

ENGLISH FOR WORK / ENGLISH FOR OBSTETRICIANS

Obstetrics English

Explain the uncertainty. Respect the choice. Coordinate care.



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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 Taking a sensitive pregnancy history, page 4

Clarify dating information and previous pregnancy experiences without making assumptions.

02 Explaining prenatal screening choices, page 14

Explain screening uncertainty and voluntary next steps without directing a reproductive decision.

03 Escalating an urgent maternal concern, page 26

Communicate urgent symptoms and pregnancy context without delaying the actual response.

04 Explaining a glucose-testing pathway, page 35

Explain testing stages and respond to self-blame without assigning a diagnosis or diet plan.

05 Revisiting a birth preference, page 47

Explain a changed clinical recommendation while preserving the patient as an active decision-maker.

06 Giving a labor-ward handoff, page 57

Transfer maternal and fetal information with sources, timing, outstanding tasks, and accepted responsibility.

07 Taking postpartum concerns seriously, page 69

Communicate recent pregnancy context and urgent symptoms without normalizing them as recovery.

08 Discussing confirmed pregnancy loss, page 79

Give difficult news directly and compassionately, then explain an individualized options discussion.

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

The plan can change; the person remains central.

Obstetric communication moves between routine planning and consequential uncertainty. Explain what is known, what a test can establish, who has a decision to make, and how the patient remains involved as circumstances change.

Do not assume the history

Ask respectfully about prior pregnancies, losses, dates, language needs, and support people. A companion is not automatically a decision-maker or an authorized recipient.

"How would you like us to refer to your previous pregnancy, and who may join this discussion?"

Name what a result can establish

Screening, diagnostic testing, imaging, and clinical assessment answer different questions. Keep probabilities distinct from confirmed findings.

"This screening result changes the estimated chance; it does not itself establish the diagnosis."

Revisit consent when the situation changes

Explain the new concern and relevant options using the actual clinical assessment. Prior preferences matter but do not remove the need for an appropriate current discussion.

"The circumstances have changed. Let me explain the recommendation and hear your questions."

Carry care beyond delivery

Postpartum concerns deserve specific communication and appropriate assessment. Do not normalize a concerning change simply because the baby has been born.

"Please tell the receiving team that you recently gave birth and describe the current symptoms."

Professional boundaries

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

A Read the situation

LESSON 01 / TAKING A SENSITIVE PREGNANCY HISTORY

Clarify dating information and previous pregnancy experiences without making assumptions.

Dates, previous experiences, and preferred words

At an initial visit, Avery is unsure of the last menstrual period and mentions a previous pregnancy loss. Dr Stone asks permission to discuss the history, records uncertain dates as uncertain, and asks which support person Avery wants involved. No estimated due date, gestational age, or pregnancy outcome is calculated in the case.

People: Avery, Pregnant patient; Dr Stone, Obstetrician.

Read the record

Choose one answer per question using the facts above.

1. Which date is uncertain?

- A.** The last menstrual period
- B.** A confirmed delivery date
- C.** A booked procedure
- D.** A completed diagnostic test

2. What previous experience is mentioned?

- A.** Pregnancy loss
- B.** A confirmed current complication
- C.** A completed current birth
- D.** A known due date

3. What is not calculated?

- A.** The need to clarify dates
- B.** Permission to discuss history
- C.** Gestational age or due date
- D.** A privacy preference

[Answers and explanations, page 103](#)

B Vocabulary in use

CORE TERMS

gravidity

Number of pregnancies, counted under the relevant clinical convention.

document gravidity

gestational age

Duration of pregnancy expressed using the relevant dating method.

explain gestational age

last menstrual period

Reported starting date of the most recent menstrual period.

clarify the last menstrual period

menstrual regularity

Pattern of how consistently menstrual cycles occur.

ask about menstrual regularity

prior pregnancy loss

Loss in an earlier pregnancy.

acknowledge a prior pregnancy loss

preterm birth

Birth before the relevant full-term threshold.

review a preterm-birth history

parity

Birth history summarized using the applicable clinical convention.

clarify parity

estimated due date

Estimated date used for pregnancy planning and dating.

verify the estimated due date

dating ultrasound

Ultrasound used to inform pregnancy dating in context.

discuss a dating ultrasound

obstetric history

Account of previous pregnancies and their relevant outcomes.

obtain an obstetric history

live birth

Birth showing signs of life under the relevant definition.

document a live birth

ectopic pregnancy

Pregnancy implanted outside the usual uterine cavity location.

clarify an ectopic-pregnancy history

Say it in context

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

gravidity GRAVIDITY

document gravidity

Keep the meaning precise: Number of pregnancies, counted under the relevant clinical convention.

dating ultrasound DATING ULTRASOUND

discuss a dating ultrasound

Keep the meaning precise: Ultrasound used to inform pregnancy dating in context.

B Precision and professional shorthand

EXTEND YOUR RANGE

prenatal record

Record of pregnancy-related care before birth.
review the prenatal record

preferred terminology

Words the person wishes used for sensitive experiences.
ask about preferred terminology

dating uncertainty

Unresolved information affecting pregnancy dating.
document dating uncertainty

qualified interpreter

Trained language professional supporting accurate communication between speakers.
request a qualified interpreter

patient preference

A person's stated wishes about care or communication.
elicit the patient preference

documented plan

Agreed next steps recorded for the people involved.
review the documented plan

support person

Person the patient chooses to provide support.
identify the chosen support person

trauma-informed approach

Approach attentive to safety, choice, and prior distressing experiences.
use a trauma-informed approach

history clarification

Follow-up questions resolving ambiguous historical information.
request history clarification

teach-back

Checking an explanation by inviting the listener to restate its meaning.
use teach-back without blame

clinical handoff

Transfer of relevant care information and responsibility between professionals.
confirm the clinical handoff

source attribution

Identification of who reported, observed, or established a fact.
preserve source attribution

Say it in context

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

ectopic pregnancy ECTOPIC PREGNANCY

clarify an ectopic-pregnancy history

Keep the meaning precise: Pregnancy implanted outside the usual uterine cavity location.

dating uncertainty DATING UNCERTAINTY

document dating uncertainty

Keep the meaning precise: Unresolved information affecting pregnancy dating.

Phrases that move the work forward

Ask permission

May we discuss your previous pregnancy experiences?

Keep the record honest

I will record the date as uncertain.

Include support by choice

Who would you like involved in this conversation?

Avoid assumptions

I will not infer the outcome from an abbreviation alone.

Invite correction

Please stop me if I have misunderstood.

Separate uncertainty

That remains uncertain; it is not a confirmed finding.

Make space

We can pause before moving to the next point.

Keep a record accurate

I will distinguish what was reported from what was observed.

Allow uncertainty

It is fine to say that you do not remember the exact date.

Ask about words

Is there a term you would prefer us to use?

Explain relevance

I will explain why I am asking each sensitive question.

Summarize respectfully

Let me check that I have understood your history correctly.

Explain a term

In everyday language, that means the following.

Check your explanation

Let me explain that another way.

Name responsibility

Let us confirm who will follow up.

Confirm an agreement

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

Precision in real exchanges

Purpose: Ask about words

Useful wording: Is there a term you would prefer us to use?

Purpose: Include support by choice

Useful wording: Who would you like involved in this conversation?

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 entry preserves the history?

- A.** Due date guaranteed.
- B.** Previous loss omitted for convenience.
- C.** Last menstrual period uncertain.
- D.** Exact date invented from memory.

2. Which opening is respectful?

- A.** Every loss means the same thing.
- B.** May we discuss your previous pregnancy experiences?
- C.** Your companion must answer everything.
- D.** We do not need your preferred words.

3. A colleague needs the term for this meaning: Estimated date used for pregnancy planning and dating. Which term fits?

- A.** estimated due date
- B.** patient preference
- C.** preferred terminology
- D.** prior pregnancy loss

D Choose the response that fits / continued

4. Rebuild the exchange from "Dates, previous experiences, and preferred words".

Avery: "Does that mean the date on my calendar is not automatically the date we should use for planning?" **Dr Stone:** [missing response] **Avery:** "A previous form used letters and numbers that I did not understand. Could those be checked with me?"
Which response belongs in the gap?

- A.** Yes. Parity uses the applicable birth-history convention. The underlying facts still need to be clear.
- B.** No. An estimated due date is an estimate, and its basis should be explained.
- C.** A trauma-informed approach includes explaining the purpose of questions and allowing appropriate choice and pauses.
- D.** Correct. Dating uncertainty needs to remain visible while we review the relevant information.

[Answers and explanations, page 103](#)

One useful distinction

An uncertain menstrual date must not become a precise due date by assumption. A history abbreviation does not replace clarification of what actually occurred.

Conversation

Dates, previous experiences, and preferred words

Dates, previous experiences, and preferred words

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

WORD AND PHRASE BANK

preferred terminology / Gravidity / history clarification / Parity / trauma-informed approach
/ last menstrual period / support person / obstetric history / Dating uncertainty /
estimated due date

- 01 **Dr Stone:** Before we discuss dates, may I ask about previous pregnancy experiences and how you would like us to refer to them?
- 02 **Avery:** Yes. I had a pregnancy loss, and I would prefer that wording rather than moving straight to a number.
- 03 **Dr Stone:** I will respect that ¹ _____. The history matters, but the experience is more than an abbreviation.
- 04 **Avery:** I am also unsure of the exact date of my last period. I do not want to give a false answer.
- 05 **Dr Stone:** We can record the ² _____ as uncertain rather than turn a guess into a precise date.
- 06 **Avery:** Does that mean the date on my calendar is not automatically the date we should use for planning?
- 07 **Dr Stone:** Correct. ³ _____ needs to remain visible while we review the relevant information.
- 08 **Avery:** A previous form used letters and numbers that I did not understand. Could those be checked with me?
- 09 **Dr Stone:** Yes. Your ⁴ _____ should reflect what actually happened, not an assumption based only on shorthand.
- 10 **Avery:** One word was gravidity. Does that refer to every pregnancy rather than just births?

Conversation continues on the next page.

Dates, previous experiences, and preferred words

CONVERSATION / CONTINUED

- 11 **Dr Stone:** ⁵ _____ concerns the number of pregnancies under the relevant convention; we will clarify the details respectfully.
- 12 **Avery:** And parity is a different summary, so I should not assume the two numbers mean the same thing?
- 13 **Dr Stone:** Yes. ⁶ _____ uses the applicable birth-history convention. The underlying facts still need to be clear.
- 14 **Avery:** I would like my partner involved later, but I want this first part of the conversation to remain between us.
- 15 **Dr Stone:** We can discuss the appropriate privacy arrangements and when your chosen ⁷ _____ joins the conversation.
- 16 **Avery:** Will a scan necessarily give a guaranteed day on which the baby will be born?
- 17 **Dr Stone:** No. An ⁸ _____ is an estimate, and its basis should be explained.
- 18 **Avery:** I appreciate knowing what is uncertain instead of feeling that I must remember every detail perfectly.
- 19 **Dr Stone:** A ⁹ _____ includes explaining the purpose of questions and allowing appropriate choice and pauses.
- 20 **Avery:** Then we can complete the ¹⁰ _____ with uncertain dates marked honestly and the previous loss described in my words.

CHECK THE GAPS

1. preferred terminology / 2. last menstrual period / 3. Dating uncertainty / 4. obstetric history / 5. Gravidity / 6. Parity / 7. support person / 8. estimated due date / 9. trauma-informed approach / 10. history clarification

[Why these answers fit, page 104](#)

F Check accuracy and scope

Dates, previous experiences, and preferred words

Return to the case

At an initial visit, Avery is unsure of the last menstrual period and mentions a previous pregnancy loss. Dr Stone asks permission to discuss the history, records uncertain dates as uncertain, and asks which support person Avery wants involved. No estimated due date, gestational age, or pregnancy outcome is calculated in the case.

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

1. What should an abbreviation not replace?

- A. A font choice
- B. A waiting-room number
- C. A generic slogan
- D. Clarification of the actual history

2. Which role is not automatic for a companion?

- A. Chosen support person when requested
- B. Someone who may attend with permission
- C. A person whose presence can be discussed
- D. Authorized decision-maker

[Answers and explanations, page 106](#)

Listen for the distinction

Swap roles. Explain the difference between history terms without calculating a due date.

Use the person's words

A previous loss may carry a meaning not captured by a count. Ask respectfully, avoid assumptions about family structure, and separate necessary history from curiosity.

F Say it / transfer to a new case

A record uses unfamiliar shorthand

An outside record contains an unfamiliar pregnancy-history abbreviation. The patient has not confirmed its meaning. The clinician requests clarification before adopting it.

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

history / abbreviation / confirmed / assumption

- 01 **Patient:** I do not recognize that ¹ _____.
- 02 **Clinician:** Its meaning is not yet ² _____.
- 03 **Patient:** We need to clarify the actual ³ _____.
- 04 **Clinician:** I will not adopt it by ⁴ _____.

CHECK THE GAPS

1. abbreviation / 2. confirmed / 3. history / 4. assumption

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

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 "Dates, previous experiences, and preferred words". Avery: "I would like my partner involved later, but I want this first part of the conversation to remain between us." Dr Stone: [missing response] Avery: "Will a scan necessarily give a guaranteed day on which the baby will be born?" Which response belongs in the gap?

- A.** I will respect that preferred terminology. The history matters, but the experience is more than an abbreviation.
- B.** Gravidity concerns the number of pregnancies under the relevant convention; we will clarify the details respectfully.
- C.** We can discuss the appropriate privacy arrangements and when your chosen support person joins the conversation.
- D.** Yes. Your obstetric history should reflect what actually happened, not an assumption based only on shorthand.

[Answers and explanations, page 107](#)

A Read the situation

LESSON 02 / EXPLAINING PRENATAL SCREENING CHOICES

Explain screening uncertainty and voluntary next steps without directing a reproductive decision.

A higher chance is not a diagnosis

Riley receives a higher-chance prenatal screening result and thinks it proves a fetal condition. Dr Noor explains that screening estimates chance rather than establishing a diagnosis. The actual result and available diagnostic options need individualized counseling. No probability value, procedure choice, or pregnancy decision is supplied. Riley wants time to understand the information and include a chosen support person.

People: Riley, Pregnant patient; Dr Noor, Obstetrician.

Read the record

Choose one answer per question using the facts above.

1. What does the result describe?

- A.** A required pregnancy decision
- B.** A higher estimated chance
- C.** A confirmed diagnosis
- D.** A guaranteed outcome

2. What does Riley request?

- A.** Automatic testing without discussion
- B.** A guaranteed normal outcome
- C.** Time and a chosen support person
- D.** A decision made by the clinician alone

3. What is not supplied?

- A.** A screening concern
- B.** A need for counseling
- C.** Riley's question
- D.** A numerical probability or procedure choice

[Answers and explanations, page 108](#)

B Vocabulary in use

CORE TERMS

prenatal screening

Testing that estimates the chance of specified conditions before birth.

explain prenatal screening

cell-free DNA screening

Screening using DNA fragments in maternal blood for specified conditions.

explain cell-free DNA screening

screen-positive result

Screening finding indicating increased chance under the relevant method.

explain a screen-positive result

false-negative result

Negative screening finding despite the condition being present.

explain a false-negative result

residual risk

Remaining chance after a result or intervention.

explain residual risk

amniocentesis

Procedure obtaining amniotic fluid for relevant testing.

discuss amniocentesis

diagnostic testing

Testing intended to establish or clarify a condition.

discuss diagnostic testing

screening probability

Estimated chance reported by a screening process.

communicate screening probability

false-positive result

Positive screening finding not confirmed for the condition assessed.

explain a false-positive result

positive predictive value

Proportion of positive results that correspond to the condition in context.

discuss positive predictive value

genetic counseling

Specialist discussion of genetic information, options, and implications.

arrange genetic counseling

chorionic villus sampling

Procedure obtaining placental tissue for relevant testing.

explain chorionic villus sampling

Say it in context

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

prenatal screening **PRENATAL SCREENING**

explain prenatal screening

Keep the meaning precise: Testing that estimates the chance of specified conditions before birth.

false-positive result **FALSE-POSITIVE RESULT**

explain a false-positive result

Keep the meaning precise: Positive screening finding not confirmed for the condition assessed.

B Precision and professional shorthand

EXTEND YOUR RANGE

chromosomal condition

Condition involving chromosome number or structure.

discuss a chromosomal condition

inconclusive result

Result that does not provide a definitive answer to its question.

communicate an inconclusive result

voluntary testing

Testing chosen without coercion after appropriate discussion.

support voluntary testing

qualified interpreter

Trained language professional supporting accurate communication between speakers.

request a qualified interpreter

patient preference

A person's stated wishes about care or communication.

elicit the patient preference

documented plan

Agreed next steps recorded for the people involved.

review the documented plan

test limitation

Boundary on what a test can detect or establish.

explain test limitations

informed refusal

Decision to decline after relevant information is understood.

document informed refusal

decision support

Assistance helping a person understand options and relevant values.

offer decision support

teach-back

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

use teach-back without blame

clinical handoff

Transfer of relevant care information and responsibility between professionals.

confirm the clinical handoff

source attribution

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

preserve source attribution

Say it in context

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

chorionic villus sampling **CHORIONIC VILLUS SAMPLING**

explain chorionic villus sampling

Keep the meaning precise: Procedure obtaining placental tissue for relevant testing.

voluntary testing **VOLUNTARY TESTING**

support voluntary testing

Keep the meaning precise: Testing chosen without coercion after appropriate discussion.

Phrases that move the work forward

Name the result type

This is a screening result, not a diagnosis.

Avoid a guarantee

A lower-chance result cannot rule out every condition.

Ask about information

What would you like explained before considering the next step?

Include chosen support

We can include the person you choose with your permission.

Riley / in the conversation

I read that as proof that the baby has the condition.

Dr Noor / in the conversation

Let us explain what this particular result can and cannot establish.

Dr Noor / in the conversation

The screening probability informs the next discussion, but an estimate is not certainty.

Dr Noor / in the conversation

The actual test and your circumstances determine how the result should be interpreted.

Explain the limit

It changes the estimated chance but does not settle the question.

Offer counseling

We can arrange a discussion of the actual result and options.

Protect choice

Testing decisions require an informed, voluntary discussion.

Allow a pause

We can pause to make sure the information is clear.

Dr Noor / in the conversation

This is prenatal screening, not diagnostic confirmation.

Riley / in the conversation

Does that mean the result is meaningless, or that I should simply ignore it?

Riley / in the conversation

I would like to understand how a positive result can occur when the condition is not present.

Riley / in the conversation

And a lower-chance result would not mean every possible condition has been excluded?

Precision in real exchanges

Purpose: Offer counseling

Useful wording: We can arrange a discussion of the actual result and options.

Purpose: Ask about information

Useful wording: What would you like explained before considering the next step?

D Choose the response that fits

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

1. Which explanation is accurate?

- A.** Screening replaces all counseling.
- B.** Screening estimates chance; diagnostic testing addresses confirmation.
- C.** Every positive screen proves a condition.
- D.** A negative screen guarantees every outcome.

2. Which statement overextends the test?

- A.** Options can be discussed.
- B.** This screens for every possible condition.
- C.** We need the actual test's limits.
- D.** The result requires context.

3. A colleague needs the term for this meaning: Estimated chance reported by a screening process. Which term fits?

- A.** patient preference
- B.** residual risk
- C.** screening probability
- D.** inconclusive result

D Choose the response that fits / continued

4. Rebuild the exchange from "A higher chance is not a diagnosis". Riley: "I would like to understand how a positive result can occur when the condition is not present." Dr Noor: [missing response] Riley: "And a lower-chance result would not mean every possible condition has been excluded?" Which response belongs in the gap?

- A.** This is prenatal screening, not diagnostic confirmation. Let us explain what this particular result can and cannot establish.
- B.** That is appropriate. Decision support should clarify the question and your preferences rather than make the decision for you.
- C.** That is a false-positive result. The actual test and your circumstances determine how the result should be interpreted.
- D.** We should explain the possibility of an inconclusive result and other limits before you choose the next step.

[Answers and explanations, page 108](#)

One useful distinction

A higher-chance screening result is not diagnostic confirmation. A lower-chance result does not guarantee absence of every condition.

E Conversation

A higher chance is not a diagnosis

A higher chance is not a diagnosis

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

WORD AND PHRASE BANK

Amniocentesis / prenatal screening / false-positive result / Genetic counseling /
Positive predictive value / Residual risk / Decision support / Voluntary testing /
screening probability / inconclusive result

- 01 **Riley:** The message says higher chance. I read that as proof that the baby has the condition.
- 02 **Dr Noor:** This is ¹ _____, not diagnostic confirmation. Let us explain what this particular result can and cannot establish.
- 03 **Riley:** Does that mean the result is meaningless, or that I should simply ignore it?
- 04 **Dr Noor:** No. The ² _____ informs the next discussion, but an estimate is not certainty.
- 05 **Riley:** I would like to understand how a positive result can occur when the condition is not present.
- 06 **Dr Noor:** That is a ³ _____. The actual test and your circumstances determine how the result should be interpreted.
- 07 **Riley:** And a lower-chance result would not mean every possible condition has been excluded?
- 08 **Dr Noor:** Correct. ⁴ _____ and the scope of the test still matter.
- 09 **Riley:** Someone mentioned a predictive value, but I did not understand what was being predicted.
- 10 **Dr Noor:** ⁵ _____ concerns what positive results mean in context. We should use the actual figures, not invent a number.

Conversation continues on the next page.

A higher chance is not a diagnosis

CONVERSATION / CONTINUED

- 11 **Riley:** What kind of discussion would help me understand the further testing options?
- 12 **Dr Noor:** ⁶ _____ can help explain the actual result, options, limitations, and what information you want.
- 13 **Riley:** Are amniocentesis and the placental-sampling procedure simply more screening blood tests?
- 14 **Dr Noor:** No. ⁷ _____ and chorionic villus sampling are procedures used for relevant diagnostic testing, with their own discussions of benefits and risks.
- 15 **Riley:** I do not want a procedure selected before I understand what question it would answer.
- 16 **Dr Noor:** That is appropriate. ⁸ _____ should clarify the question and your preferences rather than make the decision for you.
- 17 **Riley:** Could I include my chosen support person when we discuss the information again?
- 18 **Dr Noor:** Yes, with your permission. ⁹ _____ requires a discussion you understand, with support you choose.
- 19 **Riley:** I also want to know what happens if the further result still does not answer everything.
- 20 **Dr Noor:** We should explain the possibility of an ¹⁰ _____ and other limits before you choose the next step.

