do not know who that person is or when we will hear." It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Luis's response in turn 6. It connects Anika's preceding point with Anika's follow-up. The responsible clinician is the appropriate contact for the clinical explanation sought in this scenario.

C Not here. This line belongs to turn 4, after Anika says: "I want to know what the test result means for my father. I do not want another message saying that somebody has passed the request to somebody else." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 10, after Anika says: "So the clinician will meet us at four? I can ask my sister to come then if that is a firm time." It addresses that point, not the missing turn in the supplied exchange.

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E / Conversation

1. clear explanation

Turn 2. Clear explanation identifies the unmet communication need Luis is acknowledging rather than dismissing.

07 / Answers and explanations / continued

2. updates

Turn 4. Updates are the relevant communications the patient has permitted Anika to receive in this case.

3. responsible clinician

Turn 6. The responsible clinician is the appropriate contact for the clinical explanation sought in this scenario.

4. status update

Turn 8. A status update reports what has been established and what remains pending, not necessarily a completed clinical explanation.

5. update time

Turn 10. Update time identifies Luis's own communication commitment, not a clinician meeting that has not been arranged.

6. reassurance

Turn 12. Reassurance about a normal result would lack a clinical basis in the facts supplied here.

7. concern

Turn 14. Concern refers to Anika's complaint about the communication experience, which can be passed on accurately.

8. decision-making authority

Turn 16. Decision-making authority is distinct from permission to receive relevant information and requires the applicable basis.

9. named contact

Turn 18. The named contact is the identified person accountable for this promised follow-up communication.

10. commitment

Turn 20. Commitment refers to the promised update Luis can control even if the meeting remains unconfirmed.

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07 / Answers and explanations / continued

F / Accuracy and scope

F1. What should Luis avoid inferring from permission to share updates?

D. That Anika automatically has full decision-making authority

Being included in communication does not itself confer authority to make every decision.

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F2. It is four and Luis has no confirmed clinician meeting time. Which update keeps his promise?

D. The meeting time is still unconfirmed; here is the status I established and the next communication step.

The promise was Luis's status update by four, not a booked meeting or completed interpretation. Pending arrangements do not cancel that communication commitment.

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F / Guided speaking

1. time

Family member: Is five the conference time?

Turn 1. The question asks whether the update time also establishes a conference appointment.

2. update

Therapist: Five is my update; the conference is not yet booked.

Turn 2. The only confirmed promise concerns the therapist's communication.

3. status

Family member: Please explain the current status even if it is pending.

Turn 3. The family requests accurate information about arrangements, not an invented booking.

4. commitment

Therapist: I will keep my communication commitment.

Turn 4. The update can still be delivered even when another person's meeting is unconfirmed.

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07 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "Acknowledge the frustration; keep the boundary".

Anika: "Please tell them how hard the silence has been. I should not have to keep chasing before someone explains what is happening." **Luis:** [missing response]

Anika: "I would like the explanation arranged first. Since my father agreed to include me, does that also mean I can make all the decisions for him?" Which response belongs in the gap?

D. I will include that concern accurately. If you want it reviewed through the formal communication-complaint route, I can explain that process as well.

A Not here. This line belongs to turn 6, after Anika says: "Does that mean you cannot tell me anything? I am not asking for a lecture about whose job it is. I need a practical next step." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 8, after Anika says: "All right, but what exactly are you promising? Earlier I heard soon, and soon turned into several hours without a clear answer." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 2, after Anika says: "Nobody tells us anything. We keep hearing that someone will explain the result, but we still do not know who that person is or when we will hear." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Luis's response in turn 14. It connects Anika's preceding point with Anika's follow-up. Concern refers to Anika's complaint about the communication experience, which can be passed on accurately.

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08 / Answers and explanations

A / Read the situation

A1. Which event is supplied as recorded?

C. A fall at 11:05 a.m.

The briefing establishes the recorded fall and time, not the draft's causal claims.

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A2. What is the source of the water detail?

A. The patient's later report

The patient reported standing to reach water; Beth did not witness the event.

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A3. What is the purpose of this review?

D. Reconstruct supported facts and unresolved details before conclusions

The review follows the clinical response and seeks evidence before causal conclusions.

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D / Response choices

D1. Which opening gives the strongest factual foundation?

C. A fall was recorded at 11:05; I did not witness it; the patient later reported standing to reach water.

The factual opening identifies the event, the limit of firsthand knowledge, and the source of the account.

