

ENGLISH FOR WORK / ENGLISH FOR PEDIATRICIANS

Pediatrics English

Hear the child. Include the caregiver. Explain the plan.



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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

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02 Explaining a growth trajectory, page 14

Explain a comparison measure and its limitations without labeling a child by a number.

03 Discussing developmental screening, page 25

Explain the difference between surveillance, screening, evaluation, and diagnosis.

04 Responding to vaccine questions, page 35

Elicit the actual concern and explain a recommendation without shaming or claiming zero risk.

05 Checking liquid-medicine instructions, page 47

Distinguish drug amount from liquid volume and check the actual instructions without calculating a dose.

06 Explaining adolescent confidentiality, page 57

Explain private discussion, record access, and safety limits before sensitive disclosure.

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Lead with a concerning change and preserve the caregiver's account during an active urgent response.

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

One visit can have more than one voice.

Pediatric conversations often include a child, caregivers, schools, and several clinicians. Attribute each account, speak directly to the child when appropriate, and make the next step understandable to the people who will carry it out.

Hear the child as well as the caregiver

Accounts may differ without either person being dishonest. Ask about setting, timing, and meaning, and preserve who supplied each detail.

"You notice it at school; your caregiver notices it after dinner. Let us keep both accounts."

Translate without turning a chart into a grade

Explain what a measurement or screening result represents. Avoid calling a child a failure, a percentile a target, or a screening concern a confirmed diagnosis.

"The result tells us what needs further assessment, not everything about your child."

Verify medicine language

Distinguish amount of drug, liquid volume, concentration, and the measuring device. Use the actual verified instructions; this book does not supply doses.

"Milligrams and milliliters describe different things. We need the actual label and instructions."

Explain privacy before promising it

Confidentiality, access to records, caregiver authority, and safety duties vary by setting and jurisdiction. Explain the actual limits and communication channels.

"Let us discuss what is private, who can access the record, and the relevant safety exceptions."

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 / HEARING THE CHILD AND CAREGIVER

Reconcile different symptom accounts without deciding that one speaker is unreliable.

Two accounts of the same week

Ten-year-old Leo says stomach discomfort happens before school. His caregiver reports seeing it after dinner. Dr Park asks Leo for his account first, then clarifies each setting and timing. No cause, examination finding, or school-avoidance diagnosis is established. The two accounts may describe different episodes.

People: Dr Park, Pediatrician; Leo, Child patient.

Read the record

Choose one answer per question using the facts above.

1. When does Leo report discomfort?

- A.** Only during examination
- B.** Never
- C.** Before school
- D.** Only after dinner

2. What does the caregiver observe?

- A.** Every episode at school
- B.** A completed diagnosis
- C.** Discomfort after dinner
- D.** A proven cause

3. What is not established?

- A.** The cause
- B.** Two accounts
- C.** Leo's report
- D.** A need to clarify timing

[Answers and explanations, page 104](#)

B Vocabulary in use

CORE TERMS

presenting concern

Main issue bringing the child or family to the consultation.

clarify the presenting concern

child account

Information described directly by the child.

invite the child account

episode duration

Length of an individual occurrence.

establish episode duration

associated symptom

Additional symptom occurring with the main concern.

ask about associated symptoms

school attendance

Pattern of being present at school.

clarify school attendance

appetite change

Difference from the person's usual desire to eat.

report an appetite change

caregiver account

Information supplied by a person caring for the child.

attribute the caregiver account

symptom onset

Time when a symptom first began.

clarify symptom onset

symptom frequency

How often a symptom occurs.

describe symptom frequency

functional impact

Effect on everyday activities and participation.

assess functional impact

sleep pattern

Usual timing and quality of sleep.

describe the sleep pattern

baseline behavior

Usual behavior used for comparison.

establish baseline behavior

Say it in context

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

presenting concern PRESENTING CONCERN

clarify the presenting concern

Keep the meaning precise: Main issue bringing the child or family to the consultation.

symptom frequency SYMPTOM FREQUENCY

describe symptom frequency

Keep the meaning precise: How often a symptom occurs.