CHECK THE GAPS

1. prenatal screening / 2. screening probability / 3. false-positive result / 4. Residual risk / 5. Positive predictive value / 6. Genetic counseling / 7. Amniocentesis / 8. Decision support / 9. Voluntary testing / 10. inconclusive result

[Why these answers fit, page 109](#)

F Check accuracy and scope

A higher chance is not a diagnosis

Return to the case

Riley receives a higher-chance prenatal screening result and thinks it proves a fetal condition. Dr Noor explains that screening estimates chance rather than establishing a diagnosis. The actual result and available diagnostic options need individualized counseling. No probability value, procedure choice, or pregnancy decision is supplied. Riley wants time to understand the information and include a chosen support person.

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

1. What does positive predictive value concern?

- A.** How often a positive result corresponds to the condition in context
- B.** The percentage of tests ordered
- C.** A guaranteed personal outcome
- D.** The price of a test

2. Which next-step statement respects choice?

- A.** No explanation is needed.
- B.** Let us discuss the options and your questions.
- C.** You must choose my preferred procedure.
- D.** Your support person decides automatically.

[Answers and explanations, page 110](#)

Listen for the distinction

Swap roles. Explain the options discussion without assigning a probability or choosing a procedure.

Explain choices without steering personal values

Give clear information about the purpose and limits of testing. Do not assume what the patient would do with a result or pressure a reproductive decision.

F Say it / transfer to a new case

A result is inconclusive

A prenatal test result is described as inconclusive. The clinician arranges review of the actual report and options. No diagnosis is established.

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

inconclusive / established / options / report

- 01 **Patient:** The result is ¹ _____.
- 02 **Clinician:** We need to review the actual ² _____.
- 03 **Patient:** A diagnosis is not ³ _____.
- 04 **Clinician:** We will explain the available ⁴ _____.

CHECK THE GAPS

1. inconclusive / 2. report / 3. established / 4. options

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

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 higher chance is not a diagnosis". Riley: "Are amniocentesis and the placental-sampling procedure simply more screening blood tests?" Dr Noor: [missing response] Riley: "I do not want a procedure selected before I understand what question it would answer." Which response belongs in the gap?

- A.** No. Amniocentesis and chorionic villus sampling are procedures used for relevant diagnostic testing, with their own discussions of benefits and risks.
- B.** That is appropriate. Decision support should clarify the question and your preferences rather than make the decision for you.
- C.** Positive predictive value concerns what positive results mean in context. We should use the actual figures, not invent a number.
- D.** This is prenatal screening, not diagnostic confirmation. Let us explain what this particular result can and cannot establish.

[Answers and explanations, page 112](#)

Review 1 / Meaning and context

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

Case file

Revisit "Taking a sensitive pregnancy history" and "Explaining prenatal screening choices". Choose precise terminology, then reconstruct the missing responses using both neighboring turns. The final two questions also revisit earlier conversations.

1. A colleague needs the term for this meaning: Duration of pregnancy expressed using the relevant dating method. Which term fits?

- A. gestational age
- B. support person
- C. obstetric history
- D. teach-back

2. A colleague needs the term for this meaning: Proportion of positive results that correspond to the condition in context. Which term fits?

- A. chromosomal condition
- B. qualified interpreter
- C. positive predictive value
- D. prenatal screening

3. Rebuild the exchange from "Dates, previous experiences, and preferred words". Avery: "One word was gravidity. Does that refer to every pregnancy rather than just births?" Dr Stone: [missing response] Avery: "And parity is a different summary, so I should not assume the two numbers mean the same thing?" Which response belongs in the gap?

- A. We can discuss the appropriate privacy arrangements and when your chosen support person joins the conversation.
- B. Yes. Your obstetric history should reflect what actually happened, not an assumption based only on shorthand.
- C. I will respect that preferred terminology. The history matters, but the experience is more than an abbreviation.
- D. Gravidity concerns the number of pregnancies under the relevant convention; we will clarify the details respectfully.

Review 1 / Meaning and context / continued

4. Rebuild the exchange from "A higher chance is not a diagnosis". Riley: "Could I include my chosen support person when we discuss the information again?" Dr Noor: [missing response] Riley: "I also want to know what happens if the further result still does not answer everything." Which response belongs in the gap?

- A.** Yes, with your permission. Voluntary testing requires a discussion you understand, with support you choose.
- B.** This is prenatal screening, not diagnostic confirmation. Let us explain what this particular result can and cannot establish.
- C.** Genetic counseling can help explain the actual result, options, limitations, and what information you want.
- D.** No. The screening probability informs the next discussion, but an estimate is not certainty.

[Answers and explanations, page 143](#)

A Read the situation

LESSON 03 / ESCALATING AN URGENT MATERNAL CONCERN

Communicate urgent symptoms and pregnancy context without delaying the actual response.

Symptoms first, diagnosis still under review

Pregnant patient Jordan reports a severe headache and visual changes. The maternity team has already activated the actual urgent assessment pathway. Dr Ahmed confirms the symptom account and receiving team while care proceeds. No blood-pressure value, laboratory result, gestational week, or diagnosis is supplied. The exercise must not be used to decide that these symptoms can safely wait.

People: Jordan, Pregnant patient; Dr Ahmed, Obstetrician.

Read the record

Choose one answer per question using the facts above.

1. Which symptoms are reported?

- A. No current concern
- B. Severe headache and visual changes
- C. A confirmed laboratory diagnosis
- D. Normal measured blood pressure

2. What is already underway?

- A. A completed discharge
- B. A language-only conversation
- C. The urgent assessment pathway
- D. A routine review next month

3. What is not supplied?

- A. Pregnancy context
- B. Jordan's report
- C. A receiving team
- D. Blood pressure or a diagnosis

[Answers and explanations, page 113](#)

B Vocabulary in use

CORE TERMS

maternal warning sign

Symptom or sign requiring prompt attention in pregnancy or after birth.

communicate a maternal warning sign

visual disturbance

Change in vision described by the person or assessment.

clarify a visual disturbance

preeclampsia

Pregnancy-related hypertensive disorder with relevant diagnostic features.

evaluate suspected preeclampsia

proteinuria

Protein present in urine, interpreted in the relevant context.

interpret proteinuria

right-upper-quadrant pain

Pain in the upper right abdominal region.

describe right-upper-quadrant pain

maternity triage

Service assessing pregnancy-related concerns and care needs.

contact maternity triage

severe headache

Marked head pain described or assessed in context.

report a severe headache

hypertensive disorder

Condition involving high blood pressure in the relevant clinical context.

assess a hypertensive disorder

blood-pressure measurement

Verified reading obtained through an appropriate measurement process.

relay a blood-pressure measurement

epigastric pain

Pain in the upper central abdominal region.

clarify reported epigastric pain

urgent assessment

Prompt clinical evaluation through the appropriate pathway.

arrange urgent assessment

symptom progression

How a symptom changes over time.

report symptom progression

Say it in context

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

maternal warning sign MATERNAL WARNING SIGN

communicate a maternal warning sign

Keep the meaning precise: Symptom or sign requiring prompt attention in pregnancy or after birth.

blood-pressure measurement BLOOD-PRESSURE MEASUREMENT

relay a blood-pressure measurement

Keep the meaning precise: Verified reading obtained through an appropriate measurement process.

B Precision and professional shorthand

EXTEND YOUR RANGE

clinical observation

Finding obtained through actual clinical assessment.

distinguish clinical observations

maternal status

Current clinical condition of the pregnant or postpartum patient.

communicate maternal status

unconfirmed diagnosis

Diagnostic possibility not yet established by evidence.

preserve an unconfirmed diagnosis

qualified interpreter

Trained language professional supporting accurate communication between speakers.

request a qualified interpreter

patient preference

A person's stated wishes about care or communication.

elicit the patient preference

documented plan

Agreed next steps recorded for the people involved.

review the documented plan

escalation pathway

Approved route for raising a concern to the appropriate care team.

activate the escalation pathway

fetal assessment

Clinical evaluation of fetal condition using appropriate methods.

coordinate fetal assessment

receiving service

Service accepting the relevant clinical concern and care transfer.

confirm the receiving service

teach-back

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

use teach-back without blame

clinical handoff

Transfer of relevant care information and responsibility between professionals.

confirm the clinical handoff

source attribution

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

preserve source attribution

Say it in context

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

symptom progression SYMPTOM PROGRESSION

report symptom progression

Keep the meaning precise: How a symptom changes over time.

unconfirmed diagnosis UNCONFIRMED DIAGNOSIS

preserve an unconfirmed diagnosis

Keep the meaning precise: Diagnostic possibility not yet established by evidence.

Phrases that move the work forward

Lead with symptoms

You report a severe headache and changes in vision.

Avoid normalization

I will not dismiss this as simply part of pregnancy.

Clarify change

Tell the team how the symptoms have changed.

Name the receiver

We are confirming the receiving maternity team.

Jordan / in the conversation

I have a severe headache and my vision has changed.

Dr Ahmed / in the conversation

I will confirm your report while the clinical team continues the response.

Dr Ahmed / in the conversation

A maternal warning sign must not be dismissed that way.

Jordan / in the conversation

Should I describe what I mean by the vision change rather than choosing a medical term?

State the action

The urgent assessment pathway is already active.

Preserve unknowns

We do not yet have a verified value to report.

Keep diagnosis separate

The cause is still being assessed.

Prevent delay

Do not wait for this conversation to finish before following the urgent process.

Jordan / in the conversation

I am worried that this is not my usual discomfort.

Jordan / in the conversation

I was afraid someone would say that headaches are just part of being pregnant.

Dr Ahmed / in the conversation

We need the actual assessment, not reassurance from an assumption.

Dr Ahmed / in the conversation

Describe the visual disturbance in your own words, including how it has changed.

Precision in real exchanges

Purpose: Preserve unknowns

Useful wording: We do not yet have a verified value to report.

Purpose: Clarify change

Useful wording: Tell the team how the symptoms have changed.

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 handoff opening is accurate?

- A.** Confirmed preeclampsia without assessment.
- B.** Routine discomfort that can wait.
- C.** Severe headache and visual changes; urgent assessment is active.
- D.** Normal blood pressure without a measurement.

2. Which diagnosis is not established?

- A.** The existence of a symptom report
- B.** Pregnancy context
- C.** An active pathway
- D.** Preeclampsia

3. A colleague needs the term for this meaning: Condition involving high blood pressure in the relevant clinical context. Which term fits?

- A.** patient preference
- B.** hypertensive disorder
- C.** right-upper-quadrant pain
- D.** maternal status

4. Rebuild the exchange from "Symptoms first, diagnosis still under review". Jordan: "Should I describe what I mean by the vision change rather than choosing a medical term?" Dr Ahmed: [missing response] Jordan: "Does mentioning these symptoms mean you have already diagnosed a blood-pressure condition?" Which response belongs in the gap?

- A.** Yes. Preeclampsia is not confirmed here. The team evaluates the actual clinical evidence.
- B.** Yes. Describe the visual disturbance in your own words, including how it has changed.
- C.** It does not. The escalation pathway is active while the cause is being assessed.
- D.** We will communicate that symptom progression and distinguish your report from any measured findings.

[Answers and explanations, page 113](#)

One useful distinction

The symptoms require the actual urgent clinical process. They do not authorize the learner to diagnose preeclampsia or declare measurements normal.

E Conversation

Symptoms first, diagnosis still under review

Symptoms first, diagnosis still under review

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

WORD AND PHRASE BANK

urgent assessment / symptom progression / unconfirmed diagnosis / hypertensive disorder
/ maternal warning sign / receiving service / escalation pathway /
blood-pressure measurement / Preeclampsia / visual disturbance

- 01 **Jordan:** I have a severe headache and my vision has changed. I am worried that this is not my usual discomfort.
- 02 **Dr Ahmed:** The ¹ _____ pathway is already active. I will confirm your report while the clinical team continues the response.
- 03 **Jordan:** I was afraid someone would say that headaches are just part of being pregnant.
- 04 **Dr Ahmed:** A ² _____ must not be dismissed that way. We need the actual assessment, not reassurance from an assumption.
- 05 **Jordan:** Should I describe what I mean by the vision change rather than choosing a medical term?
- 06 **Dr Ahmed:** Yes. Describe the ³ _____ in your own words, including how it has changed.
- 07 **Jordan:** Does mentioning these symptoms mean you have already diagnosed a blood-pressure condition?
- 08 **Dr Ahmed:** No. A ⁴ _____ is not established by the symptom words alone.
- 09 **Jordan:** I have not been told a verified blood-pressure number during this conversation.
- 10 **Dr Ahmed:** Please flag that it is not yet available. We need an actual ⁵ _____, not an assumption based on how the patient appears.

Conversation continues on the next page.

Symptoms first, diagnosis still under review

CONVERSATION / CONTINUED

- 11 **Jordan:** I also want the next team to know that the symptoms have become more noticeable.
- 12 **Dr Ahmed:** We will communicate that ⁶ _____ and distinguish your report from any measured findings.
- 13 **Jordan:** Someone mentioned preeclampsia as a possible concern. Is possible different from confirmed?
- 14 **Dr Ahmed:** Yes. ⁷ _____ is not confirmed here. The team evaluates the actual clinical evidence.
- 15 **Jordan:** I understand. I do not want uncertainty about the cause to mean waiting without action.
- 16 **Dr Ahmed:** It does not. The ⁸ _____ is active while the cause is being assessed.
- 17 **Jordan:** Who is receiving the update, including the fact that I am pregnant?
- 18 **Dr Ahmed:** We are confirming the ⁹ _____ and ensuring the pregnancy context and symptom report are included.
- 19 **Jordan:** Then the symptoms are taken seriously without pretending the cause has already been proven.
- 20 **Dr Ahmed:** Exactly. We preserve the ¹⁰ _____ while the real urgent response continues, with new verified information passed to the team.

CHECK THE GAPS

1. urgent assessment / 2. maternal warning sign / 3. visual disturbance / 4. hypertensive disorder / 5. blood-pressure measurement / 6. symptom progression / 7. Preeclampsia / 8. escalation pathway / 9. receiving service / 10. unconfirmed diagnosis

[Why these answers fit, page 114](#)

F Check accuracy and scope

Symptoms first, diagnosis still under review

Return to the case

Pregnant patient Jordan reports a severe headache and visual changes. The maternity team has already activated the actual urgent assessment pathway. Dr Ahmed confirms the symptom account and receiving team while care proceeds. No blood-pressure value, laboratory result, gestational week, or diagnosis is supplied. The exercise must not be used to decide that these symptoms can safely wait.

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

1. What does missing blood pressure mean here?

- A. Assessment is unnecessary.
- B. No verified value is supplied.
- C. The value is normal.
- D. The concern is harmless.

2. What takes priority over finishing the dialogue?

- A. Completing every blank
- B. A fictional score
- C. The actual urgent response
- D. A polished sentence

[Answers and explanations, page 115](#)

Listen for the distinction

Swap roles. Preserve diagnostic uncertainty without weakening the need for the actual urgent response.

Do not normalize a serious concern

Avoid dismissing a marked change as simply part of pregnancy. Communicate the concern plainly and preserve the distinction between symptoms and a diagnosis under assessment.

F Say it / transfer to a new case

A new detail arrives during assessment

During active urgent assessment, Jordan adds that the visual change began before the headache. The team acknowledges the corrected sequence. No diagnosis is established.

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

unconfirmed / active / before / sequence

- 01 **Patient:** The visual change began ¹ _____ the headache.
- 02 **Clinician:** I have acknowledged the corrected ² _____.
- 03 **Patient:** Assessment remains ³ _____.
- 04 **Clinician:** The diagnosis remains ⁴ _____.

CHECK THE GAPS

1. before / 2. sequence / 3. active / 4. unconfirmed

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

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 "Symptoms first, diagnosis still under review". Jordan: "Someone mentioned preeclampsia as a possible concern. Is possible different from confirmed?" Dr Ahmed: [missing response] Jordan: "I understand. I do not want uncertainty about the cause to mean waiting without action." Which response belongs in the gap?

- A.** Yes. Describe the visual disturbance in your own words, including how it has changed.
- B.** No. A hypertensive disorder is not established by the symptom words alone.
- C.** We will communicate that symptom progression and distinguish your report from any measured findings.
- D.** Yes. Preeclampsia is not confirmed here. The team evaluates the actual clinical evidence.

[Answers and explanations, page 117](#)

A Read the situation

LESSON 04 / EXPLAINING A GLUCOSE-TESTING PATHWAY

Explain testing stages and respond to self-blame without assigning a diagnosis or diet plan.

The screening result is not the whole story

Morgan has a glucose screening result that requires further review under the local pregnancy-care pathway. Morgan assumes this confirms gestational diabetes and proves a personal failure. Dr Vale explains that the actual testing method and results determine the next step. No numerical cutoff, diagnostic result, meal prescription, or medicine instruction is supplied.

People: Morgan, Pregnant patient; Dr Vale, Obstetrician.

Read the record

Choose one answer per question using the facts above.

1. What result is available?

- A. A completed monitoring plan
- B. A screening result requiring further review
- C. A supplied confirmed diagnosis
- D. A medicine prescription

2. What does Morgan assume?

- A. The result is already explained
- B. No follow-up exists
- C. A dose is supplied
- D. The result proves personal failure

3. What is not supplied?

- A. Morgan's concern
- B. A local pathway
- C. A clinician discussion
- D. A diagnostic cutoff or treatment instruction

[Answers and explanations, page 118](#)

B Vocabulary in use

CORE TERMS

gestational diabetes

Diabetes first diagnosed in pregnancy under the relevant clinical criteria.

discuss gestational diabetes

glucose tolerance test

Test assessing the body's response to a specified glucose load.

discuss a glucose tolerance test

postprandial

Occurring after a meal.

explain postprandial measurements

diagnostic threshold

Value or criterion used in the relevant diagnostic process.

verify diagnostic thresholds

capillary glucose

Glucose measured from a small peripheral blood sample.

discuss capillary glucose

nutrition consultation

Individualized discussion with an appropriate nutrition professional.

arrange a nutrition consultation

glucose screening

Initial testing used in a particular glucose-assessment pathway.

explain glucose screening

fasting sample

Sample collected under the required fasting conditions.

clarify fasting-sample instructions

insulin resistance

Reduced response of body tissues to insulin.

explain insulin resistance

testing pathway

Sequence of assessment steps used by the relevant service.

clarify the testing pathway

glucose log

Record of glucose readings with relevant timing and context.

review a glucose log

individualized target

Goal selected for a particular person's clinical circumstances.

explain individualized targets

Say it in context

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

gestational diabetes **GESTATIONAL DIABETES**

discuss gestational diabetes

Keep the meaning precise: Diabetes first diagnosed in pregnancy under the relevant clinical criteria.

insulin resistance **INSULIN RESISTANCE**

explain insulin resistance

Keep the meaning precise: Reduced response of body tissues to insulin.

B Precision and professional shorthand

EXTEND YOUR RANGE

monitoring schedule

Agreed timing of measurements or checks.
confirm the monitoring schedule

hypoglycemia

Low blood glucose in the relevant clinical context.
explain hypoglycemia

postpartum testing

Testing undertaken after birth under the appropriate follow-up plan.
arrange postpartum testing

qualified interpreter

Trained language professional supporting accurate communication between speakers.
request a qualified interpreter

patient preference

A person's stated wishes about care or communication.
elicit the patient preference

documented plan

Agreed next steps recorded for the people involved.
review the documented plan

meal context

Relevant information about food and timing around a measurement.
document meal context

hyperglycemia

High blood glucose in the relevant clinical context.
discuss hyperglycemia

follow-up ownership

Identification of who is responsible for the next care step.
confirm follow-up ownership

teach-back

Checking an explanation by inviting the listener to restate its meaning.
use teach-back without blame

clinical handoff

Transfer of relevant care information and responsibility between professionals.
confirm the clinical handoff

source attribution

Identification of who reported, observed, or established a fact.
preserve source attribution

Say it in context

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

individualized target INDIVIDUALIZED TARGET

explain individualized targets

Keep the meaning precise: Goal selected for a particular person's clinical circumstances.

postpartum testing POSTPARTUM TESTING

arrange postpartum testing

Keep the meaning precise: Testing undertaken after birth under the appropriate follow-up plan.

C Phrases that move the work forward

Separate the stages

We need to distinguish this screening result from a diagnostic conclusion.

Use the actual method

The next step depends on the testing pathway used here.

Avoid invented targets

Any monitoring target must come from your clinical plan.

Name support

We can discuss an appropriate nutrition consultation if indicated.

Morgan / in the conversation

Does that mean I definitely have gestational diabetes and have done something wrong?

Dr Vale / in the conversation

We need to review the actual method and result.

Dr Vale / in the conversation

We should explain the process used here rather than assume every test works identically.

Dr Vale / in the conversation

A glucose tolerance test assesses the response to a glucose load.

Remove moral judgment

This is a clinical question, not a score for your character.

Clarify preparation

We will verify the instructions for the actual test.

Ask about barriers

What might make the agreed follow-up difficult to attend?

Carry follow-up forward

Let us identify who will coordinate the next result discussion.

Dr Vale / in the conversation

A glucose screening result is not a moral judgment.

Morgan / in the conversation

I thought every service used exactly the same test and that the word positive settled everything.

Morgan / in the conversation

I do not know how that differs from the first test.

Dr Vale / in the conversation

We will explain the actual procedure and instructions if it is the next step.

Precision in real exchanges

Purpose: Clarify preparation

Useful wording: We will verify the instructions for the actual test.

Purpose: Avoid invented targets

Useful wording: Any monitoring target must come from your clinical plan.

D Choose the response that fits

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

1. Which explanation is appropriate?

- A.** The actual pathway determines how this result is assessed.
- B.** Every screening result is a diagnosis.
- C.** The result proves a moral failure.
- D.** One universal cutoff applies without context.