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D2. Which statement needs verification before being presented as fact?

C. The call bell was out of reach at the time.

The briefing explicitly says the call-bell position has not been established.

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08 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Information received from another person rather than directly witnessed. Which term fits?

B. secondhand account

A Not here. immediate response: Actions taken promptly to address the situation and possible harm. The usual combination is "document the immediate response".

B Correct. secondhand account: Information received from another person rather than directly witnessed. The usual combination is "attribute a secondhand account".

C Not here. just culture: A fair approach combining learning from systems with appropriate individual accountability. The usual combination is "support a just culture".

D Not here. action owner: The named person responsible for carrying out an agreed action. The usual combination is "name the action owner".

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D4. Rebuild the exchange from "Report the fall without inventing its cause". Beth: "Who added careless? I cannot find evidence for that judgment. I want the reviewer to see what happened before inheriting a conclusion about the colleague." Arun: [missing response] Beth: "It also says the call bell was out of reach. We need to establish its position at the time rather than infer it from the fact that the patient stood." Which response belongs in the gap?

B. That is a causal assumption, not an established finding. Remove the unsupported conclusion through the appropriate correction process while retaining the actual event and relevant accounts.

A Not here. This line belongs to turn 8, after Beth says: "It also says the call bell was out of reach. We need to establish its position at the time rather than infer it from the fact that the patient stood." It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Arun's response in turn 6. It connects Beth's preceding point with Beth's follow-up. A causal assumption presents an explanation as established before the supporting evidence is available.

C Not here. This line belongs to turn 4, after Beth says: "I did not witness the fall. The patient later said they had stood to reach water. I can attribute that account, but I cannot describe the fall as an eyewitness." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 10, after Beth says: "We may also need the surrounding care record and staff accounts. They could help reconstruct the sequence, although no single source should be treated as complete automatically." It addresses that point, not the missing turn in the supplied exchange.

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E / Conversation

1. event chronology

Turn 2. Event chronology reconstructs the supported sequence and times before assigning a cause.

08 / Answers and explanations / continued

2. firsthand observation

Turn 4. Firsthand observation concerns what the reporter directly witnessed, which Beth explicitly did not do here.

3. causal assumption

Turn 6. A causal assumption presents an explanation as established before the supporting evidence is available.

4. Call-bell access

Turn 8. Call-bell access is a specific environmental condition requiring verification, not an inference from the fall alone.

5. evidence preservation

Turn 10. Evidence preservation protects relevant information so the review can reconstruct events accurately.

6. just culture

Turn 12. Just culture combines fair examination of individual accountability with learning about system conditions.

7. hindsight bias

Turn 14. Hindsight bias makes an earlier decision seem obvious after the outcome is already known.

8. effectiveness measure

Turn 16. An effectiveness measure checks whether the intended practical condition improved rather than merely counting an activity.

9. action owner

Turn 18. The action owner is accountable for carrying out the agreed improvement and its follow-up.

10. learning feedback

Turn 20. Learning feedback returns supported findings and practical next steps to the people involved in improving care.

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08 / Answers and explanations / continued

F / Accuracy and scope

F1. A later review identifies inconsistent call-bell positioning. Which paired measure distinguishes implementation from practical effect?

C. Briefing attendance, followed by a defined audit of accessible call bells

Attendance establishes delivery; an accessibility audit checks the intended condition. The other pairs measure communication activity without checking bedside accessibility.

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F2. What does a just-culture approach require here?

D. Examine supported actions and system conditions with fair accountability.

Fair learning combines evidence about systems and behavior without automatic blame or automatic absolution.

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F / Guided speaking

1. delivered

Lead: The briefing was delivered to twenty staff.

Turn 1. Attendance supports that the briefing took place for the stated group.

2. activity

Reviewer: That is evidence of the activity, not the practical result.

Turn 2. Delivery describes what the team did, not whether the intended condition changed.

3. unchecked

Lead: Equipment accessibility remains unchecked.

Turn 3. The supplied facts say no accessibility check has yet occurred.

4. effectiveness

Reviewer: Use a relevant measure of effectiveness.

Turn 4. The review needs evidence that the action improved the intended practical condition.