B Precision and professional shorthand

EXTEND YOUR RANGE

direct observation

Information personally witnessed by the speaker.
distinguish direct observation

contextual difference

Difference in circumstances surrounding two accounts.
explore contextual differences

rapport

Working relationship supporting comfortable and accurate communication.
build rapport

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

recalled event

Event described from memory rather than current observation.
clarify a recalled event

developmental language

Wording adapted to the child's communication development.
use developmental language

summary check

Confirmation that a summary reflects the speaker's account.
perform a summary check

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.

baseline behavior BASELINE BEHAVIOR

establish baseline behavior
Keep the meaning precise: Usual behavior used for comparison.

rapport RAPPORT

build rapport
Keep the meaning precise: Working relationship supporting comfortable and accurate communication.

Phrases that move the work forward

Invite the child

Leo, tell me what happens in your own words.

Separate episodes

Those may be two different episodes.

Avoid accusation

The accounts differ; that does not tell us why.

Check meaning

What does that word mean when you use it?

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.

Clarify timing

Is that when it starts or when someone notices it?

Ask about impact

What becomes difficult when it happens?

Keep attribution

Your caregiver notices it after dinner.

Summarize

Tell me which part of my summary needs correcting.

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 impact

Useful wording: What becomes difficult when it happens?

Purpose: Avoid accusation

Useful wording: The accounts differ; that does not tell us why.

D Choose the response that fits

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

1. Which summary preserves the sources?

- A.** The caregiver knows every episode.
- B.** The timing proves school avoidance.
- C.** Leo reports morning episodes; his caregiver notices evening episodes.
- D.** Leo must be mistaken.

2. Which question clarifies duration?

- A.** How long does one episode last?
- B.** What color is the waiting room?
- C.** Who is definitely wrong?
- D.** Why are you avoiding school?

3. A colleague needs the term for this meaning: Time when a symptom first began. Which term fits?

- A.** patient preference
- B.** symptom onset
- C.** school attendance
- D.** contextual difference

D Choose the response that fits / continued

4. Rebuild the exchange from "Two accounts of the same week". Leo: "Sometimes I do notice it after dinner too, but that was not the time I was thinking about." Dr Park: [missing response] Leo: "I understand. I can remember some mornings, but I have not counted every time it happened." Which response belongs in the gap?

- A.** That is useful when discussing functional impact. Tell me what becomes harder rather than guessing what I expect.
- B.** The timing alone does not establish that. A contextual difference needs exploration, not an accusation about your intentions.
- C.** Let us separate symptom frequency from how long each episode lasts. How often is different from how long.
- D.** Yes. Using suitable developmental language means checking your meaning, not replacing it with something you did not say.

[Answers and explanations, page 104](#)

One useful distinction

Before school and after dinner may describe different episodes. Neither phrase proves a cause or a motive.

Conversation

Two accounts of the same week

Two accounts of the same week

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

WORD AND PHRASE BANK

child account / functional impact / summary check / contextual difference /
episode duration / caregiver account / developmental language / recalled event /
symptom frequency / Direct observation

- 01 **Dr Park:** Leo, I would like to hear your account first. What happens before school when your stomach feels uncomfortable?
- 02 **Leo:** It feels tight while I am getting ready, but I do not know the exact word for it.
- 03 **Dr Park:** That description helps. Your ¹ _____ does not need a medical label before I can listen carefully.
- 04 **Leo:** My caregiver said it happens after dinner. I thought that made my answer sound wrong.
- 05 **Dr Park:** The ² _____ may describe a different episode. We should clarify both rather than choose a winner.
- 06 **Leo:** Sometimes I do notice it after dinner too, but that was not the time I was thinking about.
- 07 **Dr Park:** Let us separate ³ _____ from how long each episode lasts. How often is different from how long.
- 08 **Leo:** I understand. I can remember some mornings, but I have not counted every time it happened.
- 09 **Dr Park:** Then we will preserve that uncertainty. A ⁴ _____ is not a complete record of every episode.
- 10 **Leo:** It is difficult to explain because sometimes I carry on doing things even when I notice it.

Conversation continues on the next page.