2. What does postprandial mean?

- A.** Before every sample
- B.** After a meal
- C.** Before pregnancy
- D.** During sleep only

3. A colleague needs the term for this meaning: Sample collected under the required fasting conditions. Which term fits?

- A.** capillary glucose
- B.** patient preference
- C.** hypoglycemia
- D.** fasting sample

D Choose the response that fits / continued

4. Rebuild the exchange from "The screening result is not the whole story". Morgan: "Someone mentioned a tolerance test. I do not know how that differs from the first test." Dr Vale: [missing response] Morgan: "Should I decide on my own whether to fast before an appointment?" Which response belongs in the gap?

- A.** No. If a fasting sample is required, the preparation must come from the actual instructions rather than a guess.
- B.** A glucose screening result is not a moral judgment. We need to review the actual method and result.
- C.** A glucose tolerance test assesses the response to a glucose load. We will explain the actual procedure and instructions if it is the next step.
- D.** The testing pathway matters. We should explain the process used here rather than assume every test works identically.

[Answers and explanations, page 118](#)

One useful distinction

A screening result must be interpreted within the actual testing pathway. Do not turn it into a diagnosis or a moral judgment.

E Conversation

The screening result is not the whole story

The screening result is not the whole story

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

WORD AND PHRASE BANK

fasting sample / glucose log / Postprandial / glucose tolerance test / follow-up ownership
/ individualized target / testing pathway / nutrition consultation / diagnostic threshold /
glucose screening

- 01 **Morgan:** My glucose screening result needs follow-up. Does that mean I definitely have gestational diabetes and have done something wrong?
- 02 **Dr Vale:** A ¹ _____ result is not a moral judgment. We need to review the actual method and result.
- 03 **Morgan:** I thought every service used exactly the same test and that the word positive settled everything.
- 04 **Dr Vale:** The ² _____ matters. We should explain the process used here rather than assume every test works identically.
- 05 **Morgan:** Someone mentioned a tolerance test. I do not know how that differs from the first test.
- 06 **Dr Vale:** A ³ _____ assesses the response to a glucose load. We will explain the actual procedure and instructions if it is the next step.
- 07 **Morgan:** Should I decide on my own whether to fast before an appointment?
- 08 **Dr Vale:** No. If a ⁴ _____ is required, the preparation must come from the actual instructions rather than a guess.
- 09 **Morgan:** I also heard a number from a friend. Can I use that to interpret my own result?
- 10 **Dr Vale:** A ⁵ _____ belongs to the relevant method and criteria. A number without that context can mislead.

Conversation continues on the next page.

The screening result is not the whole story

CONVERSATION / CONTINUED

- 11 **Morgan:** If a diagnosis is later established, does that mean every person receives the same monitoring plan?
- 12 **Dr Vale:** No. An ⁶ _____ and any monitoring instructions come from the actual clinical plan.
- 13 **Morgan:** What does postprandial mean when people discuss the timing of a reading?
- 14 **Dr Vale:** ⁷ _____ means after a meal. The precise measurement timing still needs the verified plan.
- 15 **Morgan:** If I keep readings later, would the surrounding information matter as well as the number?
- 16 **Dr Vale:** A ⁸ _____ needs the relevant timing and context, not isolated numbers without explanation.
- 17 **Morgan:** I would appreciate support that does not treat food choices as evidence that I am a bad parent.
- 18 **Dr Vale:** An appropriate ⁹ _____ can address practical needs without blame. The actual recommendation depends on the assessment.
- 19 **Morgan:** Then the immediate task is to understand the next test and who will discuss its result with me.
- 20 **Dr Vale:** Exactly. We will confirm ¹⁰ _____ and the actual arrangements without inventing a diagnosis, target, or treatment today.

CHECK THE GAPS

1. glucose screening / 2. testing pathway / 3. glucose tolerance test / 4. fasting sample / 5. diagnostic threshold / 6. individualized target / 7. Postprandial / 8. glucose log / 9. nutrition consultation / 10. follow-up ownership

[Why these answers fit, page 119](#)

F Check accuracy and scope

The screening result is not the whole story

Return to the case

Morgan has a glucose screening result that requires further review under the local pregnancy-care pathway. Morgan assumes this confirms gestational diabetes and proves a personal failure. Dr Vale explains that the actual testing method and results determine the next step. No numerical cutoff, diagnostic result, meal prescription, or medicine instruction is supplied.

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

1. Which item must come from the actual plan?

- A. A monitoring target
- B. Morgan's stated concern
- C. The need to clarify terminology
- D. The meaning of after

2. Which response avoids blame?

- A. You should have known every result.
- B. Good people never have abnormal screens.
- C. This is a clinical question, not a judgment of your character.
- D. You failed the pregnancy.

[Answers and explanations, page 120](#)

Listen for the distinction

Swap roles. Respond to self-blame without supplying a diet, cutoff, or medicine instruction.

Remove blame without making false assurances

Acknowledge the worry and explain the process. Avoid moral language about food or implying that every outcome is under the patient's control.

F Say it / transfer to a new case

Preparation instructions conflict

Two appointment messages give conflicting preparation instructions. The clinic asks the testing service to clarify before the patient follows either version.

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

guessing / clarify / preparation / conflict

- 01 **Patient:** The messages ¹ _____.
- 02 **Clinician:** We need the testing service to ² _____.
- 03 **Patient:** I should not choose a version by ³ _____.
- 04 **Clinician:** We will confirm the actual ⁴ _____.

CHECK THE GAPS

1. conflict / 2. clarify / 3. guessing / 4. preparation

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

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 screening result is not the whole story". Morgan: "What does postprandial mean when people discuss the timing of a reading?" Dr Vale: [missing response] Morgan: "If I keep readings later, would the surrounding information matter as well as the number?" Which response belongs in the gap?

- A.** No. An individualized target and any monitoring instructions come from the actual clinical plan.
- B.** Postprandial means after a meal. The precise measurement timing still needs the verified plan.
- C.** A glucose log needs the relevant timing and context, not isolated numbers without explanation.
- D.** A diagnostic threshold belongs to the relevant method and criteria. A number without that context can mislead.

[Answers and explanations, page 122](#)

Review 2 / Meaning and context

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

Case file

Revisit "Escalating an urgent maternal concern" and "Explaining a glucose-testing pathway". 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: Change in vision described by the person or assessment. Which term fits?

- A. escalation pathway
- B. epigastric pain
- C. visual disturbance
- D. teach-back

2. A colleague needs the term for this meaning: Sequence of assessment steps used by the relevant service. Which term fits?

- A. monitoring schedule
- B. gestational diabetes
- C. testing pathway
- D. qualified interpreter

3. Rebuild the exchange from "A higher chance is not a diagnosis". Riley: "Someone mentioned a predictive value, but I did not understand what was being predicted." Dr Noor: [missing response] Riley: "What kind of discussion would help me understand the further testing options?" Which response belongs in the gap?

- A. Positive predictive value concerns what positive results mean in context. We should use the actual figures, not invent a number.
- B. This is prenatal screening, not diagnostic confirmation. Let us explain what this particular result can and cannot establish.
- C. That is appropriate. Decision support should clarify the question and your preferences rather than make the decision for you.
- D. No. Amniocentesis and chorionic villus sampling are procedures used for relevant diagnostic testing, with their own discussions of benefits and risks.

Review 2 / Meaning and context / continued

4. Rebuild the exchange from "The screening result is not the whole story". Morgan: "I would appreciate support that does not treat food choices as evidence that I am a bad parent." Dr Vale: [missing response] Morgan: "Then the immediate task is to understand the next test and who will discuss its result with me." Which response belongs in the gap?

- A.** The testing pathway matters. We should explain the process used here rather than assume every test works identically.
- B.** An appropriate nutrition consultation can address practical needs without blame. The actual recommendation depends on the assessment.
- C.** A glucose screening result is not a moral judgment. We need to review the actual method and result.
- D.** A diagnostic threshold belongs to the relevant method and criteria. A number without that context can mislead.

[Answers and explanations, page 145](#)

A Read the situation

LESSON 05 / REVISITING A BIRTH PREFERENCE

Explain a changed clinical recommendation while preserving the patient as an active decision-maker.

A changed recommendation needs a new explanation

During care, the team recommends discussing assisted birth because the clinical circumstances have changed. Patient Quinn had hoped to avoid intervention. Dr Lane explains that the actual assessment, urgency, options, material risks, benefits, and alternatives must be discussed. The exercise supplies no fetal tracing, procedure selection, or instruction to accept or refuse a particular intervention.

People: Quinn, Patient in maternity care; Dr Lane, Obstetrician.

Read the record

Choose one answer per question using the facts above.

1. What has changed?

- A. A supplied procedure choice
- B. A guaranteed outcome
- C. The clinical circumstances and recommendation for discussion
- D. Quinn's legal identity

2. What was Quinn's preference?

- A. Have no explanation
- B. Let a companion decide automatically
- C. Accept every procedure in advance
- D. Avoid intervention if possible

3. What is not supplied?

- A. A need for explanation
- B. Quinn's concern
- C. A changed recommendation
- D. A procedure selection or fetal tracing

[Answers and explanations, page 123](#)

B Vocabulary in use

CORE TERMS

birth preference

Stated wish about care and experience during birth.

acknowledge a birth preference

cesarean birth

Birth through an operative abdominal and uterine incision.

explain cesarean birth

material risk

Risk important to the person's informed decision in context.

discuss material risks

informed consent

Authorization following an appropriate discussion and understanding of the proposed care.

obtain informed consent

time sensitivity

Degree to which timing affects the available decision process.

explain time sensitivity

anesthesia

Measures producing loss of sensation for an appropriate procedure.

explain anesthesia arrangements

assisted vaginal birth

Vaginal birth supported by an appropriate instrument under clinical indications.

discuss assisted vaginal birth

clinical indication

Reason supporting a proposed intervention in the actual case.

explain the clinical indication

reasonable alternative

Relevant available option to the proposed intervention.

explain reasonable alternatives

decision capacity

Ability to make the relevant decision under applicable standards.

assess decision capacity

analgesia

Measures intended to relieve pain.

discuss analgesia options

procedural benefit

Expected advantage of a proposed procedure in context.

explain procedural benefits

Say it in context

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

birth preference **BIRTH PREFERENCE**

acknowledge a birth preference

Keep the meaning precise: Stated wish about care and experience during birth.

reasonable alternative **REASONABLE ALTERNATIVE**

explain reasonable alternatives

Keep the meaning precise: Relevant available option to the proposed intervention.

B Precision and professional shorthand

EXTEND YOUR RANGE

change in circumstances

New information or condition altering the relevant assessment.

describe a change in circumstances

patient question

Concern or request for explanation raised by the patient.

invite patient questions

shared decision-making

Process combining clinical information with the person's informed preferences.

support shared decision-making

qualified interpreter

Trained language professional supporting accurate communication between speakers.

request a qualified interpreter

patient preference

A person's stated wishes about care or communication.

elicit the patient preference

documented plan

Agreed next steps recorded for the people involved.

review the documented plan

consent discussion

Conversation addressing the proposed intervention and relevant choices.

document the consent discussion

withdrawal of consent

Retraction of previously given authorization in the relevant context.

clarify withdrawal of consent

communication support

Assistance enabling understandable and accessible discussion.

arrange communication support

teach-back

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

use teach-back without blame

clinical handoff

Transfer of relevant care information and responsibility between professionals.

confirm the clinical handoff

source attribution

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

preserve source attribution

Say it in context

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

procedural benefit PROCEDURAL BENEFIT

explain procedural benefits

Keep the meaning precise: Expected advantage of a proposed procedure in context.

shared decision-making SHARED DECISION-MAKING

support shared decision-making

Keep the meaning precise: Process combining clinical information with the person's informed preferences.

Phrases that move the work forward

Acknowledge the preference

I remember that avoiding intervention was important to you.

Explain the reason

Let us discuss the actual reason for considering this option.

Include alternatives

We need to discuss the relevant alternatives and their implications.

Check understanding

Please tell me how you understand the recommendation.

Quinn / in the conversation

Hearing a different recommendation now makes me feel that my earlier wishes no longer matter.

Quinn / in the conversation

Please start with the reason, not just the name of a procedure I have never heard before.

Quinn / in the conversation

I also need to know whether there is time to ask questions and include my chosen support person.

Quinn / in the conversation

If you mention assisted birth, does that mean the choice has already been made for me?

Name the change

The circumstances have changed, and I need to explain the recommendation.

Make time clear

I will explain how time-sensitive the decision is.

Invite a focused question

What needs clarification before you can understand the options?

Keep the patient involved

Your questions and preferences remain part of this discussion.

Dr Lane / in the conversation

I need to explain what has changed and hear your questions.

Dr Lane / in the conversation

We should discuss the actual clinical indication and the evidence behind the recommendation.

Dr Lane / in the conversation

I will explain the real time sensitivity and what communication support is appropriate in these circumstances.

Dr Lane / in the conversation

Discussing assisted vaginal birth does not by itself establish consent or settle the choice.

Precision in real exchanges

Purpose: Make time clear

Useful wording: I will explain how time-sensitive the decision is.

Purpose: Include alternatives

Useful wording: We need to discuss the relevant alternatives and their implications.

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 statement preserves involvement?

- A.** Your earlier plan means no further discussion.
- B.** A signature answers every question.
- C.** Your companion automatically decides.
- D.** Your preferences still matter as we explain the changed recommendation.

2. What is not equivalent to consent?

- A.** A relevant informed decision
- B.** Consent under the applicable process
- C.** Understanding the explanation
- D.** Appropriate authorization after discussion

3. A colleague needs the term for this meaning: Reason supporting a proposed intervention in the actual case. Which term fits?

- A.** time sensitivity
- B.** patient preference
- C.** patient question
- D.** clinical indication

D Choose the response that fits / continued

4. Rebuild the exchange from "A changed recommendation needs a new explanation". Quinn: "I also need to know whether there is time to ask questions and include my chosen support person." Dr Lane: [missing response] Quinn: "If you mention assisted birth, does that mean the choice has already been made for me?" Which response belongs in the gap?

- A.** Your birth preference still matters. I need to explain what has changed and hear your questions.
- B.** No. Discussing assisted vaginal birth does not by itself establish consent or settle the choice.
- C.** The appropriate reasonable alternative discussion includes the available choices and their implications in your circumstances.
- D.** I will explain the real time sensitivity and what communication support is appropriate in these circumstances.

[Answers and explanations, page 123](#)

One useful distinction

A birth preference does not waive future explanation or guarantee an outcome. A consent signature does not replace a meaningful discussion.

E Conversation

A changed recommendation needs a new explanation

A changed recommendation needs a new explanation

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

WORD AND PHRASE BANK

birth preference / procedural benefit / consent discussion / time sensitivity /
assisted vaginal birth / clinical indication / reasonable alternative / informed consent /
shared decision-making / analgesia

- 01 **Quinn:** I had hoped to avoid intervention. Hearing a different recommendation now makes me feel that my earlier wishes no longer matter.
- 02 **Dr Lane:** Your ¹ _____ still matters. I need to explain what has changed and hear your questions.
- 03 **Quinn:** Please start with the reason, not just the name of a procedure I have never heard before.
- 04 **Dr Lane:** We should discuss the actual ² _____ and the evidence behind the recommendation.
- 05 **Quinn:** I also need to know whether there is time to ask questions and include my chosen support person.
- 06 **Dr Lane:** I will explain the real ³ _____ and what communication support is appropriate in these circumstances.
- 07 **Quinn:** If you mention assisted birth, does that mean the choice has already been made for me?
- 08 **Dr Lane:** No. Discussing ⁴ _____ does not by itself establish consent or settle the choice.
- 09 **Quinn:** I would like to understand the benefit being sought and the important risks, not only hear that it is recommended.
- 10 **Dr Lane:** The ⁵ _____ and material risks belong in the explanation, with the relevant alternatives.

Conversation continues on the next page.

A changed recommendation needs a new explanation

CONVERSATION / CONTINUED

- 11 **Quinn:** Would those alternatives include what happens if I do not choose the proposed option?
- 12 **Dr Lane:** The appropriate ⁶ _____ discussion includes the available choices and their implications in your circumstances.
- 13 **Quinn:** Sometimes I nod because I have heard a sentence, not because I have agreed to everything in it.
- 14 **Dr Lane:** Hearing or understanding is not the same as ⁷ _____. We need to check the meaning and the decision separately.
- 15 **Quinn:** I also want the pain-relief arrangements explained if a procedure is being considered.
- 16 **Dr Lane:** We should explain the relevant ⁸ _____ or anesthesia arrangements through the appropriate clinical discussion.
- 17 **Quinn:** Could you summarize the recommendation again in shorter sentences before asking what I understand?
- 18 **Dr Lane:** Yes. That is part of a useful ⁹ _____, not a delay caused by asking an unreasonable question.
- 19 **Quinn:** Then my original preference is acknowledged, the changed situation is explained, and I can understand the actual options.
- 20 **Dr Lane:** That supports ¹⁰ _____ while respecting the real urgency and keeping you involved in the care discussion.

CHECK THE GAPS

1. birth preference / 2. clinical indication / 3. time sensitivity / 4. assisted vaginal birth / 5. procedural benefit / 6. reasonable alternative / 7. informed consent / 8. analgesia / 9. consent discussion / 10. shared decision-making

[Why these answers fit, page 124](#)

F Check accuracy and scope

A changed recommendation needs a new explanation

Return to the case

During care, the team recommends discussing assisted birth because the clinical circumstances have changed. Patient Quinn had hoped to avoid intervention. Dr Lane explains that the actual assessment, urgency, options, material risks, benefits, and alternatives must be discussed. The exercise supplies no fetal tracing, procedure selection, or instruction to accept or refuse a particular intervention.

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

1. What should time sensitivity describe?

- A. The actual urgency and available decision process
- B. A tactic to prevent all questions
- C. A guaranteed outcome
- D. A reason to invent a tracing

2. Which clinical action is not authorized here?

- A. Explaining a consent discussion
- B. Selecting the birth intervention
- C. Asking a clarification question
- D. Acknowledging the preference

[Answers and explanations, page 125](#)

Listen for the distinction

Swap roles. Acknowledge the preference without selecting a procedure or inventing urgency.

Preferences are not a contract for a fixed outcome

Acknowledge the original preference without using it against the patient. Explain the changed circumstances clearly and avoid presenting a signature as the whole consent process.

F Say it / transfer to a new case

A nod was only acknowledgment

A patient clarifies that a nod meant the explanation was heard, not that consent was given. The clinician acknowledges the distinction and continues the actual consent process.

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

heard / question / consent / process

01 **Patient:** My nod meant I ¹ _____ the explanation.

02 **Clinician:** It did not establish ² _____.

03 **Patient:** I still have a ³ _____.

04 **Clinician:** We will continue the appropriate ⁴ _____.

CHECK THE GAPS

1. heard / 2. consent / 3. question / 4. process

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

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 changed recommendation needs a new explanation".
Quinn: "Sometimes I nod because I have heard a sentence, not because I have agreed to everything in it." **Dr Lane:** [missing response] **Quinn:** "I also want the pain-relief arrangements explained if a procedure is being considered." **Which response belongs in the gap?**

- A.** Hearing or understanding is not the same as informed consent. We need to check the meaning and the decision separately.
- B.** Your birth preference still matters. I need to explain what has changed and hear your questions.
- C.** Yes. That is part of a useful consent discussion, not a delay caused by asking an unreasonable question.
- D.** That supports shared decision-making while respecting the real urgency and keeping you involved in the care discussion.

[Answers and explanations, page 127](#)

A Read the situation

LESSON 06 / GIVING A LABOR-WARD HANDOFF

Transfer maternal and fetal information with sources, timing, outstanding tasks, and accepted responsibility.

Separate the patient report from the monitor interpretation

Dr Chen hands over patient Samira to Dr Ellis on the labor ward. Samira reports stronger contractions and asks that explanations precede examinations. The latest maternal observations and fetal-monitoring interpretation must be verified from the current clinical record; no values or trace classification are supplied here. The clinicians confirm outstanding tasks and responsibility without inventing findings.

People: Dr Chen, Outgoing obstetrician; Dr Ellis, Receiving obstetrician.

Read the record

Choose one answer per question using the facts above.

1. What does Samira report?

- A.** A verified trace category
- B.** A supplied cervical measurement
- C.** A completed birth
- D.** Stronger contractions

2. What preference should be handed over?

- A.** Automatic consent to every procedure
- B.** A companion makes every decision
- C.** Explain before examinations
- D.** No questions ever

3. What requires verification?

- A.** That a handoff occurs
- B.** The receiving clinician's role
- C.** Current observations and monitoring interpretation
- D.** Samira's name in the brief

[Answers and explanations, page 128](#)

B Vocabulary in use

CORE TERMS

labor progress

Change in the clinical course of labor over time.

describe labor progress

cervical dilation

Opening of the cervix assessed during the relevant examination.

document cervical dilation

fetal station

Position of the presenting part relative to pelvic landmarks.

report fetal station

rupture time

Reported or established time of membrane rupture.

verify rupture time

fetal heart-rate trace

Recorded fetal heart-rate information for clinical interpretation.

review the fetal heart-rate trace

variability

Fluctuation in fetal heart rate assessed within the monitoring context.

assess variability

contraction pattern

Frequency, duration, and character of uterine contractions in context.

report the contraction pattern

cervical effacement

Thinning of the cervix in the relevant clinical assessment.

describe cervical effacement

membrane status

Whether membranes are intact or ruptured as assessed.

clarify membrane status

presenting part

Fetal part positioned toward the birth canal.

identify the presenting part

baseline rate

Reference rate assessed over the relevant monitoring interval.

describe the baseline rate

deceleration

Decrease in fetal heart rate characterized in clinical context.

describe a deceleration

Say it in context

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

labor progress LABOR PROGRESS

describe labor progress

Keep the meaning precise: Change in the clinical course of labor over time.

membrane status MEMBRANE STATUS

clarify membrane status

Keep the meaning precise: Whether membranes are intact or ruptured as assessed.