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08 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "Report the fall without inventing its cause". Beth: "Knowing the outcome makes it tempting to say the next step should have been obvious. But we need to understand what information people actually had at the time." Arun: [missing response] Beth: "Suppose a later review finds inconsistent positioning of the call bell. A reminder session alone would not tell us whether the intended bedside condition actually improved." Which response belongs in the gap?

B. That helps avoid hindsight bias. Reconstruct the working situation before judging decisions. The review should explain what is supported, what remains uncertain, and what further evidence is needed.

A Not here. This line belongs to turn 16, after Beth says: "Suppose a later review finds inconsistent positioning of the call bell. A reminder session alone would not tell us whether the intended bedside condition actually improved." It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Arun's response in turn 14. It connects Beth's preceding point with Beth's follow-up. Hindsight bias makes an earlier decision seem obvious after the outcome is already known.

C Not here. This line belongs to turn 8, after Beth says: "It also says the call bell was out of reach. We need to establish its position at the time rather than infer it from the fact that the patient stood." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 12, after Beth says: "Some staff fear that questioning the draft removes accountability. Others think reviewing individual actions means automatically blaming someone." 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: An approved detail used to establish the correct person's identity. Which term fits?

C. patient identifier

A Not here. outstanding task: An action that remains to be completed. The usual combination is "identify outstanding tasks".

B Not here. acknowledgment: Confirmation that a message has been received. The usual combination is "obtain an acknowledgment".

C Correct. patient identifier: An approved detail used to establish the correct person's identity. The usual combination is "verify patient identifiers".

D Not here. I-PASS: A structured handoff framework expanded in the precision note below. The usual combination is "use an I-PASS handoff".

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2. A colleague needs the term for this meaning: A reason for professional attention to possible patient risk. Which term fits?

C. clinical concern

A Not here. situational awareness: Shared understanding of the current conditions and relevant risks. The usual combination is "maintain situational awareness".

B Not here. patient-reported symptom: A change or experience described by the patient. The usual combination is "record a patient-reported symptom".

C Correct. clinical concern: A reason for professional attention to possible patient risk. The usual combination is "state the clinical concern".

D Not here. reassessment: A further assessment after time, intervention, or a change. The usual combination is "communicate reassessment findings".

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Review 1 / Explanations / continued

3. Rebuild the exchange from "The shift ends; the result is still pending". Maya: "The current record contains the request and the relevant background. If a copied summary conflicts with it, we need to clarify that difference rather than choose the shorter version." Jonas: [missing response] Maya: "Exactly. If the patient's condition changes before the result arrives, that change needs its own assessment and response. We cannot wait merely because this test is outstanding." Which response belongs in the gap?

C. I will use the source record to verify the request. A familiar phrase in yesterday's summary is not enough to establish what is required now.

A Not here. This line belongs to turn 14, after Maya says: "Before I leave, could you repeat the follow-up you are taking over? I want to make sure the result check and clinician contact both have an owner." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 2, after Maya says: "Before I leave, we need to hand over one unfinished follow-up. We have checked the patient identifiers, and this report reflects the position at seven." It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Jonas's response in turn 10. It connects Maya's preceding point with Maya's follow-up. The source record provides the original information against which summaries should be checked.

D Not here. This line belongs to turn 18, after Maya says: "Good. We should record who accepted the task and when. That will help the next person distinguish this transfer from an assumption made after I left." It addresses that point, not the missing turn in the supplied exchange.

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Review 1 / Explanations / continued

4. Rebuild the exchange from "A change needs a clear request". Priya: "I will record the observation and the response activation with their times. Later actions should be added as they actually occur, not as though they already happened." Dan: [missing response] Priya: "I will hand over the two observation times and the response already underway. Tell me when the assessment findings are available so the record stays current." Which response belongs in the gap?

D. The escalation record should reflect that sequence. Documenting a request for assessment and documenting the completed assessment are different entries about different events.

A Not here. This line belongs to turn 6, after Priya says: "At ten, Alex spoke without those pauses during my conversation. I am concerned that the earlier note could make this sound like an unchanged situation." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 10, after Priya says: "Thank you. I will communicate any further change through the response already underway. I will not delay that process while trying to produce a perfectly worded summary." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 16, after Priya says: "I also want to avoid writing a possible cause as if it were established. We have a concern requiring assessment, not a diagnosis from this conversation." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Dan's response in turn 18. It connects Priya's preceding point with Priya's follow-up. The escalation record documents the concern, communication, timing, and actual response for continuity.