Two accounts of the same week

CONVERSATION / CONTINUED

- 11 **Dr Park:** That is useful when discussing ⁵ _____. Tell me what becomes harder rather than guessing what I expect.
- 12 **Leo:** I worry that mentioning school will make everyone think I am trying not to go.
- 13 **Dr Park:** The timing alone does not establish that. A ⁶ _____ needs exploration, not an accusation about your intentions.
- 14 **Leo:** Could you ask what I mean when I use a word instead of changing it straight away?
- 15 **Dr Park:** Yes. Using suitable ⁷ _____ means checking your meaning, not replacing it with something you did not say.
- 16 **Leo:** My caregiver sees me holding my stomach at dinner, but cannot see every feeling I have at school.
- 17 **Dr Park:** Exactly. ⁸ _____ covers what someone witnesses, not every sensation you experience.
- 18 **Leo:** So you will keep the two timings separate until we understand whether they describe the same pattern?
- 19 **Dr Park:** Yes. We will clarify ⁹ _____, timing, and other details without assigning a cause from this conversation alone.
- 20 **Leo:** Then a ¹⁰ _____ lets me correct what you heard before it becomes the record.

CHECK THE GAPS

1. child account / 2. caregiver account / 3. symptom frequency / 4. recalled event / 5. functional impact / 6. contextual difference / 7. developmental language / 8. Direct observation / 9. episode duration / 10. summary check

[Why these answers fit, page 105](#)

F Check accuracy and scope

Two accounts of the same week

Return to the case

Ten-year-old Leo says stomach discomfort happens before school. His caregiver reports seeing it after dinner. Dr Park asks Leo for his account first, then clarifies each setting and timing. No cause, examination finding, or school-avoidance diagnosis is established. The two accounts may describe different episodes.

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

1. Which conclusion exceeds the facts?

- A. Two accounts are available.
- B. Leo has a school-avoidance diagnosis.
- C. Leo describes discomfort.
- D. Timing needs clarification.

2. What is a summary check for?

- A. Testing the child's intelligence
- B. Forcing agreement
- C. Replacing an examination
- D. Correcting the clinician's understanding

[Answers and explanations, page 107](#)

Listen for the distinction

Swap roles. Contrast how often with how long without inventing a diagnosis.

Do not turn a difference into an accusation

A child may describe sensations differently from an adult. Distinguish what each person experienced or observed before attempting to reconcile the accounts.

F Say it / transfer to a new case

A different observer

A teacher reports seeing discomfort at lunchtime. Leo has not yet discussed that episode with the clinician. The cause remains unknown.

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

discussed / lunchtime / account / unknown

- 01 **Teacher:** I noticed the discomfort at ¹ _____.
- 02 **Clinician:** That is the teacher's ² _____.
- 03 **Leo:** We have not yet ³ _____ that episode.
- 04 **Clinician:** The cause remains ⁴ _____.

CHECK THE GAPS

1. lunchtime / 2. account / 3. discussed / 4. unknown

[Why these answers fit, page 107](#)

Rebuild the exchange

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

1. Rebuild the exchange from "Two accounts of the same week". Leo: "Could you ask what I mean when I use a word instead of changing it straight away?" Dr Park: [missing response] Leo: "My caregiver sees me holding my stomach at dinner, but cannot see every feeling I have at school." Which response belongs in the gap?

- A.** Yes. Using suitable developmental language means checking your meaning, not replacing it with something you did not say.
- B.** That is useful when discussing functional impact. Tell me what becomes harder rather than guessing what I expect.
- C.** The timing alone does not establish that. A contextual difference needs exploration, not an accusation about your intentions.
- D.** Let us separate symptom frequency from how long each episode lasts. How often is different from how long.

[Answers and explanations, page 108](#)

A Read the situation

LESSON 02 / EXPLAINING A GROWTH TRAJECTORY

Explain a comparison measure and its limitations without labeling a child by a number.

A percentile is not a school grade

Caregiver Ana sees the 25th percentile on a growth chart and worries that her child has scored only 25 out of 100. Dr Bell explains that a percentile compares a particular measurement with a reference population; it is not a grade or a target. The full growth trajectory, measurement quality, and clinical context still require review. No growth disorder is diagnosed in the case.