B Precision and professional shorthand

EXTEND YOUR RANGE

uterine activity

Pattern of uterine contractions or related activity.
assess uterine activity

working assessment

Current clinical interpretation subject to relevant review.
state the working assessment

handoff acceptance

Explicit acknowledgment of receiving information and responsibility.
confirm handoff acceptance

qualified interpreter

Trained language professional supporting accurate communication between speakers.
request a qualified interpreter

patient preference

A person's stated wishes about care or communication.
elicit the patient preference

documented plan

Agreed next steps recorded for the people involved.
review the documented plan

maternal observations

Verified clinical measurements or findings concerning the patient.
relay maternal observations

outstanding task

Required action not yet completed.
identify outstanding tasks

contingency plan

Agreed response to specified possible changes under the actual care plan.
clarify the contingency plan

teach-back

Checking an explanation by inviting the listener to restate its meaning.
use teach-back without blame

clinical handoff

Transfer of relevant care information and responsibility between professionals.
confirm the clinical handoff

source attribution

Identification of who reported, observed, or established a fact.
preserve source attribution

Say it in context

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

deceleration **DECELERATION**

describe a deceleration

Keep the meaning precise: Decrease in fetal heart rate characterized in clinical context.

handoff acceptance **HANDOFF ACCEPTANCE**

confirm handoff acceptance

Keep the meaning precise: Explicit acknowledgment of receiving information and responsibility.

C Phrases that move the work forward

Lead with context

I am handing over Samira on the labor ward.

Preserve the preference

She asks for an explanation before each examination.

Separate interpretation

The monitoring interpretation needs the actual reviewed trace.

Confirm responsibility

Please confirm who is taking responsibility for that step.

Dr Chen / in the conversation

She reports stronger contractions and asks for explanations before examinations; please retain that preference.

Dr Chen / in the conversation

The reported change in the contraction pattern is her account, not a substitute for the actual assessment.

Dr Chen / in the conversation

Let us review the latest maternal observations in the current record together, including when each was taken.

Dr Chen / in the conversation

Any cervical dilation finding needs its actual examination source and time, not an inference from stronger contractions.

Attribute the report

Samira reports stronger contractions.

Verify the record

Let us check the current observations and their times.

Name unfinished work

This task remains outstanding.

Close the transfer

I acknowledge the handoff and the unresolved items.

Dr Ellis / in the conversation

Let us distinguish the patient account from the current verified observations and clinical interpretation.

Dr Ellis / in the conversation

We should verify current findings and their times rather than copy an earlier summary as current.

Dr Ellis / in the conversation

Please also identify which assessment belongs to which time, particularly where the situation has changed.

Dr Ellis / in the conversation

The same applies to membrane information: reported history and established findings should not be blended.

Precision in real exchanges

Purpose: Verify the record

Useful wording: Let us check the current observations and their times.

Purpose: Separate interpretation

Useful wording: The monitoring interpretation needs the actual reviewed trace.

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 statement is source-aware?

- A.** Dilation is invented from the report.
- B.** All observations are current without checking.
- C.** Samira reports stronger contractions.
- D.** The trace is normal without review.

2. What does handoff acceptance add?

- A.** A new diagnosis by itself
- B.** A guarantee of outcome
- C.** Permission to ignore preferences
- D.** Confirmation of received information and responsibility

3. A colleague needs the term for this meaning: Thinning of the cervix in the relevant clinical assessment. Which term fits?

- A.** patient preference
- B.** working assessment
- C.** cervical effacement
- D.** fetal heart-rate trace

D Choose the response that fits / continued

4. Rebuild the exchange from "Separate the patient report from the monitor interpretation". Dr Ellis: "Please also identify which assessment belongs to which time, particularly where the situation has changed." Dr Chen: [missing response] Dr Ellis: "The same applies to membrane information: reported history and established findings should not be blended." Which response belongs in the gap?

- A.** Any cervical dilation finding needs its actual examination source and time, not an inference from stronger contractions.
- B.** The reported change in the contraction pattern is her account, not a substitute for the actual assessment.
- C.** Correct. Variability must be assessed in the real context, not assigned because the word appears in a handoff.
- D.** Let us review the latest maternal observations in the current record together, including when each was taken.

[Answers and explanations, page 128](#)

One useful distinction

Patient-reported contraction strength is not a fetal-monitoring interpretation. Use verified sources and timestamps for clinical findings.

E Conversation

Separate the patient report from the monitor interpretation

Separate the patient report from the monitor interpretation

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

WORD AND PHRASE BANK

cervical dilation / working assessment / Membrane status / outstanding task /
contingency plan / handoff acceptance / fetal heart-rate trace / maternal observations /
Variability / contraction pattern

- 01 **Dr Chen:** I am handing over Samira. She reports stronger contractions and asks for explanations before examinations; please retain that preference.
- 02 **Dr Ellis:** I acknowledge the report. Let us distinguish the patient account from the current verified observations and clinical interpretation.
- 03 **Dr Chen:** The reported change in the ¹ _____ is her account, not a substitute for the actual assessment.
- 04 **Dr Ellis:** Understood. We should verify current findings and their times rather than copy an earlier summary as current.
- 05 **Dr Chen:** Let us review the latest ² _____ in the current record together, including when each was taken.
- 06 **Dr Ellis:** Please also identify which assessment belongs to which time, particularly where the situation has changed.
- 07 **Dr Chen:** Any ³ _____ finding needs its actual examination source and time, not an inference from stronger contractions.
- 08 **Dr Ellis:** The same applies to membrane information: reported history and established findings should not be blended.
- 09 **Dr Chen:** Yes. ⁴ _____ and any rupture time require accurate attribution.
- 10 **Dr Ellis:** What about the fetal monitoring? I need the actual reviewed interpretation rather than a reassuring shorthand label.

Conversation continues on the next page.

Separate the patient report from the monitor interpretation

CONVERSATION / CONTINUED

- 11 **Dr Chen:** We need the current ⁵ _____ and the authorized interpretation. No classification should be guessed from this conversation.
- 12 **Dr Ellis:** Terms such as variability have specific clinical meaning, so a language definition is not an interpretation rule.
- 13 **Dr Chen:** Correct. ⁶ _____ must be assessed in the real context, not assigned because the word appears in a handoff.
- 14 **Dr Ellis:** Let us identify which tasks are complete and which person is responsible for anything unfinished.
- 15 **Dr Chen:** Each ⁷ _____ should remain visible, including the responsible clinician and relevant communication route.
- 16 **Dr Ellis:** I will confirm responsibility rather than simply say that the message has arrived.
- 17 **Dr Chen:** That gives us ⁸ _____. Samira's request for explanation remains part of the plan.
- 18 **Dr Ellis:** We also need any actual contingency arrangements explained, not an improvised response to a trace we have not reviewed.
- 19 **Dr Chen:** Agreed. The ⁹ _____ must come from the current clinical assessment and agreed care.
- 20 **Dr Ellis:** I accept the handoff, with the ¹⁰ _____, sources, unresolved items, and patient preference clearly distinguished.

CHECK THE GAPS

1. contraction pattern / 2. maternal observations / 3. cervical dilation / 4. Membrane status / 5. fetal heart-rate trace / 6. Variability / 7. outstanding task / 8. handoff acceptance / 9. contingency plan / 10. working assessment

[Why these answers fit, page 129](#)

F Check accuracy and scope

Separate the patient report from the monitor interpretation

Return to the case

Dr Chen hands over patient Samira to Dr Ellis on the labor ward. Samira reports stronger contractions and asks that explanations precede examinations. The latest maternal observations and fetal-monitoring interpretation must be verified from the current clinical record; no values or trace classification are supplied here. The clinicians confirm outstanding tasks and responsibility without inventing findings.

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

1. Which finding cannot be invented?

- A.** A fetal trace classification
- B.** The reported contraction change
- C.** The request for explanation
- D.** The existence of a receiving clinician

2. Why include the examination preference?

- A.** It removes the patient's involvement.
- B.** It remains relevant to communication and consent.
- C.** It replaces all clinical assessment.
- D.** It guarantees no examination is needed.

[Answers and explanations, page 130](#)

Listen for the distinction

Swap roles. Confirm responsibility without inventing a tracing category or examination value.

An efficient handoff still includes the patient

Include clinically relevant preferences as well as observations. Do not let a short report erase consent needs, source attribution, or unfinished work.

F Say it / transfer to a new case

An earlier observation was copied forward

A handoff repeats an observation from 10:00 as current at 12:00. The receiving clinician identifies the timestamp error and requests the actual current record.

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

10:00 / current / timestamp / 12:00

- 01 **Receiver:** That observation was recorded at ¹ _____.
- 02 **Sender:** The handoff is occurring at ² _____.
- 03 **Receiver:** We need the actual ³ _____ record.
- 04 **Sender:** I will correct the ⁴ _____.

CHECK THE GAPS

1. 10:00 / 2. 12:00 / 3. current / 4. timestamp

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

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 "Separate the patient report from the monitor interpretation". Dr Ellis: "Let us identify which tasks are complete and which person is responsible for anything unfinished." Dr Chen: [missing response] Dr Ellis: "I will confirm responsibility rather than simply say that the message has arrived." Which response belongs in the gap?

- A.** Each outstanding task should remain visible, including the responsible clinician and relevant communication route.
- B.** Agreed. The contingency plan must come from the current clinical assessment and agreed care.
- C.** The reported change in the contraction pattern is her account, not a substitute for the actual assessment.
- D.** That gives us handoff acceptance. Samira's request for explanation remains part of the plan.

[Answers and explanations, page 132](#)

Review 3 / Meaning and context

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

Case file

Revisit "Revisiting a birth preference" and "Giving a labor-ward handoff". 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: Birth through an operative abdominal and uterine incision. Which term fits?

- A. consent discussion
- B. cesarean birth
- C. decision capacity
- D. teach-back

2. A colleague needs the term for this meaning: Fetal part positioned toward the birth canal. Which term fits?

- A. uterine activity
- B. presenting part
- C. labor progress
- D. qualified interpreter

3. Rebuild the exchange from "The screening result is not the whole story". Morgan: "I also heard a number from a friend. Can I use that to interpret my own result?" Dr Vale: [missing response] Morgan: "If a diagnosis is later established, does that mean every person receives the same monitoring plan?" Which response belongs in the gap?

- A. A diagnostic threshold belongs to the relevant method and criteria. A number without that context can mislead.
- B. An appropriate nutrition consultation can address practical needs without blame. The actual recommendation depends on the assessment.
- C. A glucose screening result is not a moral judgment. We need to review the actual method and result.
- D. The testing pathway matters. We should explain the process used here rather than assume every test works identically.

Review 3 / Meaning and context / continued

4. Rebuild the exchange from "Separate the patient report from the monitor interpretation". Dr Ellis: "We also need any actual contingency arrangements explained, not an improvised response to a trace we have not reviewed." Dr Chen: [missing response] Dr Ellis: "I accept the handoff, with the working assessment, sources, unresolved items, and patient preference clearly distinguished." Which response belongs in the gap?

- A.** That gives us handoff acceptance. Samira's request for explanation remains part of the plan.
- B.** Agreed. The contingency plan must come from the current clinical assessment and agreed care.
- C.** The reported change in the contraction pattern is her account, not a substitute for the actual assessment.
- D.** Each outstanding task should remain visible, including the responsible clinician and relevant communication route.

[Answers and explanations, page 147](#)

A Read the situation

LESSON 07 / TAKING POSTPARTUM CONCERNS SERIOUSLY

Communicate recent pregnancy context and urgent symptoms without normalizing them as recovery.

The birth date belongs in the urgent handoff

Twelve days after giving birth, patient Sloane reports shortness of breath and chest pain. The actual emergency response is already active. Dr Patel confirms the recent birth context and symptoms for the receiving team. No diagnosis or measured observations are supplied. This is language practice during an active response, not a guide for deciding whether postpartum symptoms can wait.

People: Sloane, Postpartum patient; Dr Patel, Obstetrician.

Read the record

Choose one answer per question using the facts above.

1. When did Sloane give birth?

- A. No birth is mentioned
- B. Twelve days ago
- C. Twelve years ago
- D. Today

2. Which symptoms are reported?

- A. No current symptoms
- B. Shortness of breath and chest pain
- C. A confirmed diagnosis
- D. Normal oxygen measurements

3. What is already active?

- A. A routine annual review
- B. A completed discharge from this event
- C. A language assessment only
- D. The emergency response

[Answers and explanations, page 133](#)

B Vocabulary in use

CORE TERMS

postpartum period

Time after childbirth considered in the relevant care context.

identify the postpartum period

postpartum warning sign

Symptom or sign after birth requiring prompt attention.

report a postpartum warning sign

chest pain

Pain or discomfort in the chest requiring contextual assessment.

report chest pain

postpartum cardiomyopathy

Heart-muscle disorder arising around childbirth in the relevant clinical context.

evaluate postpartum cardiomyopathy

postpartum hypertension

High blood pressure occurring after birth in context.

evaluate postpartum hypertension

intrusive thought

Unwanted thought experienced as distressing or inconsistent with wishes.

clarify an intrusive thought

recent birth history

Relevant information about a birth that occurred recently.

communicate recent birth history

shortness of breath

Subjective difficulty or discomfort with breathing.

describe shortness of breath

thromboembolism

Obstruction caused by a blood clot traveling through circulation.

assess suspected thromboembolism

postpartum hemorrhage

Excessive bleeding after birth under the relevant clinical criteria.

assess postpartum hemorrhage

perinatal mental health

Mental health during pregnancy and the period around childbirth.

discuss perinatal mental health

suicidal thought

Thought involving ending one's own life.

ask directly about suicidal thoughts

Say it in context

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

postpartum period POSTPARTUM PERIOD

identify the postpartum period

Keep the meaning precise: Time after childbirth considered in the relevant care context.

thromboembolism THROMBOEMBOLISM

assess suspected thromboembolism

Keep the meaning precise: Obstruction caused by a blood clot traveling through circulation.

B Precision and professional shorthand

EXTEND YOUR RANGE

functional change

Difference in ability to carry out ordinary activities.

describe functional change

postpartum follow-up

Planned review of health and care needs after birth.

coordinate postpartum follow-up

support network

People and services providing practical or emotional help.

identify the support network

qualified interpreter

Trained language professional supporting accurate communication between speakers.

request a qualified interpreter

patient preference

A person's stated wishes about care or communication.

elicit the patient preference

documented plan

Agreed next steps recorded for the people involved.

review the documented plan

urgent-care route

Actual service or process for prompt clinical attention.

confirm the urgent-care route

handover context

Relevant background accompanying current clinical information.

preserve handover context

continuity of care

Connected care across clinicians, services, and time.

maintain continuity of care

teach-back

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

use teach-back without blame

clinical handoff

Transfer of relevant care information and responsibility between professionals.

confirm the clinical handoff

source attribution

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

preserve source attribution

Say it in context

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

suicidal thought **SUICIDAL THOUGHT**

ask directly about suicidal thoughts

Keep the meaning precise: Thought involving ending one's own life.

support network **SUPPORT NETWORK**

identify the support network

Keep the meaning precise: People and services providing practical or emotional help.

Phrases that move the work forward

State recent pregnancy

I gave birth twelve days ago.

Keep the context

Please include the recent birth in the handoff.

Preserve diagnostic uncertainty

The cause has not yet been established.

Separate routine follow-up

A scheduled postpartum visit does not replace urgent assessment.

Sloane / in the conversation

I gave birth twelve days ago, and now I have shortness of breath and chest pain.

Sloane / in the conversation

I worried that saying I was tired after birth would make people think this was ordinary recovery.

Sloane / in the conversation

I can describe how the breathing feels, but I do not know what diagnosis explains it.

Dr Patel / in the conversation

You do not need to choose a diagnosis before being heard.

Lead with the symptoms

I am reporting shortness of breath and chest pain.

Avoid dismissal

We will not assume this is ordinary recovery.

Confirm urgent action

The emergency response is already active.

Close the loop

We will confirm that the receiving team has the relevant history.

Dr Patel / in the conversation

I will make sure the recent birth history is included with those symptoms as the actual response continues.

Dr Patel / in the conversation

A postpartum warning sign should not be dismissed because you recently gave birth or feel tired.

Dr Patel / in the conversation

Describe the shortness of breath in your own words.

Sloane / in the conversation

The chest discomfort is part of the same concern, and I want it passed on too.

Precision in real exchanges

Purpose: Avoid dismissal

Useful wording: We will not assume this is ordinary recovery.

Purpose: Preserve diagnostic uncertainty

Useful wording: The cause has not yet been established.

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 detail belongs near the start of the handoff?

- A.** A diagnosis chosen from the glossary
- B.** Birth twelve days ago with current chest pain and breathlessness
- C.** Only the next routine appointment
- D.** An invented normal oxygen value

2. Which conclusion is unsupported?

- A.** The cause needs assessment.
- B.** Recent birth is relevant.
- C.** Emergency response is active.
- D.** The cause is postpartum cardiomyopathy.

3. A colleague needs the term for this meaning: Subjective difficulty or discomfort with breathing. Which term fits?

- A.** patient preference
- B.** shortness of breath
- C.** postpartum follow-up
- D.** postpartum hypertension

D Choose the response that fits / continued

4. Rebuild the exchange from "The birth date belongs in the urgent handoff". Sloane: "I can describe how the breathing feels, but I do not know what diagnosis explains it." Dr Patel: [missing response] Sloane: "The chest discomfort is part of the same concern, and I want it passed on too." Which response belongs in the gap?

- A.** I will make sure the recent birth history is included with those symptoms as the actual response continues.
- B.** That is part of continuity of care. The immediate response remains the priority, with appropriate communication between services as care proceeds.
- C.** Describe the shortness of breath in your own words. You do not need to choose a diagnosis before being heard.
- D.** I will include the chest pain clearly rather than reduce the handoff to a general statement that you feel unwell.

[Answers and explanations, page 133](#)

One useful distinction

Shortness of breath and chest pain after birth require the actual urgent response. The terminology bank lists possible clinical concepts, not diagnoses established for Sloane.

E Conversation

The birth date belongs in the urgent handoff

The birth date belongs in the urgent handoff

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

WORD AND PHRASE BANK

thromboembolism / Postpartum cardiomyopathy / chest pain / postpartum period / continuity of care / shortness of breath / handover context / Postpartum follow-up / recent birth history / postpartum warning sign

- 01 **Sloane:** I gave birth twelve days ago, and now I have shortness of breath and chest pain. The emergency response is active.
- 02 **Dr Patel:** I will make sure the ¹ _____ is included with those symptoms as the actual response continues.
- 03 **Sloane:** I worried that saying I was tired after birth would make people think this was ordinary recovery.
- 04 **Dr Patel:** A ² _____ should not be dismissed because you recently gave birth or feel tired.
- 05 **Sloane:** I can describe how the breathing feels, but I do not know what diagnosis explains it.
- 06 **Dr Patel:** Describe the ³ _____ in your own words. You do not need to choose a diagnosis before being heard.
- 07 **Sloane:** The chest discomfort is part of the same concern, and I want it passed on too.
- 08 **Dr Patel:** I will include the ⁴ _____ clearly rather than reduce the handoff to a general statement that you feel unwell.
- 09 **Sloane:** Does mentioning the postpartum period prove that the birth caused whatever is happening?
- 10 **Dr Patel:** No. The ⁵ _____ is relevant context, not proof of a particular cause.

Conversation continues on the next page.

The birth date belongs in the urgent handoff

CONVERSATION / CONTINUED

- 11 **Sloane:** I have heard several frightening medical names. Should I tell the team that I definitely have one of them?
- 12 **Dr Patel:** No. For example, ⁶ _____ is not a diagnosis you should assign from a list of terms.
- 13 **Sloane:** And the same is true of the heart condition people sometimes mention around childbirth?
- 14 **Dr Patel:** Yes. ⁷ _____ requires the actual clinical evaluation; it has not been established in this conversation.
- 15 **Sloane:** I have a routine follow-up booked, but I understand that does not replace what is happening now.
- 16 **Dr Patel:** Correct. ⁸ _____ and the active urgent response are different parts of care.
- 17 **Sloane:** Please confirm that the next team knows the timing of the birth, not only the symptoms.
- 18 **Dr Patel:** We will preserve that ⁹ _____ and confirm receipt through the actual clinical process.
- 19 **Sloane:** I want the teams to stay connected afterward as well, rather than assume another service has everything.
- 20 **Dr Patel:** That is part of ¹⁰ _____. The immediate response remains the priority, with appropriate communication between services as care proceeds.

CHECK THE GAPS

1. recent birth history / 2. postpartum warning sign / 3. shortness of breath / 4. chest pain / 5. postpartum period / 6. thromboembolism / 7. Postpartum cardiomyopathy / 8. Postpartum follow-up / 9. handover context / 10. continuity of care

[Why these answers fit, page 134](#)

F Check accuracy and scope

The birth date belongs in the urgent handoff

Return to the case

Twelve days after giving birth, patient Sloane reports shortness of breath and chest pain. The actual emergency response is already active. Dr Patel confirms the recent birth context and symptoms for the receiving team. No diagnosis or measured observations are supplied. This is language practice during an active response, not a guide for deciding whether postpartum symptoms can wait.

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

1. What does a routine appointment not replace?

- A.** Actual urgent assessment
- B.** A calendar reminder
- C.** The patient's name
- D.** A document title

2. Which mental-health distinction is important?

- A.** Every thought is harmless without assessment.
- B.** A glossary establishes safety.
- C.** An intrusive thought is not automatically an intention to act.
- D.** Every unwanted thought proves intent.

[Answers and explanations, page 135](#)

Listen for the distinction

Swap roles. Distinguish urgent response from routine follow-up without naming a confirmed cause.

Recovery is not an explanation for every symptom

Do not dismiss a concern because the patient is tired or recently gave birth. The receiving service needs both current symptoms and relevant recent pregnancy history.

F Say it / transfer to a new case

Recent pregnancy was missing from the summary

An urgent handoff lists current symptoms but omits that the patient gave birth twelve days ago. The receiving team acknowledges the added history. The response remains active.

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

WORD AND PHRASE BANK

established / active / twelve / history

- 01 **Sender:** The omitted detail is birth ¹ _____ days ago.
- 02 **Receiver:** I acknowledge the added ² _____.
- 03 **Sender:** The response remains ³ _____.
- 04 **Receiver:** The cause is not yet ⁴ _____.

CHECK THE GAPS

1. twelve / 2. history / 3. active / 4. established

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

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 birth date belongs in the urgent handoff". Sloane: "And the same is true of the heart condition people sometimes mention around childbirth?" Dr Patel: [missing response] Sloane: "I have a routine follow-up booked, but I understand that does not replace what is happening now." Which response belongs in the gap?