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Review 2 / Explanations

Cumulative review

1. A colleague needs the term for this meaning: A harmful, unintended response to a medicine. Which term fits?

D. adverse drug reaction

A Not here. medication administration record: The record used to document medicines administered. The usual combination is "check the medication administration record".

B Not here. allergy alert: A visible notification drawing attention to relevant allergy information. The usual combination is "review an allergy alert".

C Not here. generic name: The nonproprietary name of a medicine's active substance. The usual combination is "verify the generic name".

D Correct. adverse drug reaction: A harmful, unintended response to a medicine. The usual combination is "document an adverse drug reaction".

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2. A colleague needs the term for this meaning: A record of medicines the person is using. Which term fits?

B. medication list

A Not here. comprehension check: A focused check of what information has been understood. The usual combination is "make a comprehension check".

B Correct. medication list: A record of medicines the person is using. The usual combination is "bring a current medication list".

C Not here. teach-back: Asking a person to explain information in their own words to check the explanation. The usual combination is "use teach-back".

D Not here. contact pathway: The appropriate route for a particular question or concern. The usual combination is "clarify the contact pathway".

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Review 2 / Explanations / continued

3. Rebuild the exchange from "A change needs a clear request". Priya: "Thank you. I will communicate any further change through the response already underway. I will not delay that process while trying to produce a perfectly worded summary." Dan: [missing response] Priya: "If a request is not acknowledged, I should not assume that pressing send means the receiving person has accepted responsibility for responding." Which response belongs in the gap?

A. Maintain situational awareness across the team. Everyone involved needs the present concern and response status, not just the reassuring language of an older entry.

A Correct. This is Dan's response in turn 10. It connects Priya's preceding point with Priya's follow-up. Situational awareness keeps the team aligned on the current condition, relevant change, and response.

B Not here. This line belongs to turn 16, after Priya says: "I also want to avoid writing a possible cause as if it were established. We have a concern requiring assessment, not a diagnosis from this conversation." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 18, after Priya says: "I will record the observation and the response activation with their times. Later actions should be added as they actually occur, not as though they already happened." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 6, after Priya says: "At ten, Alex spoke without those pauses during my conversation. I am concerned that the earlier note could make this sound like an unchanged situation." It addresses that point, not the missing turn in the supplied exchange.

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4. Rebuild the exchange from "A nod hides the wrong day". Leila: "Let us check the current clinic map together. I would rather confirm the route now than send you toward the wrong reception from memory." Victor: [missing response] Leila: "We will clarify that together. Then I will record the appointment details we checked, rather than write a broad statement that every discharge instruction is understood." Which response belongs in the gap?

B. Thank you. That would remove an access barrier for me. The day is now clear, and the next thing I need is the exact way to that reception.

A Not here. This line belongs to turn 16, after Leila says: "Correct. Returning to this visit, is there any practical difficulty reaching reception B at the time shown? I can help clarify the location information available here." It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Victor's response in turn 18. It connects Leila's preceding point with Leila's follow-up. An access barrier is a practical difficulty, here uncertainty about finding the right reception.

C Not here. This line belongs to turn 20, after Leila says: "We will clarify that together. Then I will record the appointment details we checked, rather than write a broad statement that every discharge instruction is understood." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 10, after Leila says: "Yes, that matches the sheet. What will you bring with you for the appointment? You can look at the same line while you explain it." It addresses that point, not the missing turn in the supplied exchange.

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Review 3 / Explanations

Cumulative review

1. A colleague needs the term for this meaning: Walking or moving about on foot. Which term fits?

B. ambulation

A Not here. discipline-specific finding: An observation within a professional field's assessment. The usual combination is "share discipline-specific findings".

B Correct. ambulation: Walking or moving about on foot. The usual combination is "describe observed ambulation".

C Not here. access requirement: A condition that must be met to enter or use a setting. The usual combination is "clarify access requirements".

D Not here. physical assistance: Hands-on help provided during a task. The usual combination is "specify physical assistance".

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2. A colleague needs the term for this meaning: A later record of an earlier event, identified according to local procedure. Which term fits?

A. late entry

A Correct. late entry: A later record of an earlier event, identified according to local procedure. The usual combination is "identify a late entry".

B Not here. care declined: A specific offered action that the person did not accept. The usual combination is "specify the care declined".

C Not here. copy-forward: Reusing earlier text in a later record. The usual combination is "verify copy-forward content".