People: Ana, Caregiver; Dr Bell, Pediatrician.

Read the record

Choose one answer per question using the facts above.

1. What does Ana mistake the percentile for?

- A.** A score out of 100
- B.** A date
- C.** A medicine volume
- D.** A confirmed diagnosis

2. What still needs review?

- A.** Nothing beyond one point
- B.** The trajectory and clinical context
- C.** Only the chart color
- D.** A predetermined target of 100

3. What is not diagnosed?

- A.** Ana's concern
- B.** A chart entry
- C.** A misunderstanding
- D.** A growth disorder

[Answers and explanations, page 109](#)

B Vocabulary in use

CORE TERMS

growth trajectory

Pattern of growth measurements over time.

review the growth trajectory

reference population

Group providing the comparison distribution for a measure.

identify the reference population

growth velocity

Rate of change in growth over time.

assess growth velocity

length-for-age

Recumbent length compared with an age-specific reference.

review length-for-age

head circumference

Measurement around the head using the appropriate method.

record head circumference

measurement technique

Method used to obtain a physical measurement.

verify measurement technique

percentile

Position of a measurement relative to a reference distribution.

explain a percentile

serial measurements

Measurements collected at different times for comparison.

review serial measurements

weight-for-age

Weight compared with an age-specific reference.

plot weight-for-age

stature-for-age

Standing height compared with an age-specific reference.

assess stature-for-age

body mass index

Weight relative to squared height, interpreted appropriately for age.

explain body mass index

plotting error

Incorrect placement or entry of data on a chart.

check for a plotting error

Say it in context

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

growth trajectory **GROWTH TRAJECTORY**

review the growth trajectory

Keep the meaning precise: Pattern of growth measurements over time.

weight-for-age **WEIGHT-FOR-AGE**

plot weight-for-age

Keep the meaning precise: Weight compared with an age-specific reference.

B Precision and professional shorthand

EXTEND YOUR RANGE

centile crossing

Movement across reference percentile lines over time.

review centile crossing

familial pattern

Pattern related to relevant family characteristics.

consider the familial pattern

corrected age

Age adjusted for prematurity when appropriate to the assessment.

clarify corrected age

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

growth faltering

Growth pattern raising concern about inadequate progress in context.

assess suspected growth faltering

nutritional history

Account of intake and related nutrition circumstances.

obtain a nutritional history

longitudinal assessment

Evaluation using information collected across time.

conduct a longitudinal assessment

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.

plotting error **PLOTTING ERROR**

check for a plotting error

Keep the meaning precise: Incorrect placement or entry of data on a chart.

corrected age **CORRECTED AGE**

clarify corrected age

Keep the meaning precise: Age adjusted for prematurity when appropriate to the assessment.

Phrases that move the work forward

Check the interpretation

What did the number suggest to you?

Name the comparison

It compares this measurement with a reference group.

Check the data

We should verify how this measurement was taken.

Limit the conclusion

This point alone does not establish a growth disorder.

Ana / in the conversation

I thought that meant my child had scored only 25 out of 100.

Dr Bell / in the conversation

It tells us where a particular measurement sits in a comparison group.

Dr Bell / in the conversation

The reference population provides the comparison; it does not turn a higher number into an automatic goal.

Dr Bell / in the conversation

We review the growth trajectory, the quality of the measurements, and the child's wider clinical circumstances.

Reject the grade analogy

This is not a score out of 100.

Shift to the pattern

Let us look at the measurements over time.

Avoid a target

A higher percentile is not automatically a better result.

Explain the review

The pattern and the child's circumstances belong together.

Dr Bell / in the conversation

A percentile is not a school grade.

Ana / in the conversation

So it does not mean that my child is only a quarter as healthy as expected?

Ana / in the conversation

Then what do you look at when deciding whether the growth pattern needs attention?

Ana / in the conversation

I have earlier measurements from another clinic, but I am not sure they used the same method.

Precision in real exchanges

Purpose: Shift to the pattern

Useful wording: Let us look at the measurements over time.