- A.** I will make sure the recent birth history is included with those symptoms as the actual response continues.
- B.** No. For example, thromboembolism is not a diagnosis you should assign from a list of terms.
- C.** A postpartum warning sign should not be dismissed because you recently gave birth or feel tired.
- D.** Yes. Postpartum cardiomyopathy requires the actual clinical evaluation; it has not been established in this conversation.

[Answers and explanations, page 137](#)

A Read the situation

LESSON 08 / DISCUSSING CONFIRMED PREGNANCY LOSS

Give difficult news directly and compassionately, then explain an individualized options discussion.

Clear words and space to respond

After the appropriate clinical assessment has confirmed an early pregnancy loss, Dr Gray meets patient Eden. Eden asks whether the finding is certain and worries that an ordinary daily activity caused the loss. The cause has not been established. Dr Gray explains the confirmed finding, allows silence, asks about chosen support, and arranges discussion of the actual management options. No procedure, medicine, or follow-up interval is prescribed.

People: Dr Gray, Obstetrician; Eden, Patient.

Read the record

Choose one answer per question using the facts above.

1. What has been confirmed?

- A. A future pregnancy outcome
- B. An early pregnancy loss after appropriate assessment
- C. The cause of the loss
- D. A selected management option

2. What worries Eden?

- A. That no assessment occurred
- B. That the future is guaranteed
- C. That an ordinary activity caused the loss
- D. That a procedure is already supplied

3. What is not prescribed?

- A. Space to respond
- B. A support discussion
- C. A management option or follow-up interval
- D. Compassionate explanation

[Answers and explanations, page 138](#)

B Vocabulary in use

CORE TERMS

early pregnancy loss

Loss of a pregnancy early in gestation under the relevant definition.

explain early pregnancy loss

confirmed finding

Conclusion established through the appropriate assessment.

explain a confirmed finding

viability assessment

Clinical assessment of whether a pregnancy is continuing as expected.

review the viability assessment

medical management

Management using prescribed medicines under the actual care plan.

explain medical management

management preference

Person's informed preference among relevant care options.

elicit a management preference

bleeding history

Account of bleeding timing, amount, and associated concerns.

obtain a bleeding history

miscarriage

Common term for spontaneous pregnancy loss in the relevant clinical context.

discuss a miscarriage

diagnostic uncertainty

Unresolved question about whether a diagnosis is established.

distinguish diagnostic uncertainty

expectant management

Management involving observation under an appropriate clinical plan.

discuss expectant management

surgical management

Management involving an appropriate procedure.

discuss surgical management

retained pregnancy tissue

Pregnancy-related tissue remaining in the uterus in context.

assess retained pregnancy tissue

follow-up assessment

Subsequent review of clinical status and care needs.

arrange follow-up assessment

Say it in context

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

early pregnancy loss EARLY PREGNANCY LOSS

explain early pregnancy loss

Keep the meaning precise: Loss of a pregnancy early in gestation under the relevant definition.

expectant management EXPECTANT MANAGEMENT

discuss expectant management

Keep the meaning precise: Management involving observation under an appropriate clinical plan.

B Precision and professional shorthand

EXTEND YOUR RANGE

bereavement support

Support offered after a significant loss.

offer bereavement support

empathetic silence

Deliberate space allowing a person to respond to difficult news.

allow empathetic silence

support preference

Person's wishes about who or what will support them.

ask about support preferences

qualified interpreter

Trained language professional supporting accurate communication between speakers.

request a qualified interpreter

patient preference

A person's stated wishes about care or communication.

elicit the patient preference

documented plan

Agreed next steps recorded for the people involved.

review the documented plan

self-blame

Belief that one is personally responsible for an adverse event.

respond to self-blame

acknowledgment of loss

Direct recognition of the significance of the person's loss.

offer acknowledgment of loss

care summary

Clear record of the finding, discussion, and agreed next steps.

provide a care summary

teach-back

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

use teach-back without blame

clinical handoff

Transfer of relevant care information and responsibility between professionals.

confirm the clinical handoff

source attribution

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

preserve source attribution

Say it in context

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

follow-up assessment FOLLOW-UP ASSESSMENT

arrange follow-up assessment

Keep the meaning precise: Subsequent review of clinical status and care needs.

support preference SUPPORT PREFERENCE

ask about support preferences

Keep the meaning precise: Person's wishes about who or what will support them.

C Phrases that move the work forward

Give clear news

I am sorry. The assessment has confirmed that the pregnancy has ended.

Separate certainty

The finding is confirmed; the cause has not been established.

Avoid minimization

I recognize that this is a significant loss for you.

Introduce options gently

When you are ready, I will explain the options relevant to your situation.

Eden / in the conversation

Please tell me clearly what the assessment has established.

Dr Gray / in the conversation

We can pause before discussing anything further.

Eden / in the conversation

Did something ordinary I did cause this?

Dr Gray / in the conversation

I hear the self-blame, but we should not turn an ordinary activity into a proven explanation.

Allow space

We can pause here.

Respond to blame

Nothing in this assessment establishes that your ordinary activity caused this.

Ask about support

Who would you like with you for the next discussion?

Close concretely

We will provide the agreed care plan and the appropriate contact route.

Eden / in the conversation

Is the finding definite, or is there still uncertainty?

Eden / in the conversation

I keep thinking about carrying groceries yesterday.

Dr Gray / in the conversation

The assessment does not establish that cause.

Eden / in the conversation

I do not want someone to tell me it does not matter because it happened early.

Precision in real exchanges

Purpose: Respond to blame

Useful wording: Nothing in this assessment establishes that your ordinary activity caused this.

Purpose: Avoid minimization

Useful wording: I recognize that this is a significant loss for 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 statement matches the case?

- A.** Both the loss and cause are guesses.
- B.** An ordinary activity definitely caused it.
- C.** A future outcome is guaranteed.
- D.** The loss is confirmed, but the cause is not established.

2. Which phrase minimizes the loss?

- A.** Who would you like with you?
- B.** At least it was early.
- C.** I am sorry.
- D.** We can pause here.

3. A colleague needs the term for this meaning: Unresolved question about whether a diagnosis is established. Which term fits?

- A.** patient preference
- B.** empathetic silence
- C.** diagnostic uncertainty
- D.** management preference

D Choose the response that fits / continued

4. Rebuild the exchange from "Clear words and space to respond". Eden: "I do not want someone to tell me it does not matter because it happened early." Dr Gray: [missing response] Eden: "Could we sit quietly for a moment before talking about procedures or what happens next?" Which response belongs in the gap?

- A.** Medical management and surgical management need their own explanations of suitability, benefits, risks, and alternatives.
- B.** Yes. Empathetic silence can be part of this conversation. I will stay with you while we pause.
- C.** We will respect that support preference and discuss what you want shared when she joins us.
- D.** It matters. Acknowledgment of loss means recognizing your experience, not comparing it with someone else's.

[Answers and explanations, page 138](#)

One useful distinction

Here the loss is confirmed; its cause is not. Do not weaken a confirmed finding with misleading ambiguity or invent a cause to answer self-blame.

E Conversation

Clear words and space to respond

Clear words and space to respond

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

WORD AND PHRASE BANK

care summary / Medical management / support preference / bereavement support / confirmed finding / Acknowledgment of loss / self-blame / management preference / expectant management / Empathetic silence

- 01 **Eden:** Please tell me clearly what the assessment has established. Is the finding definite, or is there still uncertainty?
- 02 **Dr Gray:** I am sorry. The pregnancy has ended. This is a ¹ _____. We can pause before discussing anything further.
- 03 **Eden:** I keep thinking about carrying groceries yesterday. Did something ordinary I did cause this?
- 04 **Dr Gray:** The assessment does not establish that cause. I hear the ² _____, but we should not turn an ordinary activity into a proven explanation.
- 05 **Eden:** I do not want someone to tell me it does not matter because it happened early.
- 06 **Dr Gray:** It matters. ³ _____ means recognizing your experience, not comparing it with someone else's.
- 07 **Eden:** Could we sit quietly for a moment before talking about procedures or what happens next?
- 08 **Dr Gray:** Yes. ⁴ _____ can be part of this conversation. I will stay with you while we pause.
- 09 **Eden:** I would like my sister involved, but only after I have understood the main information myself.
- 10 **Dr Gray:** We will respect that ⁵ _____ and discuss what you want shared when she joins us.

Conversation continues on the next page.

Clear words and space to respond

CONVERSATION / CONTINUED

- 11 **Eden:** When we talk about care, will you explain the options rather than assume I already know the medical words?
- 12 **Dr Gray:** Yes. Where appropriate, ⁶ _____ is one term we may discuss, with the actual circumstances and safety arrangements explained.
- 13 **Eden:** I have also seen references to medicines and procedures, but I do not know what applies to me.
- 14 **Dr Gray:** ⁷ _____ and surgical management need their own explanations of suitability, benefits, risks, and alternatives.
- 15 **Eden:** I would like time to understand the choices within whatever the actual clinical situation allows.
- 16 **Dr Gray:** Your ⁸ _____ belongs in that discussion. We will explain any real timing considerations rather than assume your decision.
- 17 **Eden:** I may need support after leaving, not just information during this appointment.
- 18 **Dr Gray:** We can discuss ⁹ _____ and the appropriate clinical contact route, according to what would be helpful to you.
- 19 **Eden:** A clear summary would help me remember what was confirmed and what still needs to be decided.
- 20 **Dr Gray:** We will provide a ¹⁰ _____ that separates the finding, the unresolved cause, and the next steps actually agreed with you.

CHECK THE GAPS

1. confirmed finding / 2. self-blame / 3. Acknowledgment of loss / 4. Empathetic silence / 5. support preference / 6. expectant management / 7. Medical management / 8. management preference / 9. bereavement support / 10. care summary

[Why these answers fit, page 139](#)

F Check accuracy and scope

Clear words and space to respond

Return to the case

After the appropriate clinical assessment has confirmed an early pregnancy loss, Dr Gray meets patient Eden. Eden asks whether the finding is certain and worries that an ordinary daily activity caused the loss. The cause has not been established. Dr Gray explains the confirmed finding, allows silence, asks about chosen support, and arranges discussion of the actual management options. No procedure, medicine, or follow-up interval is prescribed.

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

1. What does empathetic silence allow?

- A. A guarantee that distress ends
- B. Space for the person to respond
- C. Avoidance of every necessary explanation
- D. A substitute for clinical care

2. Which action is not supplied?

- A. Explaining relevant options
- B. Asking about support
- C. Providing an agreed summary
- D. Selecting a management regimen

[Answers and explanations, page 140](#)

Listen for the distinction

Swap roles. Respond to self-blame without inventing a cause or minimizing the loss.

Do not rush toward reassurance

Avoid minimizing phrases such as at least it was early or you can try again. State the confirmed finding clearly, allow a response, and ask what support the person wants.

F Say it / transfer to a new case

The support person joins with permission

Eden authorizes sharing the confirmed finding with her sister. Eden has not selected a management option. The clinician explains those two facts separately.

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

selected / sister / finding / separate

- 01 **Patient:** You may share the confirmed ¹ _____.
- 02 **Clinician:** The support person is your ² _____.
- 03 **Patient:** A management option is not yet ³ _____.
- 04 **Clinician:** I will keep those facts ⁴ _____.

CHECK THE GAPS

1. finding / 2. sister / 3. selected / 4. separate

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

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 "Clear words and space to respond". Eden: "I have also seen references to medicines and procedures, but I do not know what applies to me." Dr Gray: [missing response] Eden: "I would like time to understand the choices within whatever the actual clinical situation allows." Which response belongs in the gap?

- A.** We will respect that support preference and discuss what you want shared when she joins us.
- B.** It matters. Acknowledgment of loss means recognizing your experience, not comparing it with someone else's.
- C.** Yes. Empathetic silence can be part of this conversation. I will stay with you while we pause.
- D.** Medical management and surgical management need their own explanations of suitability, benefits, risks, and alternatives.

[Answers and explanations, page 142](#)

Review 4 / Meaning and context

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

Case file

Revisit "Taking postpartum concerns seriously" and "Discussing confirmed pregnancy loss". 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: Symptom or sign after birth requiring prompt attention. Which term fits?

- A. postpartum hemorrhage
- B. postpartum warning sign
- C. teach-back
- D. urgent-care route

2. A colleague needs the term for this meaning: Management involving an appropriate procedure. Which term fits?

- A. early pregnancy loss
- B. surgical management
- C. bereavement support
- D. qualified interpreter

3. Rebuild the exchange from "Separate the patient report from the monitor interpretation". Dr Ellis: "What about the fetal monitoring? I need the actual reviewed interpretation rather than a reassuring shorthand label." Dr Chen: [missing response] Dr Ellis: "Terms such as variability have specific clinical meaning, so a language definition is not an interpretation rule." Which response belongs in the gap?

- A. We need the current fetal heart-rate trace and the authorized interpretation. No classification should be guessed from this conversation.
- B. Let us review the latest maternal observations in the current record together, including when each was taken.
- C. The reported change in the contraction pattern is her account, not a substitute for the actual assessment.
- D. Correct. Variability must be assessed in the real context, not assigned because the word appears in a handoff.

Review 4 / Meaning and context / continued

4. Rebuild the exchange from "Clear words and space to respond". Eden: "I may need support after leaving, not just information during this appointment." Dr Gray: [missing response] Eden: "A clear summary would help me remember what was confirmed and what still needs to be decided." Which response belongs in the gap?

- A.** Yes. Where appropriate, expectant management is one term we may discuss, with the actual circumstances and safety arrangements explained.
- B.** I am sorry. The pregnancy has ended. This is a confirmed finding. We can pause before discussing anything further.
- C.** Your management preference belongs in that discussion. We will explain any real timing considerations rather than assume your decision.
- D.** We can discuss bereavement support and the appropriate clinical contact route, according to what would be helpful to you.

[Answers and explanations, page 150](#)

Language for the next case

A sensitive consultation with language support

qualified language support

Qualified language support provides trained interpretation for accurate participation and is distinct from assuming a companion should translate sensitive information.

Dr Ellis: We can arrange qualified language support through the service and discuss the appropriate privacy arrangements.

language preference

Language preference identifies the language or variety the patient understands best and should be checked rather than inferred from nationality or a companion.

Dr Ellis: We should confirm your language preference rather than infer it from your name or country.

decision-making role

The patient's decision-making role remains distinct from the interpreter's communication role and must not be transferred merely because language support is needed.

Dr Ellis: No. The interpreter supports communication. Your decision-making role is not transferred because you need language support.

disclosure permission

Disclosure permission concerns authorization to share specified information and does not follow automatically from a companion's language ability.

Dr Ellis: Correct. Language ability does not create disclosure permission or decision-making authority.

clarification request

A clarification request asks for an unclear message to be explained and supports informed participation rather than being treated as unreasonable delay.

Dr Ellis: A clarification request is useful. We should explain the meaning, not ask you to agree to words you do not understand.

communication agreement

A communication agreement records the relevant preferences and arrangements for language, privacy, support, and contact without replacing the actual clinical consent process.

Dr Ellis: A clear communication agreement can record the relevant preferences while we follow the actual clinical and privacy processes.

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

Conversation

A sensitive consultation with language support

Patient Noor asks Dr Ellis for qualified interpretation and private time without a companion before discussing sensitive maternity information. The actual interpreter is arranged through the service. This dialogue concerns preferences, privacy, and preparation; it supplies no clinical decision or jurisdiction-specific rule.

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

WORD AND PHRASE BANK

qualified language support / clarification request / language preference /
decision-making role / communication agreement / disclosure permission

- 01 **Noor:** I would like an interpreter, but I do not want my companion to interpret the personal questions for me.
- 02 **Dr Ellis:** We can arrange ¹ _____ through the service and discuss the appropriate privacy arrangements.
- 03 **Noor:** My companion speaks more English, but that does not mean I want every detail shared with them.
- 04 **Dr Ellis:** Correct. Language ability does not create ² _____ or decision-making authority.
- 05 **Noor:** Could I have some time alone first, before deciding what I want discussed with the companion present?
- 06 **Dr Ellis:** We can arrange an appropriate private conversation and explain any relevant privacy limits in this setting.
- 07 **Noor:** I would also like the interpreter to use the language variety I understand best.
- 08 **Dr Ellis:** We should confirm your ³ _____ rather than infer it from your name or country.
- 09 **Noor:** When the interpreter arrives, will you still speak to me directly?
- 10 **Dr Ellis:** Yes. I will address you, use manageable segments, and allow the interpretation to finish before adding another question.

Conversation continues on the next page.

A sensitive consultation with language support

CONVERSATION / CONTINUED

- 11 **Noor:** If I do not understand a medical term, I want to be able to ask without feeling that I am delaying everything.
- 12 **Dr Ellis:** A ⁴ _____ is useful. We should explain the meaning, not ask you to agree to words you do not understand.
- 13 **Noor:** I may want my companion involved later, once I know what information is being discussed.
- 14 **Dr Ellis:** We can revisit that choice and specify the appropriate sharing rather than assume today's preference is unlimited or permanent.
- 15 **Noor:** Does the interpreter make a decision for me if I cannot express the answer fluently in English?
- 16 **Dr Ellis:** No. The interpreter supports communication. Your ⁵ _____ is not transferred because you need language support.
- 17 **Noor:** Could we check the contact method too? The telephone number in the record is shared.
- 18 **Dr Ellis:** We should verify the actual privacy of that route before sending sensitive information or promising confidentiality.
- 19 **Noor:** That helps me understand what will happen before I discuss the personal details.
- 20 **Dr Ellis:** A clear ⁶ _____ can record the relevant preferences while we follow the actual clinical and privacy processes.

CHECK THE GAPS

1. qualified language support / **2.** disclosure permission / **3.** language preference / **4.** clarification request / **5.** decision-making role / **6.** communication agreement

[Why these answers fit, page 152](#)

The contact number is shared

The listed telephone number is shared with a companion. The patient requests a different contact route, which the service has not yet verified.

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

WORD AND PHRASE BANK

shared / route / verified / information

- 01 **Patient:** The listed number is ¹ _____.
- 02 **Clinician:** You have requested a different ² _____.
- 03 **Patient:** That route is not yet ³ _____.
- 04 **Clinician:** We will check before sending sensitive ⁴ _____.

CHECK THE GAPS

1. shared / 2. route / 3. verified / 4. information

[Why these answers fit, page 152](#)

Keep the distinction audible

Arrange qualified interpretation and private discussion without assigning authority to a companion.

Language for the next case

Discussing postpartum contraception preferences

reproductive preferences

Reproductive preferences describe the person's wishes about future pregnancy and should be elicited without pressure to commit to a fixed timetable.

Dr Vale: We can discuss reproductive preferences without pressuring you to choose a timetable you have not decided.

bleeding concern

A bleeding concern identifies an effect important to the patient's choice and should be discussed using the actual method information rather than dismissed.

Dr Vale: We should include your bleeding concern in the discussion rather than dismiss it as a minor detail.

voluntary choice

Voluntary choice belongs to the informed patient and should not be replaced by pressure from family or a clinician's preference.

Dr Vale: Your voluntary choice remains central. Support from others should not become pressure to accept a method.

Reversibility

Reversibility concerns whether and how a method's contraceptive effect can be ended and needs explanation for the actual option being discussed.

Dr Vale: Reversibility is an important comparison, with the actual process and limitations explained for each relevant option.

Medical eligibility

Medical eligibility assesses whether a method is appropriate for the person's actual clinical circumstances and cannot be reduced to a universal rule from one detail.

Dr Vale: No. Medical eligibility and timing require the individual assessment and current applicable guidance.

preference discussion

A preference discussion explores priorities and information needs and is not itself consent to a procedure or a prescription.

Dr Vale: Yes. A preference discussion is not the same as consent to an intervention or a prescription.

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

Conversation

Discussing postpartum contraception preferences

Patient Alex asks Dr Vale about contraception after birth. Alex wants to discuss reversibility, bleeding concerns, feeding, convenience, and future pregnancy preferences. The clinician explains that medical eligibility, timing, and available methods require the actual individual assessment. No method, prescription, or eligibility rule is selected.

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

WORD AND PHRASE BANK

Reversibility / voluntary choice / Medical eligibility / bleeding concern /
preference discussion / reproductive preferences

- 01 **Alex:** I want to discuss contraception, but I do not want a method selected before you know what matters to me.
- 02 **Dr Vale:** Let us start with your priorities and the actual clinical assessment, not assume one option fits everyone.
- 03 **Alex:** I may want another pregnancy later, but I do not want to decide on an exact date today.
- 04 **Dr Vale:** We can discuss ¹ _____ without pressuring you to choose a timetable you have not decided.
- 05 **Alex:** I also want to know whether a method can be stopped if my wishes or circumstances change.
- 06 **Dr Vale:** ² _____ is an important comparison, with the actual process and limitations explained for each relevant option.
- 07 **Alex:** Bleeding changes would matter to me because a previous experience was difficult.
- 08 **Dr Vale:** We should include your ³ _____ in the discussion rather than dismiss it as a minor detail.
- 09 **Alex:** Does feeding my baby automatically mean every method has the same suitability and timing?
- 10 **Dr Vale:** No. ⁴ _____ and timing require the individual assessment and current applicable guidance.

Conversation continues on the next page.

Discussing postpartum contraception preferences

CONVERSATION / CONTINUED

- 11 **Alex:** I need something practical, but I do not want convenience to be the only factor considered.
- 12 **Dr Vale:** We can compare the actual options across the features that matter to you, including how they are used and accessed.
- 13 **Alex:** If a family member prefers a particular method, does that decide what I should receive?
- 14 **Dr Vale:** Your ⁵ _____ remains central. Support from others should not become pressure to accept a method.
- 15 **Alex:** I would like benefits, limitations, and possible effects explained in ordinary language.
- 16 **Dr Vale:** That is appropriate. We should also explain what the method does not address, using its actual information.
- 17 **Alex:** Can we document what I want to discuss without treating it as consent to a procedure?
- 18 **Dr Vale:** Yes. A ⁶ _____ is not the same as consent to an intervention or a prescription.
- 19 **Alex:** Then I can compare the relevant options after the clinical assessment instead of agreeing to a method I do not understand.
- 20 **Dr Vale:** Exactly. We will explain the actual choices and next step without inventing an eligibility rule or deciding for you.