D Not here. objective documentation: Recording observable or verifiable information without unsupported judgment. The usual combination is "use objective documentation".

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Review 3 / Explanations / continued

3. Rebuild the exchange from "A nod hides the wrong day". Leila: "Yes, that matches the sheet. What will you bring with you for the appointment? You can look at the same line while you explain it." Victor: [missing response] Leila: "The instruction is to bring the current list. If you need help clarifying what you have, use the appropriate team contact rather than guess about medication changes." Which response belongs in the gap?

C. I will bring my current medication list. I have an older printed list at home, so I should not assume that old copy describes everything accurately now.

A Not here. This line belongs to turn 16, after Leila says: "Correct. Returning to this visit, is there any practical difficulty reaching reception B at the time shown? I can help clarify the location information available here." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 14, after Leila says: "Yes, that is the purpose identified in this section. It is not a replacement for the appropriate urgent clinical route if an urgent concern arises." It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Victor's response in turn 10. It connects Leila's preceding point with Leila's follow-up. Current distinguishes the up-to-date medication list from an older version that may no longer be accurate.

D Not here. This line belongs to turn 8, after Leila says: "You can keep looking at the sheet. To check that I explained it clearly, tell me which day and reception you will come to." It addresses that point, not the missing turn in the supplied exchange.

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Review 3 / Explanations / continued

4. Rebuild the exchange from "Replace the label with the observable facts". Elena: "The final note can state the quotation, the offer to return, and the agreement. It should not imply a formal decision about capacity or informed refusal." Chris: [missing response] Elena: "I will record the request and agreed return time now. After the visit at three, I can document what happened rather than writing the outcome ahead." Which response belongs in the gap?

D. That respects the documentation scope. Those are distinct clinical and procedural matters, and the facts here do not establish that either assessment occurred.

A Not here. This line belongs to turn 10, after Elena says: "I also wrote that I returned at three, but that is still in the future. I meant that I had arranged to return then." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 2, after Elena says: "My draft says the patient was difficult and refusing all care. Reading it back, I can see that it does not explain what happened during the interaction." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 4, after Elena says: "At two twenty, the patient said, "I want to rest before washing." I offered to return at three, and the patient agreed to that time." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Chris's response in turn 18. It connects Elena's preceding point with Elena's follow-up. Documentation scope limits the entry to what the supplied evidence and relevant professional process actually support.

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Review 4 / Explanations

Cumulative review

1. A colleague needs the term for this meaning: An appropriate basis allowing specified information to be communicated. Which term fits?

D. permission to share

A Not here. clinical explanation: Interpretation of clinical information by an appropriately qualified professional. The usual combination is "arrange a clinical explanation".

B Not here. shared decision-making: A process combining relevant evidence with the patient's values and preferences. The usual combination is "support shared decision-making".

C Not here. empathic acknowledgment: Recognition of a person's concern or experience without unsupported agreement. The usual combination is "offer empathic acknowledgment".

D Correct. permission to share: An appropriate basis allowing specified information to be communicated. The usual combination is "verify permission to share".

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2. A colleague needs the term for this meaning: Judging a decision mainly by its result rather than the information available then. Which term fits?

D. outcome bias

A Not here. root cause analysis: A structured investigation of underlying and contributing causes. The usual combination is "contribute to root cause analysis".

B Not here. patient safety event: An occurrence relevant to possible or actual harm during care. The usual combination is "report a patient safety event".

C Not here. environmental condition: A relevant physical feature of the setting. The usual combination is "verify environmental conditions".

D Correct. outcome bias: Judging a decision mainly by its result rather than the information available then. The usual combination is "recognize outcome bias".

[Return to the exercise, page 95](#)

Review 4 / Explanations / continued

3. Rebuild the exchange from "Replace the label with the observable facts". Elena: "I also wrote that I returned at three, but that is still in the future. I meant that I had arranged to return then." Chris: [missing response] Elena: "I was going to write anxious as the reason. But the patient only asked to rest. Should I leave out that interpretation unless I can support it?" Which response belongs in the gap?

D. Record it as agreed follow-up. The patient agreed to your offer, but the outcome of that future visit cannot be documented as complete now.