Purpose: Check the data

Useful wording: We should verify how this measurement was taken.

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.** Every child should reach the 100th.
- B.** A percentile locates a measurement within a reference distribution.
- C.** It is the percentage of health achieved.
- D.** It is the percentage of adult size reached.

2. What does growth velocity describe?

- A.** A single measurement's color
- B.** The percentage of healthy organs
- C.** Rate of growth over time
- D.** The child's running speed

3. A colleague needs the term for this meaning: Measurements collected at different times for comparison. Which term fits?

- A.** serial measurements
- B.** patient preference
- C.** head circumference
- D.** familial pattern

4. Rebuild the exchange from "A percentile is not a school grade". Ana: "Then what do you look at when deciding whether the growth pattern needs attention?" Dr Bell: [missing response] Ana: "I have earlier measurements from another clinic, but I am not sure they used the same method." Which response belongs in the gap?

- A.** No. Growth velocity describes the rate of growth over time, not the comparison position at one visit.
- B.** We review the growth trajectory, the quality of the measurements, and the child's wider clinical circumstances.
- C.** Yes. A longitudinal assessment considers the sequence, not merely whether two points happen to share a label.
- D.** A plotting error can affect the display. That is one reason to verify the underlying data.

[Answers and explanations, page 109](#)

One useful distinction

The 25th percentile is not 25 percent healthy, 25 percent grown, or a target to improve toward 100.

E Conversation

A percentile is not a school grade

A percentile is not a school grade

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

WORD AND PHRASE BANK

longitudinal assessment / percentile / growth trajectory / Growth velocity / plotting error
/ serial measurements / measurement technique / nutritional history /
reference population / centile crossing

- 01 **Ana:** The chart says 25th percentile. I thought that meant my child had scored only 25 out of 100.
- 02 **Dr Bell:** A ¹ _____ is not a school grade. It tells us where a particular measurement sits in a comparison group.
- 03 **Ana:** So it does not mean that my child is only a quarter as healthy as expected?
- 04 **Dr Bell:** Correct. The ² _____ provides the comparison; it does not turn a higher number into an automatic goal.
- 05 **Ana:** Then what do you look at when deciding whether the growth pattern needs attention?
- 06 **Dr Bell:** We review the ³ _____, the quality of the measurements, and the child's wider clinical circumstances.
- 07 **Ana:** I have earlier measurements from another clinic, but I am not sure they used the same method.
- 08 **Dr Bell:** Those ⁴ _____ may help, provided we check their timing, method, and comparability rather than assume everything matches.
- 09 **Ana:** Would a mistake in entering the height make the chart look different even if nothing changed?
- 10 **Dr Bell:** A ⁵ _____ can affect the display. That is one reason to verify the underlying data.

Conversation continues on the next page.

A percentile is not a school grade

CONVERSATION / CONTINUED

- 11 **Ana:** I also heard the phrase growth velocity. Is that another word for the percentile?
- 12 **Dr Bell:** No. ⁶ _____ describes the rate of growth over time, not the comparison position at one visit.
- 13 **Ana:** So two children at the same percentile today might still have different histories?
- 14 **Dr Bell:** Yes. A ⁷ _____ considers the sequence, not merely whether two points happen to share a label.
- 15 **Ana:** Does that mean I should stop paying attention to the measurements altogether?
- 16 **Dr Bell:** Not at all. We check ⁸ _____ and context because the measurements matter; we simply avoid treating them as grades.
- 17 **Ana:** What other information would help explain the pattern when you review it?
- 18 **Dr Bell:** Relevant history can include a ⁹ _____ and family information, alongside the actual examination and other clinical details.
- 19 **Ana:** I understand. The number alone does not tell us that a particular disorder is present.
- 20 **Dr Bell:** Exactly. Even ¹⁰ _____ needs interpretation. We will explain the reviewed pattern without making a diagnosis from this single point.