CHECK THE GAPS

1. reproductive preferences / 2. Reversibility / 3. bleeding concern / 4. Medical eligibility / 5. voluntary choice / 6. preference discussion

[Why these answers fit, page 154](#)

A preference is recorded, no method chosen

The patient says reversibility matters and asks about possible bleeding changes. No method has been selected or prescribed.

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

WORD AND PHRASE BANK

bleeding / selected / Reversibility / prescribed

- 01 **Patient:** ¹ _____ matters to me.
- 02 **Clinician:** You also asked about ² _____ changes.
- 03 **Patient:** A method has not been ³ _____.
- 04 **Clinician:** Nothing has been ⁴ _____ in this scenario.

CHECK THE GAPS

1. Reversibility / 2. bleeding / 3. selected / 4. prescribed

[Why these answers fit, page 154](#)

Keep the distinction audible

Explore priorities and explain that suitability needs an individualized review without imposing a method.

Language for the next case

An uncertain ultrasound finding

uncertain finding

An uncertain finding is an observation whose significance is not yet established and should not be converted into a confirmed diagnosis.

Dr Kim: The wording describes an uncertain finding, not a confirmed diagnosis. We should review the actual report and context carefully.

source images

Source images are the original examination images needed for review and are distinct from a shortened description copied into another document.

Dr Kim: The relevant source images and report should be available through the authorized transfer process.

further-test decision

A further-test decision requires the actual information and appropriate informed discussion rather than being inferred from a request for clarification.

Dr Kim: Questions support understanding. Any further-test decision needs its own appropriate discussion and authorization.

specialist review

A specialist review examines the relevant finding and context with appropriate expertise and does not itself predetermine the conclusion.

Dr Kim: A specialist review can clarify the question and appropriate next steps without predetermining the conclusion.

measurement limitation

A measurement limitation affects what a particular value can establish and requires the actual examination context rather than an unrelated comparison.

Dr Kim: A measurement limitation needs the actual context; an unrelated number may not answer your question.

Result follow-up

Result follow-up assigns the route and responsibility for explaining the reviewed findings rather than ending the process when a referral is sent.

Dr Kim: Correct. Result follow-up should be explicit, with uncertainty preserved until the actual assessment supports a conclusion.

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

Conversation

An uncertain ultrasound finding

Patient Rowan receives an ultrasound report recommending specialist review of an uncertain finding. Dr Kim explains that the wording does not establish a diagnosis or guarantee that nothing is wrong. The actual report and clinical context will be reviewed. No finding measurements, prognosis, or procedure choice are supplied.

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

WORD AND PHRASE BANK

further-test decision / specialist review / measurement limitation / uncertain finding /
source images / Result follow-up

- 01 **Rowan:** The ultrasound report recommends another review. Does that mean a serious diagnosis has already been confirmed?
- 02 **Dr Kim:** The wording describes an ¹ _____, not a confirmed diagnosis. We should review the actual report and context carefully.
- 03 **Rowan:** I also do not want to be told that it definitely means nothing when the report asks for more assessment.
- 04 **Dr Kim:** That would be an unsupported guarantee. We need to explain what is known and what remains unresolved.
- 05 **Rowan:** What is the purpose of seeing a specialist rather than simply repeating the same reassurance?
- 06 **Dr Kim:** A ² _____ can clarify the question and appropriate next steps without predetermining the conclusion.
- 07 **Rowan:** Is the report's recommendation the same as an appointment being booked?
- 08 **Dr Kim:** No. We need to distinguish the recommendation, the referral, and an actual confirmed appointment.
- 09 **Rowan:** I would like the specialist to have the original images and not only a sentence copied into a letter.
- 10 **Dr Kim:** The relevant ³ _____ and report should be available through the authorized transfer process.

Conversation continues on the next page.

An uncertain ultrasound finding

CONVERSATION / CONTINUED

- 11 **Rowan:** If a measurement is uncertain, should I compare it with a number I found from another pregnancy?
- 12 **Dr Kim:** A ⁴ _____ needs the actual context; an unrelated number may not answer your question.
- 13 **Rowan:** I want to understand what the next assessment might clarify and what it may still leave uncertain.
- 14 **Dr Kim:** We should explain that explicitly, including any relevant options once the actual clinical review identifies them.
- 15 **Rowan:** Could I include my chosen support person when the result is discussed?
- 16 **Dr Kim:** Yes, with the appropriate permission. We can also arrange language support if needed for a clear explanation.
- 17 **Rowan:** Please do not treat my questions as agreement to a particular test before it has been explained.
- 18 **Dr Kim:** Questions support understanding. Any ⁵ _____ needs its own appropriate discussion and authorization.
- 19 **Rowan:** Then we should confirm the referral status and who will explain the specialist's findings afterward.
- 20 **Dr Kim:** Correct. ⁶ _____ should be explicit, with uncertainty preserved until the actual assessment supports a conclusion.

CHECK THE GAPS

1. uncertain finding / 2. specialist review / 3. source images / 4. measurement limitation / 5. further-test decision / 6. Result follow-up

[Why these answers fit, page 156](#)

The referral is sent but images are missing

The specialist service has received the referral letter but not the source images. The appointment is not confirmed. The finding remains uncertain.

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

WORD AND PHRASE BANK

received / uncertain / missing / confirmed

- 01 **Patient:** The source images are ¹ _____.
- 02 **Clinician:** The referral letter has been ² _____.
- 03 **Patient:** The appointment is not ³ _____.
- 04 **Clinician:** The finding remains ⁴ _____.

CHECK THE GAPS

1. missing / 2. received / 3. confirmed / 4. uncertain

[Why these answers fit, page 156](#)

Keep the distinction audible

Explain an unresolved finding and the purpose of specialist review without converting uncertainty into a diagnosis.

01 / Answers and explanations

A / Read the situation

A1. Which date is uncertain?

A. The last menstrual period

Avery is unsure of the last menstrual period in the supplied history.

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

A2. What previous experience is mentioned?

A. Pregnancy loss

Avery mentions a previous loss without supplying a detailed obstetric history.

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

A3. What is not calculated?

C. Gestational age or due date

The case supplies no data or instruction for calculating gestational age or a due date.

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

D / Response choices

D1. Which entry preserves the history?

C. Last menstrual period uncertain.

The entry accurately retains uncertainty rather than manufacturing precision.

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

D2. Which opening is respectful?

B. May we discuss your previous pregnancy experiences?

Asking permission creates space for a sensitive history without assuming the person's experience.

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

01 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Estimated date used for pregnancy planning and dating. Which term fits?

A. estimated due date

A Correct. estimated due date: Estimated date used for pregnancy planning and dating. The usual combination is "verify the estimated due date".

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

C Not here. preferred terminology: Words the person wishes used for sensitive experiences. The usual combination is "ask about preferred terminology".

D Not here. prior pregnancy loss: Loss in an earlier pregnancy. The usual combination is "acknowledge a prior pregnancy loss".

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

D4. Rebuild the exchange from "Dates, previous experiences, and preferred words".

Avery: "Does that mean the date on my calendar is not automatically the date we should use for planning?" Dr Stone: [missing response] Avery: "A previous form used letters and numbers that I did not understand. Could those be checked with me?" Which response belongs in the gap?

D. Correct. Dating uncertainty needs to remain visible while we review the relevant information.

A Not here. This line belongs to turn 13, after Avery says: "And parity is a different summary, so I should not assume the two numbers mean the same thing?" It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 17, after Avery says: "Will a scan necessarily give a guaranteed day on which the baby will be born?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 19, after Avery says: "I appreciate knowing what is uncertain instead of feeling that I must remember every detail perfectly." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Dr Stone's response in turn 7. It connects Avery's preceding point with Avery's follow-up. Dating uncertainty identifies unresolved information affecting pregnancy dating and should remain visible while the appropriate assessment is arranged.

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

E / Conversation

1. preferred terminology

Turn 3. Preferred terminology records the person's chosen words for a sensitive experience rather than imposing a label without checking its meaning.

01 / Answers and explanations / continued

2. last menstrual period

Turn 5. The last menstrual period is a reported dating detail and should remain uncertain when the patient cannot supply a reliable date.

3. Dating uncertainty

Turn 7. Dating uncertainty identifies unresolved information affecting pregnancy dating and should remain visible while the appropriate assessment is arranged.

4. obstetric history

Turn 9. Obstetric history describes prior pregnancies and relevant outcomes and should be clarified rather than inferred solely from unfamiliar shorthand.

5. Gravity

Turn 11. Gravity counts pregnancies under the relevant convention and differs from a summary of birth history.

6. Parity

Turn 13. Parity summarizes birth history using the applicable clinical convention and is not interchangeable with gravity.

7. support person

Turn 15. A support person is someone the patient chooses for support and is not automatically entitled to every disclosure or decision.

8. estimated due date

Turn 17. An estimated due date is a planning and dating estimate rather than a guarantee of the actual day of birth.

9. trauma-informed approach

Turn 19. A trauma-informed approach attends to safety, choice, and prior distress without forcing unnecessary disclosure or ignoring the person's preferences.

10. history clarification

Turn 20. History clarification resolves ambiguous information through respectful follow-up rather than replacing missing details with assumptions.

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

01 / Answers and explanations / continued

F / Accuracy and scope

F1. What should an abbreviation not replace?

D. Clarification of the actual history

Clinical shorthand may use different conventions and cannot replace the relevant facts.

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

F2. Which role is not automatic for a companion?

D. Authorized decision-maker

Accompanying a patient does not by itself establish decision-making or information-sharing authority.

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

F / Guided speaking

1. abbreviation

Patient: I do not recognize that abbreviation.

Turn 1. The outside record contains shorthand the patient does not recognize.

2. confirmed

Clinician: Its meaning is not yet confirmed.

Turn 2. The patient has not confirmed what the abbreviation represents.

3. history

Patient: We need to clarify the actual history.

Turn 3. The underlying pregnancy history matters more than assuming the shorthand is accurate.

4. assumption

Clinician: I will not adopt it by assumption.

Turn 4. The clinician requests clarification rather than treating the unverified entry as established.

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

01 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "Dates, previous experiences, and preferred words".
Avery: "I would like my partner involved later, but I want this first part of the conversation to remain between us." **Dr Stone:** [missing response] **Avery:** "Will a scan necessarily give a guaranteed day on which the baby will be born?" Which response belongs in the gap?

C. We can discuss the appropriate privacy arrangements and when your chosen support person joins the conversation.

A Not here. This line belongs to turn 3, after Avery says: "Yes. I had a pregnancy loss, and I would prefer that wording rather than moving straight to a number." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 11, after Avery says: "One word was gravidity. Does that refer to every pregnancy rather than just births?" It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Dr Stone's response in turn 15. It connects Avery's preceding point with Avery's follow-up. A support person is someone the patient chooses for support and is not automatically entitled to every disclosure or decision.

D Not here. This line belongs to turn 9, after Avery says: "A previous form used letters and numbers that I did not understand. Could those be checked with me?" It addresses that point, not the missing turn in the supplied exchange.

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

02 / Answers and explanations

A / Read the situation

A1. What does the result describe?

B. A higher estimated chance

The case describes screening probability rather than diagnostic confirmation.

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

A2. What does Riley request?

C. Time and a chosen support person

Riley wants to understand the information with appropriate support.

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

A3. What is not supplied?

D. A numerical probability or procedure choice

The exercise supplies neither an individual probability value nor a selected diagnostic procedure.

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

D / Response choices

D1. Which explanation is accurate?

B. Screening estimates chance; diagnostic testing addresses confirmation.

Screening and diagnosis answer different questions and cannot be treated as interchangeable.

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

D2. Which statement overextends the test?

B. This screens for every possible condition.

A screening method has a defined scope and cannot be described as detecting every condition.

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

02 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Estimated chance reported by a screening process. Which term fits?

C. screening probability

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

B Not here. residual risk: Remaining chance after a result or intervention. The usual combination is "explain residual risk".

C Correct. screening probability: Estimated chance reported by a screening process. The usual combination is "communicate screening probability".

D Not here. inconclusive result: Result that does not provide a definitive answer to its question. The usual combination is "communicate an inconclusive result".

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

D4. Rebuild the exchange from "A higher chance is not a diagnosis". Riley: "I would like to understand how a positive result can occur when the condition is not present." Dr Noor: [missing response] Riley: "And a lower-chance result would not mean every possible condition has been excluded?" Which response belongs in the gap?

C. That is a false-positive result. The actual test and your circumstances determine how the result should be interpreted.

A Not here. This line belongs to turn 2, after Riley says: "The message says higher chance. I read that as proof that the baby has the condition." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 16, after Riley says: "I do not want a procedure selected before I understand what question it would answer." It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Dr Noor's response in turn 6. It connects Riley's preceding point with Riley's follow-up. A false-positive result is not confirmed for the condition being assessed.

D Not here. This line belongs to turn 20, after Riley says: "I also want to know what happens if the further result still does not answer everything." It addresses that point, not the missing turn in the supplied exchange.

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

E / Conversation

1. prenatal screening

Turn 2. Prenatal screening estimates chance; it does not itself establish a diagnosis.

2. screening probability

Turn 4. Screening probability informs discussion but is not certainty about an individual outcome.

02 / Answers and explanations / continued

3. false-positive result

Turn 6. A false-positive result is not confirmed for the condition being assessed.

4. Residual risk

Turn 8. Residual risk remains after screening; lower chance is not a universal guarantee.

5. Positive predictive value

Turn 10. Positive predictive value describes positive results in context, not a personal guarantee.

6. Genetic counseling

Turn 12. Genetic counseling supports understanding of genetic information, testing options, limitations, and implications without imposing a personal reproductive decision.

7. Amniocentesis

Turn 14. Amniocentesis obtains amniotic fluid for relevant testing and is not simply another screening blood draw.

8. Decision support

Turn 16. Decision support helps the patient understand options and relevant values rather than choosing a procedure or pregnancy outcome for them.

9. Voluntary testing

Turn 18. Voluntary testing is chosen without coercion after an appropriate informed discussion, not automatically required by a screening result.

10. inconclusive result

Turn 20. An inconclusive result leaves its relevant question unresolved and should be discussed without promising that every test will provide certainty.

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

F / Accuracy and scope

F1. What does positive predictive value concern?

A. How often a positive result corresponds to the condition in context

The measure concerns the meaning of positive results in the relevant population and context.

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

02 / Answers and explanations / continued

F2. Which next-step statement respects choice?

B. Let us discuss the options and your questions.

An informed discussion supports the patient's decision without imposing a reproductive choice.

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

F / Guided speaking

1. inconclusive

Patient: The result is inconclusive.

Turn 1. The result does not provide a definitive answer to its relevant question.

2. report

Clinician: We need to review the actual report.

Turn 2. The actual report is the basis for explaining the unresolved result.

3. established

Patient: A diagnosis is not established.

Turn 3. An inconclusive result does not establish a diagnosis in this case.

4. options

Clinician: We will explain the available options.

Turn 4. The next step is an informed review of options rather than an automatic decision.

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

02 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "A higher chance is not a diagnosis". Riley: "Are amniocentesis and the placental-sampling procedure simply more screening blood tests?" Dr Noor: [missing response] Riley: "I do not want a procedure selected before I understand what question it would answer." Which response belongs in the gap?

A. No. Amniocentesis and chorionic villus sampling are procedures used for relevant diagnostic testing, with their own discussions of benefits and risks.

A Correct. This is Dr Noor's response in turn 14. It connects Riley's preceding point with Riley's follow-up. Amniocentesis obtains amniotic fluid for relevant testing and is not simply another screening blood draw.

B Not here. This line belongs to turn 16, after Riley says: "I do not want a procedure selected before I understand what question it would answer." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 10, after Riley says: "Someone mentioned a predictive value, but I did not understand what was being predicted." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 2, after Riley says: "The message says higher chance. I read that as proof that the baby has the condition." It addresses that point, not the missing turn in the supplied exchange.

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

03 / Answers and explanations

A / Read the situation

A1. Which symptoms are reported?

B. Severe headache and visual changes

The supplied report names severe headache and visual changes.

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

A2. What is already underway?

C. The urgent assessment pathway

The actual urgent response is already active and continues during communication.

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

A3. What is not supplied?

D. Blood pressure or a diagnosis

No measurements or diagnostic conclusion are provided for the learner to invent.

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

D / Response choices

D1. Which handoff opening is accurate?

C. Severe headache and visual changes; urgent assessment is active.

The opening states the supplied symptoms and action without inventing a diagnosis or safe delay.

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

D2. Which diagnosis is not established?

D. Preeclampsia

The case supplies no diagnostic evidence establishing preeclampsia.

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

03 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Condition involving high blood pressure in the relevant clinical context. Which term fits?

B. hypertensive disorder

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

B Correct. hypertensive disorder: Condition involving high blood pressure in the relevant clinical context. The usual combination is "assess a hypertensive disorder".

C Not here. right-upper-quadrant pain: Pain in the upper right abdominal region. The usual combination is "describe right-upper-quadrant pain".

D Not here. maternal status: Current clinical condition of the pregnant or postpartum patient. The usual combination is "communicate maternal status".

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

D4. Rebuild the exchange from "Symptoms first, diagnosis still under review".

Jordan: "Should I describe what I mean by the vision change rather than choosing a medical term?" Dr Ahmed: [missing response] Jordan: "Does mentioning these symptoms mean you have already diagnosed a blood-pressure condition?" Which response belongs in the gap?

B. Yes. Describe the visual disturbance in your own words, including how it has changed.

A Not here. This line belongs to turn 14, after Jordan says: "Someone mentioned preeclampsia as a possible concern. Is possible different from confirmed?" It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Dr Ahmed's response in turn 6. It connects Jordan's preceding point with Jordan's follow-up. Visual disturbance describes the reported change and needs clarification in the patient's words.

C Not here. This line belongs to turn 16, after Jordan says: "I understand. I do not want uncertainty about the cause to mean waiting without action." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 12, after Jordan says: "I also want the next team to know that the symptoms have become more noticeable." It addresses that point, not the missing turn in the supplied exchange.

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

E / Conversation

1. urgent assessment

Turn 2. Urgent assessment is already active and must not wait for this conversation.

2. maternal warning sign

Turn 4. A maternal warning sign needs prompt attention, not dismissal as ordinary pregnancy.

03 / Answers and explanations / continued

3. visual disturbance

Turn 6. Visual disturbance describes the reported change and needs clarification in the patient's words.

4. hypertensive disorder

Turn 8. A hypertensive disorder requires assessment; symptom words alone do not establish it.

5. blood-pressure measurement

Turn 10. Blood-pressure measurement requires an actual verified reading, not assumed normality.

6. symptom progression

Turn 12. Symptom progression describes change over time and should be passed on accurately without converting it into an unsupported diagnostic conclusion.

7. Preeclampsia

Turn 14. Preeclampsia is a pregnancy-related hypertensive disorder requiring relevant diagnostic evidence and remains unconfirmed in this language case.

8. escalation pathway

Turn 16. The escalation pathway moves the concern to the appropriate clinical team and can be active while the precise diagnosis remains uncertain.

9. receiving service

Turn 18. The receiving service accepts the clinical concern and transfer and should be explicitly confirmed rather than assumed from a sent message.

10. unconfirmed diagnosis

Turn 20. An unconfirmed diagnosis is a possibility not yet established; keeping that uncertainty visible does not delay necessary urgent assessment.

[Return to the conversation, page 31](#)

F / Accuracy and scope

F1. What does missing blood pressure mean here?

B. No verified value is supplied.

An absent measurement is unknown and must not be converted into reassurance.

[Return to the exercise, page 33](#)

03 / Answers and explanations / continued

F2. What takes priority over finishing the dialogue?

C. The actual urgent response

Language practice must not delay the real clinical response to the concern.

[Return to the exercise, page 33](#)

F / Guided speaking

1. before

Patient: The visual change began before the headache.

Turn 1. The patient clarifies the symptom sequence in the supplied update.

2. sequence

Clinician: I have acknowledged the corrected sequence.

Turn 2. The update changes the order of symptoms in the history.

3. active

Patient: Assessment remains active.

Turn 3. The actual urgent assessment continues during the clarification.

4. unconfirmed

Clinician: The diagnosis remains unconfirmed.

Turn 4. The corrected timeline does not independently establish a diagnosis.

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

03 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "Symptoms first, diagnosis still under review". Jordan: "Someone mentioned preeclampsia as a possible concern. Is possible different from confirmed?" Dr Ahmed: [missing response] Jordan: "I understand. I do not want uncertainty about the cause to mean waiting without action." Which response belongs in the gap?

D. Yes. Preeclampsia is not confirmed here. The team evaluates the actual clinical evidence.

A Not here. This line belongs to turn 6, after Jordan says: "Should I describe what I mean by the vision change rather than choosing a medical term?" It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 8, after Jordan says: "Does mentioning these symptoms mean you have already diagnosed a blood-pressure condition?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 12, after Jordan says: "I also want the next team to know that the symptoms have become more noticeable." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Dr Ahmed's response in turn 14. It connects Jordan's preceding point with Jordan's follow-up. Preeclampsia is a pregnancy-related hypertensive disorder requiring relevant diagnostic evidence and remains unconfirmed in this language case.

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

04 / Answers and explanations

A / Read the situation

A1. What result is available?

B. A screening result requiring further review

The case gives a screening result needing review, not a diagnostic conclusion.

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

A2. What does Morgan assume?

D. The result proves personal failure

Morgan interprets the result as both a diagnosis and a moral judgment.

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

A3. What is not supplied?

D. A diagnostic cutoff or treatment instruction

The exercise supplies no values or treatment plan for clinical use.

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

D / Response choices

D1. Which explanation is appropriate?

A. The actual pathway determines how this result is assessed.

The testing method and relevant criteria determine the clinical interpretation.

[Return to the exercise, page 39](#)

D2. What does postprandial mean?

B. After a meal

Postprandial identifies a relationship to a meal rather than a universal testing instruction.

[Return to the exercise, page 39](#)

04 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Sample collected under the required fasting conditions. Which term fits?

D. fasting sample

A Not here. capillary glucose: Glucose measured from a small peripheral blood sample. The usual combination is "discuss capillary glucose".