A Not here. This line belongs to turn 4, after Elena says: "At two twenty, the patient said, "I want to rest before washing." I offered to return at three, and the patient agreed to that time." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 14, after Elena says: "The phrase refusing all care may already have been saved in the draft record. I should check its status rather than silently assume nobody could have seen it." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 18, after Elena says: "The final note can state the quotation, the offer to return, and the agreement. It should not imply a formal decision about capacity or informed refusal." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Chris's response in turn 10. It connects Elena's preceding point with Elena's follow-up. Agreed follow-up is the accepted future plan, not evidence that the later visit has occurred.

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4. Rebuild the exchange from "Report the fall without inventing its cause". Beth: "We should assign the change to someone and state when follow-up will be checked. Otherwise we have only a general promise." Arun: [missing response] Beth: "I will attribute the patient's account and leave the environmental questions open. Please make sure later findings are added with their evidence, not substituted for the original account." Which response belongs in the gap?

C. Name the action owner and the review point. Include an appropriate check for unintended effects rather than assume every change is beneficial in every respect.

A Not here. This line belongs to turn 4, after Beth says: "I did not witness the fall. The patient later said they had stood to reach water. I can attribute that account, but I cannot describe the fall as an eyewitness." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 6, after Beth says: "Who added careless? I cannot find evidence for that judgment. I want the reviewer to see what happened before inheriting a conclusion about the colleague." It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Arun's response in turn 18. It connects Beth's preceding point with Beth's follow-up. The action owner is accountable for carrying out the agreed improvement and its follow-up.

D Not here. This line belongs to turn 10, after Beth says: "We may also need the surrounding care record and staff accounts. They could help reconstruct the sequence, although no single source should be treated as complete automatically." It addresses that point, not the missing turn in the supplied exchange.

[Return to the exercise, page 95](#)

Additional case 1 / Explanations

Extended conversation

1. competency record

Turn 2. The competency record documents the relevant assessed ability; experience with a different model does not automatically establish it.

2. Scope of practice

Turn 6. Scope of practice defines the professional activities permitted within a role; individual competence and local requirements must also be considered.

3. competency assessment

Turn 8. A competency assessment checks and documents performance against the required standard, rather than merely recording that a demonstration occurred.

4. accountability

Turn 10. Accountability identifies who is responsible for the assigned work and decisions; discussing training does not leave the current task ownerless.

5. escalation pathway

Turn 12. The escalation pathway provides the defined route for obtaining a higher-level response when the immediate arrangement cannot safely resolve the issue.

6. supervised practice

Turn 14. Supervised practice is learning under an appropriate supervisor and agreed conditions, not automatic permission for independent work.

[Return to the conversation, page 98](#)

Transfer exchange

1. assessment

Nurse: Attendance confirms a demonstration, not the required assessment.

Turn 1. The supplied facts distinguish attending instruction from completing the competency assessment.

Additional case 1 / Explanations / continued

2. use

Lead: Check the documented requirement before assigning independent use.

Turn 2. Independent use must not be inferred from attendance alone under the stated local requirement.

3. task

Nurse: Arrange appropriate coverage for the current task.

Turn 3. The immediate task still needs a safe arrangement while the competency gap is addressed.

4. decision

Lead: Record the training plan separately from today's coverage decision.

Turn 4. The future learning plan and present responsibility arrangement are different decisions.

[Return to the conversation, page 100](#)

Additional case 2 / Explanations

Extended conversation

1. word-finding difficulty

Turn 2. Word-finding difficulty affects access to spoken words; it does not establish that the person has no preference or understanding.

2. reliability

Turn 4. Reliability concerns how consistently the response conveys the intended meaning; a nod alone is not universal proof of agreement.

3. processing time

Turn 6. Processing time is the time needed to understand and respond; rushing can make the person's communication appear less effective.

4. communication aid

Turn 8. A communication aid supports expression or understanding; its suitability must be checked for the individual rather than assumed from its presence.

5. Supported communication

Turn 12. Supported communication helps the person express and understand messages without replacing their participation with someone else's assumptions.

6. Decision-making capacity

Turn 16. Decision-making capacity is a separate, context-specific assessment; a language impairment alone does not establish its absence.

[Return to the conversation, page 102](#)

Transfer exchange

1. patient

Nurse: The answer came from the relative, not yet from the patient.

Turn 1. The source of the answer must remain clear rather than be attributed to another person.

Additional case 2 / Explanations / continued

2. preference

Therapist: Use the assessed support to establish the patient's own preference.