CHECK THE GAPS

1. percentile / 2. reference population / 3. growth trajectory / 4. serial measurements / 5. plotting error / 6. Growth velocity / 7. longitudinal assessment / 8. measurement technique / 9. nutritional history / 10. centile crossing

[Why these answers fit, page 110](#)

F Check accuracy and scope

A percentile is not a school grade

Return to the case

Caregiver Ana sees the 25th percentile on a growth chart and worries that her child has scored only 25 out of 100. Dr Bell explains that a percentile compares a particular measurement with a reference population; it is not a grade or a target. The full growth trajectory, measurement quality, and clinical context still require review. No growth disorder is diagnosed in the case.

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

1. Which check improves interpretation?

- A. Ignore all earlier values.
- B. Assume a disorder from one point.
- C. Use a guessed age.
- D. Verify measurement technique and prior points.

2. Which conclusion is unsupported?

- A. Ana misunderstands the number.
- B. A chart entry exists.
- C. Context requires review.
- D. This child has a diagnosed growth disorder.

[Answers and explanations, page 111](#)

Listen for the distinction

Swap roles. Explain the 25th percentile without setting a numerical growth target.

Find the mistaken comparison first

Before giving more numbers, ask what the existing number means to the caregiver. Correct the interpretation without treating the concern as foolish.

F Say it / transfer to a new case

A copied height needs checking

A previous height was copied incorrectly into the chart. The original measurement is being verified before the trajectory is interpreted.

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

incorrect / interpreted / disorder / measurement

- 01 **Caregiver:** The copied height may be ¹ _____.
- 02 **Clinician:** We are checking the original ² _____.
- 03 **Caregiver:** The trajectory is not yet ³ _____.
- 04 **Clinician:** An entry error is not itself a growth ⁴ _____.

CHECK THE GAPS

1. incorrect / 2. measurement / 3. interpreted / 4. disorder

[Why these answers fit, page 112](#)

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 percentile is not a school grade". Ana: "So two children at the same percentile today might still have different histories?" Dr Bell: [missing response] Ana: "Does that mean I should stop paying attention to the measurements altogether?" Which response belongs in the gap?

- A.** We review the growth trajectory, the quality of the measurements, and the child's wider clinical circumstances.
- B.** Yes. A longitudinal assessment considers the sequence, not merely whether two points happen to share a label.
- C.** No. Growth velocity describes the rate of growth over time, not the comparison position at one visit.
- D.** Correct. The reference population provides the comparison; it does not turn a higher number into an automatic goal.

[Answers and explanations, page 113](#)

Review 1 / Meaning and context

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

Case file

Revisit "Hearing the child and caregiver" and "Explaining a growth trajectory". 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: Information described directly by the child. Which term fits?

- A. functional impact
- B. child account
- C. recalled event
- D. teach-back

2. A colleague needs the term for this meaning: Standing height compared with an age-specific reference. Which term fits?

- A. growth trajectory
- B. qualified interpreter
- C. stature-for-age
- D. centile crossing

3. Rebuild the exchange from "Two accounts of the same week". Leo: "It is difficult to explain because sometimes I carry on doing things even when I notice it." Dr Park: [missing response] Leo: "I worry that mentioning school will make everyone think I am trying not to go." Which response belongs in the gap?

- A. Let us separate symptom frequency from how long each episode lasts. How often is different from how long.
- B. That is useful when discussing functional impact. Tell me what becomes harder rather than guessing what I expect.
- C. The timing alone does not establish that. A contextual difference needs exploration, not an accusation about your intentions.
- D. Yes. Using suitable developmental language means checking your meaning, not replacing it with something you did not say.

Review 1 / Meaning and context / continued

4. Rebuild the exchange from "A percentile is not a school grade". Ana: "What other information would help explain the pattern when you review it?" Dr Bell: [missing response] Ana: "I understand. The number alone does not tell us that a particular disorder is present." Which response belongs in the gap?

- A.** Correct. The reference population provides the comparison; it does not turn a higher number into an automatic goal.
- B.** Those serial measurements may help, provided we check their timing, method, and comparability rather than assume everything matches.
- C.** A percentile is not a school grade. It tells us where a particular measurement sits in a comparison group.
- D.** Relevant history can include a nutritional history and family information, alongside the actual examination and other clinical details.