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

C Not here. hypoglycemia: Low blood glucose in the relevant clinical context. The usual combination is "explain hypoglycemia".

D Correct. fasting sample: Sample collected under the required fasting conditions. The usual combination is "clarify fasting-sample instructions".

[Return to the exercise, page 39](#)

D4. Rebuild the exchange from "The screening result is not the whole story".

Morgan: "Someone mentioned a tolerance test. I do not know how that differs from the first test." Dr Vale: [missing response] Morgan: "Should I decide on my own whether to fast before an appointment?" Which response belongs in the gap?

C. A glucose tolerance test assesses the response to a glucose load. We will explain the actual procedure and instructions if it is the next step.

A Not here. This line belongs to turn 8, after Morgan says: "Should I decide on my own whether to fast before an appointment?" It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 2, after Morgan says: "My glucose screening result needs follow-up. Does that mean I definitely have gestational diabetes and have done something wrong?" It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Dr Vale's response in turn 6. It connects Morgan's preceding point with Morgan's follow-up. A glucose tolerance test needs the actual procedure and preparation explained.

D Not here. This line belongs to turn 4, after Morgan says: "I thought every service used exactly the same test and that the word positive settled everything." It addresses that point, not the missing turn in the supplied exchange.

[Return to the exercise, page 39](#)

E / Conversation

1. glucose screening

Turn 2. Glucose screening is an assessment stage, not automatically a completed diagnosis.

2. testing pathway

Turn 4. The testing pathway determines how this screening result leads to further assessment.

04 / Answers and explanations / continued

3. glucose tolerance test

Turn 6. A glucose tolerance test needs the actual procedure and preparation explained.

4. fasting sample

Turn 8. Fasting-sample preparation must come from verified instructions rather than a guess.

5. diagnostic threshold

Turn 10. A diagnostic threshold belongs to a particular method and clinical process and cannot be borrowed without checking that it applies.

6. individualized target

Turn 12. An individualized target is chosen for the person's clinical circumstances and should not be invented from another person's plan.

7. Postprandial

Turn 14. Postprandial means after a meal and explains timing terminology without prescribing a universal measurement schedule.

8. glucose log

Turn 16. A glucose log records readings with relevant timing and context so they can be interpreted under the actual clinical plan.

9. nutrition consultation

Turn 18. A nutrition consultation provides individualized professional discussion rather than moral judgment or a generic diet prescribed by this language case.

10. follow-up ownership

Turn 20. Follow-up ownership identifies the professional or service responsible for the next step so a result does not remain unexplained.

[Return to the conversation, page 41](#)

F / Accuracy and scope

F1. Which item must come from the actual plan?

A. A monitoring target

Targets depend on the individual clinical plan and are not provided by this exercise.

[Return to the exercise, page 43](#)

04 / Answers and explanations / continued

F2. Which response avoids blame?

C. This is a clinical question, not a judgment of your character.

The response removes moral judgment while preserving the need for appropriate clinical review.

[Return to the exercise, page 43](#)

F / Guided speaking

1. conflict

Patient: The messages conflict.

Turn 1. The two appointment messages contain inconsistent instructions for test preparation.

2. clarify

Clinician: We need the testing service to clarify.

Turn 2. The responsible testing service must resolve the conflicting instructions.

3. guessing

Patient: I should not choose a version by guessing.

Turn 3. The scenario calls for clarification rather than guessing which version applies.

4. preparation

Clinician: We will confirm the actual preparation.

Turn 4. The verified preparation for the actual test is the required information.

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

04 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "The screening result is not the whole story". Morgan: "What does postprandial mean when people discuss the timing of a reading?" Dr Vale: [missing response] Morgan: "If I keep readings later, would the surrounding information matter as well as the number?" Which response belongs in the gap?

B. Postprandial means after a meal. The precise measurement timing still needs the verified plan.

A Not here. This line belongs to turn 12, after Morgan says: "If a diagnosis is later established, does that mean every person receives the same monitoring plan?" It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Dr Vale's response in turn 14. It connects Morgan's preceding point with Morgan's follow-up. Postprandial means after a meal and explains timing terminology without prescribing a universal measurement schedule.

C Not here. This line belongs to turn 16, after Morgan says: "If I keep readings later, would the surrounding information matter as well as the number?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 10, after Morgan says: "I also heard a number from a friend. Can I use that to interpret my own result?" 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 has changed?

C. The clinical circumstances and recommendation for discussion

The case describes changed circumstances requiring an appropriate discussion.

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A2. What was Quinn's preference?

D. Avoid intervention if possible

Quinn hoped to avoid intervention and wants that preference acknowledged.

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A3. What is not supplied?

D. A procedure selection or fetal tracing

The exercise does not provide the clinical evidence or a selected intervention.

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D / Response choices

D1. Which statement preserves involvement?

D. Your preferences still matter as we explain the changed recommendation.

The patient remains involved even when circumstances require a new clinical discussion.

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D2. What is not equivalent to consent?

C. Understanding the explanation

A person can understand a recommendation without agreeing to it.

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05 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Reason supporting a proposed intervention in the actual case. Which term fits?

D. clinical indication

A Not here. time sensitivity: Degree to which timing affects the available decision process. The usual combination is "explain time sensitivity".

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

C Not here. patient question: Concern or request for explanation raised by the patient. The usual combination is "invite patient questions".

D Correct. clinical indication: Reason supporting a proposed intervention in the actual case. The usual combination is "explain the clinical indication".

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D4. Rebuild the exchange from "A changed recommendation needs a new explanation". Quinn: "I also need to know whether there is time to ask questions and include my chosen support person." Dr Lane: [missing response] Quinn: "If you mention assisted birth, does that mean the choice has already been made for me?" Which response belongs in the gap?

D. I will explain the real time sensitivity and what communication support is appropriate in these circumstances.

A Not here. This line belongs to turn 2, after Quinn says: "I had hoped to avoid intervention. Hearing a different recommendation now makes me feel that my earlier wishes no longer matter." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 8, after Quinn says: "If you mention assisted birth, does that mean the choice has already been made for me?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 12, after Quinn says: "Would those alternatives include what happens if I do not choose the proposed option?" It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Dr Lane's response in turn 6. It connects Quinn's preceding point with Quinn's follow-up. Time sensitivity describes real urgency, not a tactic for preventing questions.

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E / Conversation

1. birth preference

Turn 2. Birth preferences remain relevant when changed circumstances require a new discussion.

2. clinical indication

Turn 4. A clinical indication explains the actual reason supporting a proposed intervention.

05 / Answers and explanations / continued

3. time sensitivity

Turn 6. Time sensitivity describes real urgency, not a tactic for preventing questions.

4. assisted vaginal birth

Turn 8. Assisted vaginal birth names an option; mentioning it does not establish consent.

5. procedural benefit

Turn 10. Procedural benefit is an expected advantage, not a guaranteed outcome.

6. reasonable alternative

Turn 12. A reasonable alternative is a relevant option requiring explanation in context.

7. informed consent

Turn 14. Informed consent requires appropriate authorization after a meaningful discussion and is not established merely by a nod or comprehension of words.

8. analgesia

Turn 16. Analgesia concerns pain relief and should be discussed through the actual clinical arrangements rather than assumed from the procedure name.

9. consent discussion

Turn 18. A consent discussion addresses the proposed care, relevant information, questions, and authorization rather than treating a signature as the whole process.

10. shared decision-making

Turn 20. Shared decision-making combines the actual clinical information with the person's informed preferences and questions, including when circumstances change.

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F / Accuracy and scope

F1. What should time sensitivity describe?

A. The actual urgency and available decision process

The timing discussion must reflect the real circumstances rather than pressure or unsupported evidence.

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05 / Answers and explanations / continued

F2. Which clinical action is not authorized here?

B. Selecting the birth intervention

No procedure or clinical decision is supplied for the learner to select.

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F / Guided speaking

1. heard

Patient: My nod meant I heard the explanation.

Turn 1. The patient clarifies that the nod acknowledged hearing the explanation.

2. consent

Clinician: It did not establish consent.

Turn 2. Hearing an explanation does not automatically authorize the proposed intervention.

3. question

Patient: I still have a question.

Turn 3. The scenario continues the discussion rather than treating authorization as complete.

4. process

Clinician: We will continue the appropriate process.

Turn 4. The actual consent process continues with the patient's clarification acknowledged.

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05 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "A changed recommendation needs a new explanation". Quinn: "Sometimes I nod because I have heard a sentence, not because I have agreed to everything in it." Dr Lane: [missing response] Quinn: "I also want the pain-relief arrangements explained if a procedure is being considered." Which response belongs in the gap?

A. Hearing or understanding is not the same as informed consent. We need to check the meaning and the decision separately.

A Correct. This is Dr Lane's response in turn 14. It connects Quinn's preceding point with Quinn's follow-up. Informed consent requires appropriate authorization after a meaningful discussion and is not established merely by a nod or comprehension of words.

B Not here. This line belongs to turn 2, after Quinn says: "I had hoped to avoid intervention. Hearing a different recommendation now makes me feel that my earlier wishes no longer matter." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 18, after Quinn says: "Could you summarize the recommendation again in shorter sentences before asking what I understand?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 20, after Quinn says: "Then my original preference is acknowledged, the changed situation is explained, and I can understand the actual options." 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 does Samira report?

D. Stronger contractions

The case supplies the patient's report of stronger contractions only.

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A2. What preference should be handed over?

C. Explain before examinations

Samira asks for explanations before examinations, which remains relevant to the next team.

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A3. What requires verification?

C. Current observations and monitoring interpretation

The actual clinical values and interpretation must come from the current record.

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D / Response choices

D1. Which statement is source-aware?

C. Samira reports stronger contractions.

The statement accurately attributes the supplied information to the patient.

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D2. What does handoff acceptance add?

D. Confirmation of received information and responsibility

Acceptance closes the communication loop rather than merely recording that a message was sent.

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06 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Thinning of the cervix in the relevant clinical assessment. Which term fits?

C. cervical effacement

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

B Not here. working assessment: Current clinical interpretation subject to relevant review. The usual combination is "state the working assessment".

C Correct. cervical effacement: Thinning of the cervix in the relevant clinical assessment. The usual combination is "describe cervical effacement".

D Not here. fetal heart-rate trace: Recorded fetal heart-rate information for clinical interpretation. The usual combination is "review the fetal heart-rate trace".

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D4. Rebuild the exchange from "Separate the patient report from the monitor interpretation". Dr Ellis: "Please also identify which assessment belongs to which time, particularly where the situation has changed." Dr Chen: [missing response] Dr Ellis: "The same applies to membrane information: reported history and established findings should not be blended." Which response belongs in the gap?

A. Any cervical dilation finding needs its actual examination source and time, not an inference from stronger contractions.

A Correct. This is Dr Chen's response in turn 7. It connects Dr Ellis's preceding point with Dr Ellis's follow-up. Cervical dilation cannot be inferred from a report of stronger contractions.

B Not here. This line belongs to turn 3, after Dr Ellis says: "I acknowledge the report. Let us distinguish the patient account from the current verified observations and clinical interpretation." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 13, after Dr Ellis says: "Terms such as variability have specific clinical meaning, so a language definition is not an interpretation rule." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 5, after Dr Ellis says: "Understood. We should verify current findings and their times rather than copy an earlier summary as current." It addresses that point, not the missing turn in the supplied exchange.

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E / Conversation

1. contraction pattern

Turn 3. Contraction pattern needs source attribution; patient report is not a measured finding.

2. maternal observations

Turn 5. Maternal observations require actual clinical findings and the relevant assessment time.

06 / Answers and explanations / continued

3. cervical dilation

Turn 7. Cervical dilation cannot be inferred from a report of stronger contractions.

4. Membrane status

Turn 9. Membrane status needs its actual source and current assessment context.

5. fetal heart-rate trace

Turn 11. A fetal heart-rate trace requires clinical interpretation, not inference from symptoms.

6. Variability

Turn 13. Variability describes fluctuations in fetal heart rate within the monitoring context and its definition does not provide a clinical interpretation algorithm.

7. outstanding task

Turn 15. An outstanding task is an action not yet completed and needs an explicit owner rather than an assumption that the next team knows.

8. handoff acceptance

Turn 17. Handoff acceptance confirms receipt of the information and responsibility, making the transfer more than an unacknowledged message.

9. contingency plan

Turn 19. A contingency plan specifies responses under the actual care plan and cannot be invented from an incomplete language scenario.

10. working assessment

Turn 20. A working assessment is the current clinical interpretation subject to review and must remain separate from unverified values or assumed conclusions.

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F / Accuracy and scope

F1. Which finding cannot be invented?

A. A fetal trace classification

No trace or classification is supplied in the case.

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06 / Answers and explanations / continued

F2. Why include the examination preference?

B. It remains relevant to communication and consent.

The preference guides the next team's explanation and does not disappear during handoff.

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F / Guided speaking

1. 10:00

Receiver: That observation was recorded at 10:00.

Turn 1. The supplied observation belongs to the earlier 10:00 assessment.

2. 12:00

Sender: The handoff is occurring at 12:00.

Turn 2. The current handoff time is 12:00 in the scenario.

3. current

Receiver: We need the actual current record.

Turn 3. The earlier value must not be presented as a current finding.

4. timestamp

Sender: I will correct the timestamp.

Turn 4. The immediate communication error concerns the observation's time attribution.

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06 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "Separate the patient report from the monitor interpretation". Dr Ellis: "Let us identify which tasks are complete and which person is responsible for anything unfinished." Dr Chen: [missing response] Dr Ellis: "I will confirm responsibility rather than simply say that the message has arrived." Which response belongs in the gap?

A. Each outstanding task should remain visible, including the responsible clinician and relevant communication route.

A Correct. This is Dr Chen's response in turn 15. It connects Dr Ellis's preceding point with Dr Ellis's follow-up. An outstanding task is an action not yet completed and needs an explicit owner rather than an assumption that the next team knows.

B Not here. This line belongs to turn 19, after Dr Ellis says: "We also need any actual contingency arrangements explained, not an improvised response to a trace we have not reviewed." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 3, after Dr Ellis says: "I acknowledge the report. Let us distinguish the patient account from the current verified observations and clinical interpretation." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 17, after Dr Ellis says: "I will confirm responsibility rather than simply say that the message has arrived." 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. When did Sloane give birth?

B. Twelve days ago

The brief places the birth twelve days before this urgent concern.

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A2. Which symptoms are reported?

B. Shortness of breath and chest pain

Sloane reports breathing difficulty and chest pain without an established cause.

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A3. What is already active?

D. The emergency response

The actual emergency response is active and must not be delayed.

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D / Response choices

D1. Which detail belongs near the start of the handoff?

B. Birth twelve days ago with current chest pain and breathlessness

The current symptoms and recent birth context are the supplied urgent communication priorities.

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D2. Which conclusion is unsupported?

D. The cause is postpartum cardiomyopathy.

The case supplies no diagnostic evidence establishing a particular cause.

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07 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Subjective difficulty or discomfort with breathing. Which term fits?

B. shortness of breath

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

B Correct. shortness of breath: Subjective difficulty or discomfort with breathing. The usual combination is "describe shortness of breath".

C Not here. postpartum follow-up: Planned review of health and care needs after birth. The usual combination is "coordinate postpartum follow-up".

D Not here. postpartum hypertension: High blood pressure occurring after birth in context. The usual combination is "evaluate postpartum hypertension".

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D4. Rebuild the exchange from "The birth date belongs in the urgent handoff".

Sloane: "I can describe how the breathing feels, but I do not know what diagnosis explains it." **Dr Patel:** [missing response] **Sloane:** "The chest discomfort is part of the same concern, and I want it passed on too." **Which response belongs in the gap?**

C. Describe the shortness of breath in your own words. You do not need to choose a diagnosis before being heard.

A Not here. This line belongs to turn 2, after Sloane says: "I gave birth twelve days ago, and now I have shortness of breath and chest pain. The emergency response is active." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 20, after Sloane says: "I want the teams to stay connected afterward as well, rather than assume another service has everything." It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Dr Patel's response in turn 6. It connects Sloane's preceding point with Sloane's follow-up. Shortness of breath is a symptom; the patient need not diagnose its cause.

D Not here. This line belongs to turn 8, after Sloane says: "The chest discomfort is part of the same concern, and I want it passed on too." It addresses that point, not the missing turn in the supplied exchange.

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E / Conversation

1. recent birth history

Turn 2. Recent birth history provides context that belongs alongside the current symptoms.

2. postpartum warning sign

Turn 4. A postpartum warning sign must not be dismissed as ordinary tiredness.

07 / Answers and explanations / continued

3. shortness of breath

Turn 6. Shortness of breath is a symptom; the patient need not diagnose its cause.

4. chest pain

Turn 8. Chest pain requires assessment and does not identify its cause by itself.

5. postpartum period

Turn 10. The postpartum period identifies the time after childbirth and provides context without independently establishing the cause of a new symptom.

6. thromboembolism

Turn 12. Thromboembolism is a clinical condition requiring appropriate assessment and is not established by appearing in a list of possible concerns.

7. Postpartum cardiomyopathy

Turn 14. Postpartum cardiomyopathy is a heart-muscle disorder requiring clinical evaluation and is not confirmed by the reported symptoms alone.

8. Postpartum follow-up

Turn 16. Postpartum follow-up is planned care after birth and does not replace urgent assessment of a new concerning symptom.

9. handover context

Turn 18. Handover context includes relevant background such as recent birth and must accompany the current symptom report to the receiving team.

10. continuity of care

Turn 20. Continuity of care connects information and responsibility across services and time, including after an urgent episode.

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F / Accuracy and scope

F1. What does a routine appointment not replace?

A. Actual urgent assessment

A future routine review is not a substitute for the active urgent clinical process.

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07 / Answers and explanations / continued

F2. Which mental-health distinction is important?

C. An intrusive thought is not automatically an intention to act.

Thought content, distress, intention, and actual risk require appropriate assessment rather than automatic equivalence.

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F / Guided speaking

1. twelve

Sender: The omitted detail is birth twelve days ago.

Turn 1. The scenario supplies a birth twelve days before the current concern.

2. history

Receiver: I acknowledge the added history.

Turn 2. The receiving team confirms receipt of the recent birth information.

3. active

Sender: The response remains active.

Turn 3. Adding the missing context does not interrupt the ongoing response.

4. established

Receiver: The cause is not yet established.

Turn 4. The added birth history does not independently establish a diagnosis.

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07 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "The birth date belongs in the urgent handoff". Sloane: "And the same is true of the heart condition people sometimes mention around childbirth?" Dr Patel: [missing response] Sloane: "I have a routine follow-up booked, but I understand that does not replace what is happening now." Which response belongs in the gap?

D. Yes. Postpartum cardiomyopathy requires the actual clinical evaluation; it has not been established in this conversation.

A Not here. This line belongs to turn 2, after Sloane says: "I gave birth twelve days ago, and now I have shortness of breath and chest pain. The emergency response is active." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 12, after Sloane says: "I have heard several frightening medical names. Should I tell the team that I definitely have one of them?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 4, after Sloane says: "I worried that saying I was tired after birth would make people think this was ordinary recovery." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Dr Patel's response in turn 14. It connects Sloane's preceding point with Sloane's follow-up. Postpartum cardiomyopathy is a heart-muscle disorder requiring clinical evaluation and is not confirmed by the reported symptoms alone.

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08 / Answers and explanations

A / Read the situation

A1. What has been confirmed?

B. An early pregnancy loss after appropriate assessment

The finding is confirmed, while cause and management choice remain separate questions.

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A2. What worries Eden?

C. That an ordinary activity caused the loss

Eden expresses self-blame about an ordinary daily activity.

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A3. What is not prescribed?

C. A management option or follow-up interval

The case arranges an individualized discussion rather than prescribing treatment or timing.

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D / Response choices

D1. Which statement matches the case?

D. The loss is confirmed, but the cause is not established.

The case separates the confirmed clinical finding from the unresolved cause.

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D2. Which phrase minimizes the loss?

B. At least it was early.

At least it was early imposes a minimizing comparison rather than acknowledging the person's experience.

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08 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Unresolved question about whether a diagnosis is established. Which term fits?

C. diagnostic uncertainty

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

B Not here. empathetic silence: Deliberate space allowing a person to respond to difficult news. The usual combination is "allow empathetic silence".

C Correct. diagnostic uncertainty: Unresolved question about whether a diagnosis is established. The usual combination is "distinguish diagnostic uncertainty".

D Not here. management preference: Person's informed preference among relevant care options. The usual combination is "elicit a management preference".

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D4. Rebuild the exchange from "Clear words and space to respond". Eden: "I do not want someone to tell me it does not matter because it happened early." Dr Gray: [missing response] Eden: "Could we sit quietly for a moment before talking about procedures or what happens next?" Which response belongs in the gap?

D. It matters. Acknowledgment of loss means recognizing your experience, not comparing it with someone else's.

A Not here. This line belongs to turn 14, after Eden says: "I have also seen references to medicines and procedures, but I do not know what applies to me." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 8, after Eden says: "Could we sit quietly for a moment before talking about procedures or what happens next?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 10, after Eden says: "I would like my sister involved, but only after I have understood the main information myself." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Dr Gray's response in turn 6. It connects Eden's preceding point with Eden's follow-up. Acknowledgment of loss recognizes its significance rather than minimizing the experience.

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E / Conversation

1. confirmed finding

Turn 2. The finding confirms loss; it does not establish why the loss occurred.

2. self-blame

Turn 4. Self-blame needs acknowledgment without inventing evidence that an ordinary activity caused loss.

08 / Answers and explanations / continued

3. Acknowledgment of loss

Turn 6. Acknowledgment of loss recognizes its significance rather than minimizing the experience.

4. Empathetic silence

Turn 8. Empathetic silence allows a response without rushing toward reassurance or decisions.

5. support preference

Turn 10. Support preference identifies whom the patient wants involved in the discussion.

6. expectant management

Turn 12. Expectant management involves observation under a clinical plan and is an option term, not an instruction here to wait without assessment.

7. Medical management

Turn 14. Medical management uses prescribed medicines under the actual clinical plan; the term itself does not specify a regimen or establish suitability.

8. management preference

Turn 16. A management preference is the person's informed choice among relevant options and should be elicited after the actual clinical information is explained.