Turn 2. Communication support should help the patient express their view where possible.

3. capacity

Nurse: I will not treat difficulty speaking as proof of absent capacity.

Turn 3. Language impairment alone does not establish inability to make a particular decision.

4. uncertainty

Therapist: Record the method, response, and any remaining uncertainty.

Turn 4. The record should preserve what was established and what was still unclear.

[Return to the conversation, page 104](#)

Additional case 3 / Explanations

Extended conversation

1. intake chart

Turn 2. The intake chart records food and fluid actually consumed; an unexplained percentage may be insufficient for nutritional assessment.

2. access barrier

Turn 4. An access barrier prevents food from being practically available to eat, such as packaging the person cannot open.

3. portion size

Turn 6. Portion size is the amount served and helps interpret how much was consumed; a percentage without a base can mislead.

4. Nutritional requirements

Turn 9. Nutritional requirements concern the person's assessed needs; one unqualified meal percentage does not measure how much of those needs was met.

5. texture modification

Turn 13. Texture modification changes food consistency and requires the appropriate individualized assessment and plan rather than an improvised substitution.

6. dietetic assessment

Turn 17. Dietetic assessment evaluates nutritional needs and intake using relevant evidence; clearer observations support but do not replace it.

[Return to the conversation, page 106](#)

Transfer exchange

1. barrier

Nurse: Record the reported difficulty with the lid as an access barrier.

Turn 1. The supplied explanation concerns opening the packaging, not dislike of the food.

Additional case 3 / Explanations / continued

2. preference

Dietitian: Do not infer a food preference that the patient has not expressed.

Turn 2. An unopened container does not establish what the patient likes or dislikes.

3. provided

Nurse: Document what assistance was actually provided.

Turn 3. The record should distinguish completed assistance from help merely planned or offered.

4. unknown

Dietitian: Keep any unobserved amount of intake marked as unknown.

Turn 4. An unobserved amount must not become a fabricated consumption estimate.

[Return to the conversation, page 109](#)

Find a phrase by purpose

Shift Handoffs and Clinical Prioritization

Open the transfer: I am handing over one result that is still pending.

Confirm identity: Let us verify the patient identifiers before discussing the record.

Time the report: This is the status at the seven o'clock handoff.

[Full phrase bank, page 7](#)

Patient Assessment and Escalation

State the change: This is different from the observation at ten o'clock.

Attribute the report: Alex says, "I feel worse than earlier."

Describe what you see: Alex is now stopping mid-sentence to catch a breath.

[Full phrase bank, page 18](#)

Medication Safety and Allergy Clarification

State the discrepancy: The allergy field and the patient's account do not match.

Attribute the history: Rosa reports a rash after an antibiotic several years ago.

Identify the unknown: She cannot recall the drug name or exact date.

[Full phrase bank, page 31](#)

Patient Education and Teach-Back

Invite the plan: In your own words, when and where will you return?

Take responsibility: I may not have made the day clear.

Correct one detail: The appointment is Thursday, not Friday.

[Full phrase bank, page 41](#)

Find a phrase by purpose / continued

Interprofessional Rounds

State the finding: Eva observed a 40-meter corridor walk.

Include the conditions: The walk used a wheeled walker and required supervision.

Name the gap: Stairs have not been assessed.

[Full phrase bank, page 53](#)

Documentation and Charting

Replace the label: Describe what was said and what you observed.

Attribute the words: The patient said, "I want to rest before washing."

Limit the claim: No other care was discussed in this interaction.

[Full phrase bank, page 63](#)

Difficult Families and Boundaries

Acknowledge the experience: You have been waiting for a clear explanation, and that is frustrating.

Clarify the concern: Which question has not yet been answered?

Confirm participation: The patient has agreed that you can be included in these updates.

[Full phrase bank, page 75](#)

Safety Events and Just Culture

State the event: A fall was recorded at 11:05 a.m.

Attribute the account: The patient later reported standing to reach water.

Limit firsthand knowledge: I did not witness the fall.