[Answers and explanations, page 144](#)

A Read the situation

LESSON 03 / DISCUSSING DEVELOPMENTAL SCREENING

Explain the difference between surveillance, screening, evaluation, and diagnosis.

A concern is a reason to assess

A developmental questionnaire raises a communication concern for toddler Nia. Her caregiver Ben worries that the form has already diagnosed a lifelong condition. Dr Shah explains the role and limits of screening, asks about abilities across settings and languages, and arranges the actual assessment pathway. No specific diagnosis or referral appointment date is supplied.

People: Ben, Caregiver; Dr Shah, Pediatrician.

Read the record

Choose one answer per question using the facts above.

1. What raises the concern?

- A. A developmental questionnaire
- B. A confirmed diagnostic evaluation
- C. An employer report
- D. A treatment trial

2. What does Ben fear?

- A. That the form is blank
- B. That no one read it
- C. That an appointment is already complete
- D. That a lifelong diagnosis is already settled

3. What is not supplied?

- A. Nia's name
- B. A communication concern
- C. An assessment pathway
- D. A specific diagnosis or appointment date

[Answers and explanations, page 114](#)

B Vocabulary in use

CORE TERMS

developmental surveillance

Ongoing attention to a child's development across encounters.

conduct developmental surveillance

diagnostic evaluation

Detailed assessment intended to establish or clarify a diagnosis.

arrange a diagnostic evaluation

expressive language

Ability to communicate ideas using words or other expressive means.

describe expressive language

gross motor skill

Skill involving larger body movements and muscle groups.

review gross motor skills

social communication

Communication used in interaction with other people.

explore social communication

caregiver questionnaire

Structured form completed by someone caring for the child.

review a caregiver questionnaire

developmental screening

Structured process identifying possible developmental concerns.

explain developmental screening

developmental milestone

Skill commonly emerging within a developmental period.

discuss developmental milestones

receptive language

Ability to understand communicated language.

assess receptive language

fine motor skill

Skill involving smaller coordinated movements.

describe fine motor skills

adaptive skill

Practical ability used in everyday functioning.

assess adaptive skills

screen-positive result

Screening result indicating that further assessment is warranted.

explain a screen-positive result

Say it in context

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

developmental surveillance DEVELOPMENTAL SURVEILLANCE

conduct developmental surveillance

Keep the meaning precise: Ongoing attention to a child's development across encounters.

receptive language RECEPTIVE LANGUAGE

assess receptive language

Keep the meaning precise: Ability to understand communicated language.

B Precision and professional shorthand

EXTEND YOUR RANGE

false-positive screen

Screening concern not confirmed by the relevant further assessment.

explain a possible false-positive screen

hearing assessment

Evaluation of hearing relevant to communication and other concerns.

arrange a hearing assessment

skill regression

Loss of a previously acquired ability.

report skill regression

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

early intervention

Support addressing developmental needs early in childhood.

discuss early-intervention services

multilingual exposure

Experience with more than one language.

describe multilingual exposure

referral status

Current stage of a referral's receipt and processing.

check referral status

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.

screen-positive result SCREEN-POSITIVE RESULT

explain a screen-positive result

Keep the meaning precise: Screening result indicating that further assessment is warranted.

skill regression SKILL REGRESSION

report skill regression

Keep the meaning precise: Loss of a previously acquired ability.

Phrases that move the work forward

Name the role

This questionnaire identifies concerns that need a closer look.

Ask across settings

What do you notice at home and in other settings?

Clarify a change

Is this a skill not yet acquired or one that was lost?

Name the next step

We will explain the referral and how to check its status.

Ben / in the conversation

Has it already diagnosed Nia with something that will last her whole life?

Ben / in the conversation

I thought the score meant the assessment had already been completed and the conclusion was final.

Ben / in the conversation

What kinds of language skills are you asking about?

Dr Shah / in the conversation

Receptive language concerns understanding, while expressive language concerns what she communicates.

Separate the conclusion

It does not establish a diagnosis by itself.

Include languages

Tell me which languages Nia hears and uses.

Explain evaluation

The assessment looks at more information than this form.