9. bereavement support

Turn 18. Bereavement support offers help after a significant loss and should be presented as available support rather than an obligation or a substitute for clinical care.

10. care summary

Turn 20. A care summary records the confirmed finding, relevant discussion, and agreed next steps without presenting unresolved choices as already decided.

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F / Accuracy and scope

F1. What does empathetic silence allow?

B. Space for the person to respond

A pause allows a response without rushing the person toward reassurance or a decision.

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08 / Answers and explanations / continued

F2. Which action is not supplied?

D. Selecting a management regimen

The scenario supplies no treatment selection, medicine regimen, or clinical follow-up interval.

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F / Guided speaking

1. finding

Patient: You may share the confirmed finding.

Turn 1. Eden authorizes sharing the established finding with her sister.

2. sister

Clinician: The support person is your sister.

Turn 2. The person joining the discussion is Eden's chosen sister.

3. selected

Patient: A management option is not yet selected.

Turn 3. No management choice has been made in the supplied scenario.

4. separate

Clinician: I will keep those facts separate.

Turn 4. Permission to share a finding does not establish a treatment decision.

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08 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "Clear words and space to respond". Eden: "I have also seen references to medicines and procedures, but I do not know what applies to me." Dr Gray: [missing response] Eden: "I would like time to understand the choices within whatever the actual clinical situation allows." Which response belongs in the gap?

D. Medical management and surgical management need their own explanations of suitability, benefits, risks, and alternatives.

A Not here. This line belongs to turn 10, after Eden says: "I would like my sister involved, but only after I have understood the main information myself." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 6, after Eden says: "I do not want someone to tell me it does not matter because it happened early." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 8, after Eden says: "Could we sit quietly for a moment before talking about procedures or what happens next?" It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Dr Gray's response in turn 14. It connects Eden's preceding point with Eden's follow-up. Medical management uses prescribed medicines under the actual clinical plan; the term itself does not specify a regimen or establish suitability.

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Review 1 / Explanations

Cumulative review

1. A colleague needs the term for this meaning: Duration of pregnancy expressed using the relevant dating method. Which term fits?

A. gestational age

A Correct. gestational age: Duration of pregnancy expressed using the relevant dating method. The usual combination is "explain gestational age".

B Not here. support person: Person the patient chooses to provide support. The usual combination is "identify the chosen support person".

C Not here. obstetric history: Account of previous pregnancies and their relevant outcomes. The usual combination is "obtain an obstetric history".

D Not here. teach-back: Checking an explanation by inviting the listener to restate its meaning. The usual combination is "use teach-back without blame".

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2. A colleague needs the term for this meaning: Proportion of positive results that correspond to the condition in context. Which term fits?

C. positive predictive value

A Not here. chromosomal condition: Condition involving chromosome number or structure. The usual combination is "discuss a chromosomal condition".

B Not here. qualified interpreter: Trained language professional supporting accurate communication between speakers. The usual combination is "request a qualified interpreter".

C Correct. positive predictive value: Proportion of positive results that correspond to the condition in context. The usual combination is "discuss positive predictive value".

D Not here. prenatal screening: Testing that estimates the chance of specified conditions before birth. The usual combination is "explain prenatal screening".

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Review 1 / Explanations / continued

3. Rebuild the exchange from "Dates, previous experiences, and preferred words".

Avery: "One word was gravidity. Does that refer to every pregnancy rather than just births?" **Dr Stone:** [missing response] **Avery:** "And parity is a different summary, so I should not assume the two numbers mean the same thing?" Which response belongs in the gap?

D. Gravidity concerns the number of pregnancies under the relevant convention; we will clarify the details respectfully.

A Not here. This line belongs to turn 15, after Avery says: "I would like my partner involved later, but I want this first part of the conversation to remain between us." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 9, after Avery says: "A previous form used letters and numbers that I did not understand. Could those be checked with me?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 3, after Avery says: "Yes. I had a pregnancy loss, and I would prefer that wording rather than moving straight to a number." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Dr Stone's response in turn 11. It connects Avery's preceding point with Avery's follow-up. Gravidity counts pregnancies under the relevant convention and differs from a summary of birth history.

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4. Rebuild the exchange from "A higher chance is not a diagnosis". Riley: "Could I include my chosen support person when we discuss the information again?" **Dr Noor:** [missing response] **Riley:** "I also want to know what happens if the further result still does not answer everything." Which response belongs in the gap?

A. Yes, with your permission. Voluntary testing requires a discussion you understand, with support you choose.

A Correct. This is Dr Noor's response in turn 18. It connects Riley's preceding point with Riley's follow-up. Voluntary testing is chosen without coercion after an appropriate informed discussion, not automatically required by a screening result.

B Not here. This line belongs to turn 2, after Riley says: "The message says higher chance. I read that as proof that the baby has the condition." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 12, after Riley says: "What kind of discussion would help me understand the further testing options?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 4, after Riley says: "Does that mean the result is meaningless, or that I should simply ignore it?" It addresses that point, not the missing turn in the supplied exchange.

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Review 2 / Explanations

Cumulative review

1. A colleague needs the term for this meaning: Change in vision described by the person or assessment. Which term fits?

C. visual disturbance

A Not here. escalation pathway: Approved route for raising a concern to the appropriate care team. The usual combination is "activate the escalation pathway".

B Not here. epigastric pain: Pain in the upper central abdominal region. The usual combination is "clarify reported epigastric pain".

C Correct. visual disturbance: Change in vision described by the person or assessment. The usual combination is "clarify a visual disturbance".

D Not here. teach-back: Checking an explanation by inviting the listener to restate its meaning. The usual combination is "use teach-back without blame".

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

2. A colleague needs the term for this meaning: Sequence of assessment steps used by the relevant service. Which term fits?

C. testing pathway

A Not here. monitoring schedule: Agreed timing of measurements or checks. The usual combination is "confirm the monitoring schedule".

B Not here. gestational diabetes: Diabetes first diagnosed in pregnancy under the relevant clinical criteria. The usual combination is "discuss gestational diabetes".

C Correct. testing pathway: Sequence of assessment steps used by the relevant service. The usual combination is "clarify the testing pathway".

D Not here. qualified interpreter: Trained language professional supporting accurate communication between speakers. The usual combination is "request a qualified interpreter".

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Review 2 / Explanations / continued

3. Rebuild the exchange from "A higher chance is not a diagnosis". Riley: "Someone mentioned a predictive value, but I did not understand what was being predicted."

Dr Noor: [missing response] Riley: "What kind of discussion would help me understand the further testing options?" Which response belongs in the gap?

A. Positive predictive value concerns what positive results mean in context. We should use the actual figures, not invent a number.

A Correct. This is Dr Noor's response in turn 10. It connects Riley's preceding point with Riley's follow-up. Positive predictive value describes positive results in context, not a personal guarantee.

B Not here. This line belongs to turn 2, after Riley says: "The message says higher chance. I read that as proof that the baby has the condition." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 16, after Riley says: "I do not want a procedure selected before I understand what question it would answer." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 14, after Riley says: "Are amniocentesis and the placental-sampling procedure simply more screening blood tests?" It addresses that point, not the missing turn in the supplied exchange.

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4. Rebuild the exchange from "The screening result is not the whole story". Morgan: "I would appreciate support that does not treat food choices as evidence that I am a bad parent." Dr Vale: [missing response] Morgan: "Then the immediate task is to understand the next test and who will discuss its result with me." Which response belongs in the gap?

B. An appropriate nutrition consultation can address practical needs without blame. The actual recommendation depends on the assessment.

A Not here. This line belongs to turn 4, after Morgan says: "I thought every service used exactly the same test and that the word positive settled everything." It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Dr Vale's response in turn 18. It connects Morgan's preceding point with Morgan's follow-up. A nutrition consultation provides individualized professional discussion rather than moral judgment or a generic diet prescribed by this language case.

C Not here. This line belongs to turn 2, after Morgan says: "My glucose screening result needs follow-up. Does that mean I definitely have gestational diabetes and have done something wrong?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 10, after Morgan says: "I also heard a number from a friend. Can I use that to interpret my own result?" 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: Birth through an operative abdominal and uterine incision. Which term fits?

B. cesarean birth

A Not here. consent discussion: Conversation addressing the proposed intervention and relevant choices. The usual combination is "document the consent discussion".

B Correct. cesarean birth: Birth through an operative abdominal and uterine incision. The usual combination is "explain cesarean birth".

C Not here. decision capacity: Ability to make the relevant decision under applicable standards. The usual combination is "assess decision capacity".

D Not here. teach-back: Checking an explanation by inviting the listener to restate its meaning. The usual combination is "use teach-back without blame".

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2. A colleague needs the term for this meaning: Fetal part positioned toward the birth canal. Which term fits?

B. presenting part

A Not here. uterine activity: Pattern of uterine contractions or related activity. The usual combination is "assess uterine activity".

B Correct. presenting part: Fetal part positioned toward the birth canal. The usual combination is "identify the presenting part".

C Not here. labor progress: Change in the clinical course of labor over time. The usual combination is "describe labor progress".

D Not here. qualified interpreter: Trained language professional supporting accurate communication between speakers. The usual combination is "request a qualified interpreter".

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Review 3 / Explanations / continued

3. Rebuild the exchange from "The screening result is not the whole story". Morgan: "I also heard a number from a friend. Can I use that to interpret my own result?" Dr Vale: [missing response] Morgan: "If a diagnosis is later established, does that mean every person receives the same monitoring plan?" Which response belongs in the gap?

A. A diagnostic threshold belongs to the relevant method and criteria. A number without that context can mislead.

A Correct. This is Dr Vale's response in turn 10. It connects Morgan's preceding point with Morgan's follow-up. A diagnostic threshold belongs to a particular method and clinical process and cannot be borrowed without checking that it applies.

B Not here. This line belongs to turn 18, after Morgan says: "I would appreciate support that does not treat food choices as evidence that I am a bad parent." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 2, after Morgan says: "My glucose screening result needs follow-up. Does that mean I definitely have gestational diabetes and have done something wrong?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 4, after Morgan says: "I thought every service used exactly the same test and that the word positive settled everything." 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 "Separate the patient report from the monitor interpretation". Dr Ellis: "We also need any actual contingency arrangements explained, not an improvised response to a trace we have not reviewed." Dr Chen: [missing response] Dr Ellis: "I accept the handoff, with the working assessment, sources, unresolved items, and patient preference clearly distinguished." Which response belongs in the gap?

B. Agreed. The contingency plan must come from the current clinical assessment and agreed care.

A Not here. This line belongs to turn 17, after Dr Ellis says: "I will confirm responsibility rather than simply say that the message has arrived." It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Dr Chen's response in turn 19. It connects Dr Ellis's preceding point with Dr Ellis's follow-up. A contingency plan specifies responses under the actual care plan and cannot be invented from an incomplete language scenario.

C Not here. This line belongs to turn 3, after Dr Ellis says: "I acknowledge the report. Let us distinguish the patient account from the current verified observations and clinical interpretation." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 15, after Dr Ellis says: "Let us identify which tasks are complete and which person is responsible for anything unfinished." It addresses that point, not the missing turn in the supplied exchange.

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Review 4 / Explanations

Cumulative review

1. A colleague needs the term for this meaning: Symptom or sign after birth requiring prompt attention. Which term fits?

B. postpartum warning sign

A Not here. postpartum hemorrhage: Excessive bleeding after birth under the relevant clinical criteria. The usual combination is "assess postpartum hemorrhage".

B Correct. postpartum warning sign: Symptom or sign after birth requiring prompt attention. The usual combination is "report a postpartum warning sign".

C Not here. teach-back: Checking an explanation by inviting the listener to restate its meaning. The usual combination is "use teach-back without blame".

D Not here. urgent-care route: Actual service or process for prompt clinical attention. The usual combination is "confirm the urgent-care route".

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2. A colleague needs the term for this meaning: Management involving an appropriate procedure. Which term fits?

B. surgical management

A Not here. early pregnancy loss: Loss of a pregnancy early in gestation under the relevant definition. The usual combination is "explain early pregnancy loss".

B Correct. surgical management: Management involving an appropriate procedure. The usual combination is "discuss surgical management".

C Not here. bereavement support: Support offered after a significant loss. The usual combination is "offer bereavement support".

D Not here. qualified interpreter: Trained language professional supporting accurate communication between speakers. The usual combination is "request a qualified interpreter".

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Review 4 / Explanations / continued

3. Rebuild the exchange from "Separate the patient report from the monitor interpretation". Dr Ellis: "What about the fetal monitoring? I need the actual reviewed interpretation rather than a reassuring shorthand label." Dr Chen: [missing response] Dr Ellis: "Terms such as variability have specific clinical meaning, so a language definition is not an interpretation rule." Which response belongs in the gap?

A. We need the current fetal heart-rate trace and the authorized interpretation. No classification should be guessed from this conversation.

A Correct. This is Dr Chen's response in turn 11. It connects Dr Ellis's preceding point with Dr Ellis's follow-up. A fetal heart-rate trace requires clinical interpretation, not inference from symptoms.

B Not here. This line belongs to turn 5, after Dr Ellis says: "Understood. We should verify current findings and their times rather than copy an earlier summary as current." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 3, after Dr Ellis says: "I acknowledge the report. Let us distinguish the patient account from the current verified observations and clinical interpretation." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 13, after Dr Ellis says: "Terms such as variability have specific clinical meaning, so a language definition is not an interpretation rule." It addresses that point, not the missing turn in the supplied exchange.

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4. Rebuild the exchange from "Clear words and space to respond". Eden: "I may need support after leaving, not just information during this appointment." Dr Gray: [missing response] Eden: "A clear summary would help me remember what was confirmed and what still needs to be decided." Which response belongs in the gap?

D. We can discuss bereavement support and the appropriate clinical contact route, according to what would be helpful to you.

A Not here. This line belongs to turn 12, after Eden says: "When we talk about care, will you explain the options rather than assume I already know the medical words?" It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 2, after Eden says: "Please tell me clearly what the assessment has established. Is the finding definite, or is there still uncertainty?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 16, after Eden says: "I would like time to understand the choices within whatever the actual clinical situation allows." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Dr Gray's response in turn 18. It connects Eden's preceding point with Eden's follow-up. Bereavement support offers help after a significant loss and should be presented as available support rather than an obligation or a substitute for clinical care.

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Additional case 1 / Explanations

Extended conversation

1. qualified language support

Turn 2. Qualified language support provides trained interpretation for accurate participation and is distinct from assuming a companion should translate sensitive information.

2. disclosure permission

Turn 4. Disclosure permission concerns authorization to share specified information and does not follow automatically from a companion's language ability.

3. language preference

Turn 8. Language preference identifies the language or variety the patient understands best and should be checked rather than inferred from nationality or a companion.

4. clarification request

Turn 12. A clarification request asks for an unclear message to be explained and supports informed participation rather than being treated as unreasonable delay.

5. decision-making role

Turn 16. The patient's decision-making role remains distinct from the interpreter's communication role and must not be transferred merely because language support is needed.

6. communication agreement

Turn 20. A communication agreement records the relevant preferences and arrangements for language, privacy, support, and contact without replacing the actual clinical consent process.

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Transfer exchange

1. shared

Patient: The listed number is shared.

Turn 1. The listed telephone is used by the patient and a companion.

Additional case 1 / Explanations / continued

2. route

Clinician: You have requested a different route.

Turn 2. The patient asks for another way to receive communication.

3. verified

Patient: That route is not yet verified.

Turn 3. The service has not yet confirmed that the requested route is available and appropriate.

4. information

Clinician: We will check before sending sensitive information.

Turn 4. The contact arrangement must be verified before sensitive material is sent.

[Return to the conversation, page 94](#)

Additional case 2 / Explanations

Extended conversation

1. reproductive preferences

Turn 4. Reproductive preferences describe the person's wishes about future pregnancy and should be elicited without pressure to commit to a fixed timetable.

2. Reversibility

Turn 6. Reversibility concerns whether and how a method's contraceptive effect can be ended and needs explanation for the actual option being discussed.

3. bleeding concern

Turn 8. A bleeding concern identifies an effect important to the patient's choice and should be discussed using the actual method information rather than dismissed.

4. Medical eligibility

Turn 10. Medical eligibility assesses whether a method is appropriate for the person's actual clinical circumstances and cannot be reduced to a universal rule from one detail.

5. voluntary choice

Turn 14. Voluntary choice belongs to the informed patient and should not be replaced by pressure from family or a clinician's preference.

6. preference discussion

Turn 18. A preference discussion explores priorities and information needs and is not itself consent to a procedure or a prescription.

[Return to the conversation, page 96](#)

Transfer exchange

1. Reversibility

Patient: Reversibility matters to me.

Turn 1. The patient identifies reversibility as an important preference.

Additional case 2 / Explanations / continued

2. bleeding

Clinician: You also asked about bleeding changes.

Turn 2. Possible bleeding changes are the second stated information need.

3. selected

Patient: A method has not been selected.

Turn 3. The discussion has not reached a method choice.

4. prescribed

Clinician: Nothing has been prescribed in this scenario.

Turn 4. No prescription is supplied or authorized by this language exercise.

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Additional case 3 / Explanations

Extended conversation

1. uncertain finding

Turn 2. An uncertain finding is an observation whose significance is not yet established and should not be converted into a confirmed diagnosis.

2. specialist review

Turn 6. A specialist review examines the relevant finding and context with appropriate expertise and does not itself predetermine the conclusion.

3. source images

Turn 10. Source images are the original examination images needed for review and are distinct from a shortened description copied into another document.

4. measurement limitation

Turn 12. A measurement limitation affects what a particular value can establish and requires the actual examination context rather than an unrelated comparison.

5. further-test decision

Turn 18. A further-test decision requires the actual information and appropriate informed discussion rather than being inferred from a request for clarification.

6. Result follow-up

Turn 20. Result follow-up assigns the route and responsibility for explaining the reviewed findings rather than ending the process when a referral is sent.

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Transfer exchange

1. missing

Patient: The source images are missing.

Turn 1. The specialist service has not yet received the original examination images.

Additional case 3 / Explanations / continued

2. received

Clinician: The referral letter has been received.

Turn 2. Receipt is confirmed for the letter, not the complete review material.

3. confirmed

Patient: The appointment is not confirmed.

Turn 3. No actual scheduled appointment has been confirmed in the scenario.

4. uncertain

Clinician: The finding remains uncertain.

Turn 4. The incomplete transfer does not establish a diagnostic conclusion.

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Find a phrase by purpose

Taking a sensitive pregnancy history

Ask permission: May we discuss your previous pregnancy experiences?

Allow uncertainty: It is fine to say that you do not remember the exact date.

Keep the record honest: I will record the date as uncertain.

[Full phrase bank, page 7](#)

Explaining prenatal screening choices

Name the result type: This is a screening result, not a diagnosis.

Explain the limit: It changes the estimated chance but does not settle the question.

Avoid a guarantee: A lower-chance result cannot rule out every condition.

[Full phrase bank, page 17](#)

Escalating an urgent maternal concern

Lead with symptoms: You report a severe headache and changes in vision.

State the action: The urgent assessment pathway is already active.

Avoid normalization: I will not dismiss this as simply part of pregnancy.

[Full phrase bank, page 29](#)

Explaining a glucose-testing pathway

Separate the stages: We need to distinguish this screening result from a diagnostic conclusion.

Remove moral judgment: This is a clinical question, not a score for your character.

Use the actual method: The next step depends on the testing pathway used here.

[Full phrase bank, page 38](#)

Find a phrase by purpose / continued

Revisiting a birth preference

Acknowledge the preference: I remember that avoiding intervention was important to you.

Name the change: The circumstances have changed, and I need to explain the recommendation.

Explain the reason: Let us discuss the actual reason for considering this option.

[Full phrase bank, page 50](#)

Giving a labor-ward handoff

Lead with context: I am handing over Samira on the labor ward.

Attribute the report: Samira reports stronger contractions.

Preserve the preference: She asks for an explanation before each examination.

[Full phrase bank, page 60](#)

Taking postpartum concerns seriously

State recent pregnancy: I gave birth twelve days ago.

Lead with the symptoms: I am reporting shortness of breath and chest pain.

Keep the context: Please include the recent birth in the handoff.

[Full phrase bank, page 72](#)

Discussing confirmed pregnancy loss

Give clear news: I am sorry. The assessment has confirmed that the pregnancy has ended.

Allow space: We can pause here.

Separate certainty: The finding is confirmed; the cause has not been established.

[Full phrase bank, page 82](#)

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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] ACOG. Prenatal Genetic Screening Tests.

Background for distinguishing screening probabilities from diagnostic conclusions and discussing testing choices. Source checked 10 October 2026.

<https://www.acog.org/womens-health/faqs/prenatal-genetic-screening-tests>

[2] ACOG. Gestational Diabetes.

Terminology and communication context; no diagnostic cutoffs or treatment instructions are supplied. Source checked 10 October 2026.

<https://www.acog.org/womens-health/faqs/gestational-diabetes>

[3] CDC Hear Her. Urgent Maternal Warning Signs.

Supports prompt attention to urgent concerns during pregnancy and after birth; the language tasks never determine that symptoms can wait. Source checked 10 October 2026.

<https://www.cdc.gov/hearher/maternal-warning-signs/index.html>

[4] ACOG. Early Pregnancy Loss.

Context for compassionate discussion of confirmed loss, uncertainty, and individualized options without prescribing management. Source checked 10 October 2026.

<https://www.acog.org/womens-health/faqs/early-pregnancy-loss>

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-obstetricians.html>

Explain the uncertainty. Respect the choice. Coordinate care.

Eight maternity encounters practice sensitive history, probability language, urgent escalation, nonjudgmental explanations, renewed consent, source-aware handoffs, postpartum follow-up, and difficult news.

Taking a sensitive pregnancy history

An uncertain menstrual date must not become a precise due date by assumption. A history abbreviation does not replace clarification of what actually occurred.

Explaining prenatal screening choices

A higher-chance screening result is not diagnostic confirmation. A lower-chance result does not guarantee absence of every condition.

Escalating an urgent maternal concern

The symptoms require the actual urgent clinical process. They do not authorize the learner to diagnose preeclampsia or declare measurements normal.

Explaining a glucose-testing pathway

A screening result must be interpreted within the actual testing pathway. Do not turn it into a diagnosis or a moral judgment.

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