[Full phrase bank, page 85](#)

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access barrier[Lesson 04, p. 40](#), [Case 3, p. 105](#)**accountability**[Case 1, p. 97](#)**action list**[Lesson 01, p. 6](#)**action step**[Lesson 04, p. 40](#)**activity tolerance**[Lesson 05, p. 51](#)**adverse drug reaction**[Lesson 03, p. 29](#)**allergy alert**[Lesson 03, p. 30](#)**ambulation**[Lesson 05, p. 51](#)**appointment window**[Lesson 04, p. 39](#)**assertive statement**[Lesson 02, p. 17](#)**audit trail**[Lesson 06, p. 61](#)**authorized recipient**[Lesson 07, p. 73](#)**balancing measure**[Lesson 08, p. 84](#)**bedside review**[Lesson 02, p. 17](#)**brand name**[Lesson 03, p. 29](#)**call-out**[Lesson 02, p. 17](#)**care declined**[Lesson 06, p. 62](#)**caregiver involvement**[Lesson 04, p. 39](#)**chain of command**[Lesson 02, p. 17](#)**check-back**[Lesson 01, p. 5](#)**clarifying question**[Lesson 07, p. 73](#)**clinical explanation**[Lesson 07, p. 74](#)**access requirement**[Lesson 05, p. 52](#)**acknowledgment**[Lesson 01, p. 6](#)**action owner**[Lesson 08, p. 84](#)**active listening**[Lesson 07, p. 73](#)**addendum**[Lesson 06, p. 61](#)**agreed follow-up**[Lesson 06, p. 62](#)**allergy status**[Lesson 03, p. 29](#)**amendment**[Lesson 06, p. 61](#)**approved abbreviation**[Lesson 06, p. 62](#)**assessment finding**[Lesson 02, p. 16](#)**author attribution**[Lesson 06, p. 62](#)**autopopulated field**[Lesson 06, p. 62](#)**baseline**[Lesson 01, p. 5](#)**behavioral description**[Lesson 06, p. 61](#)**call-bell access**[Lesson 08, p. 84](#)**capacity assessment**[Lesson 06, p. 62](#)**care plan**[Lesson 01, p. 6](#)**causal assumption**[Lesson 08, p. 83](#)**change from baseline**[Lesson 02, p. 16](#)**chunk and check**[Lesson 04, p. 39](#)**clinical concern**[Lesson 02, p. 16](#)**clinical inference**[Lesson 06, p. 61](#)

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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] Agency for Healthcare Research and Quality. TeamSTEPPS: Communication.

Background on structured handoffs, SBAR, and checking back. The original simulations do not prescribe clinical response thresholds. Source checked 10 October 2026.

<https://www.ahrq.gov/teamstepps-program/curriculum/communication/index.html>

[2] Agency for Healthcare Research and Quality. Use the Teach-Back Method: Tool 5.

Background on checking the clarity of an explanation through a patient's own words and clarifying misunderstandings. Source checked 10 October 2026.

<https://www.ahrq.gov/health-literacy/improve/precautions/tool5.html>

[3] National Institute for Health and Care Excellence. Drug Allergy: Recommendations, section 1.2.

UK guidance supporting the distinction between reported reactions, documented allergy status, and information requiring clarification. Source checked 10 October 2026.

<https://www.nice.org.uk/guidance/cg183/chapter/recommendations>

[4] Nursing and Midwifery Council. The Code, sections 10 and 16.

UK professional standards used as background for accurate records and raising safety concerns, not as a universal legal checklist. Source checked 10 October 2026.

<https://www.nmc.org.uk/standards/code/read-the-code-online/>

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-nursing-allied-health.html>

Speak clearly. Check understanding. Confirm the next action.

Eight clinical communication simulations, from shift handoffs to patient explanations and safety reviews.

Shift Handoffs and Clinical Prioritization

Pending is not normal, negative, reviewed, or unimportant. State what has actually been received and who will follow it. A handoff framework organizes communication; it does not supply missing observations or authorize a clinical decision.

Medication Safety and Allergy Clarification

A report of a rash after a medicine establishes a reported sequence, not a confirmed immune mechanism. Preserve the report and seek appropriate review. No known allergies and information not established are different statuses; do not substitute one for the other.

Patient Assessment and Escalation

Describe the actual change and its time before adding an interpretation. A patient-reported symptom and your own observation can both matter, but they are different sources. Do not turn a concern into a confirmed diagnosis merely to sound confident.

Patient Education and Teach-Back

Teach-back checks how clearly information was explained. It is not a memory test or a request to repeat every word exactly. A person may consult the approved sheet while describing the plan. A yes answer alone does not verify understanding.

Phil Stilwell

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English Ladder / English for Work / Revised 2026 edition

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