Avoid a false promise

I cannot promise the assessment's conclusion in advance.

Dr Shah / in the conversation

Developmental screening identifies concerns for a closer look; it does not settle a diagnosis by itself.

Dr Shah / in the conversation

A diagnostic evaluation considers more information, including history, observation, and the relevant assessments.

Ben / in the conversation

She understands some things she does not say.

Ben / in the conversation

She hears two languages at home and uses different words with different relatives.

Precision in real exchanges

Purpose: Include languages

Useful wording: Tell me which languages Nia hears and uses.

Purpose: Clarify a change

Useful wording: Is this a skill not yet acquired or one that was lost?

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 the distinction?

- A.** Every concern is automatically false.
- B.** Screening flags a concern; evaluation investigates it.
- C.** Screening proves a lifelong diagnosis.
- D.** A questionnaire replaces all assessment.

2. Which question clarifies regression?

- A.** Was the skill previously present and then lost?
- B.** Is the form printed in blue?
- C.** Will the diagnosis definitely disappear?
- D.** Can we skip the history?

3. A colleague needs the term for this meaning: Skill commonly emerging within a developmental period. Which term fits?

- A.** hearing assessment
- B.** patient preference
- C.** social communication
- D.** developmental milestone

D Choose the response that fits / continued

4. Rebuild the exchange from "A concern is a reason to assess". Ben: "What kinds of language skills are you asking about? She understands some things she does not say." Dr Shah: [missing response] Ben: "She hears two languages at home and uses different words with different relatives." Which response belongs in the gap?

- A.** Receptive language concerns understanding, while expressive language concerns what she communicates. We should distinguish those accounts.
- B.** We can discuss appropriate early intervention and the local process while explaining what remains uncertain.
- C.** No. Developmental screening identifies concerns for a closer look; it does not settle a diagnosis by itself.
- D.** No. Skill regression means an ability was present and then lost. The distinction matters in the history.

[Answers and explanations, page 114](#)

One useful distinction

A screen-positive result identifies a need for further assessment; it is not a diagnosis. Multilingual exposure should be described accurately, not used as an automatic explanation for every concern.

E Conversation

A concern is a reason to assess

A concern is a reason to assess

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

WORD AND PHRASE BANK

Developmental screening / Skill regression / developmental surveillance /
multilingual exposure / diagnostic evaluation / referral status / early intervention /
social communication / hearing assessment / Receptive language

- 01 **Ben:** The questionnaire flagged a communication concern. Has it already diagnosed Nia with something that will last her whole life?
- 02 **Dr Shah:** No. ¹ _____ identifies concerns for a closer look; it does not settle a diagnosis by itself.
- 03 **Ben:** I thought the score meant the assessment had already been completed and the conclusion was final.
- 04 **Dr Shah:** A ² _____ considers more information, including history, observation, and the relevant assessments.
- 05 **Ben:** What kinds of language skills are you asking about? She understands some things she does not say.
- 06 **Dr Shah:** ³ _____ concerns understanding, while expressive language concerns what she communicates. We should distinguish those accounts.
- 07 **Ben:** She hears two languages at home and uses different words with different relatives.
- 08 **Dr Shah:** Please describe that ⁴ _____ accurately. We should not assume it explains every concern or ignore abilities in another language.
- 09 **Ben:** Some questions also asked about pointing and how she interacts with other children.
- 10 **Dr Shah:** Those can relate to ⁵ _____, which is broader than counting spoken words alone.

Conversation continues on the next page.

A concern is a reason to assess

CONVERSATION / CONTINUED

- 11 **Ben:** If she has never used a particular word, is that the same as losing a skill?
- 12 **Dr Shah:** No. ⁶ _____ means an ability was present and then lost. The distinction matters in the history.
- 13 **Ben:** Could hearing be part of the assessment, even if we think she hears some sounds?
- 14 **Dr Shah:** A relevant ⁷ _____ may form part of the actual pathway. An informal impression does not replace the appropriate assessment.
- 15 **Ben:** Does getting support have to mean that every diagnostic question has already been answered?
- 16 **Dr Shah:** We can discuss appropriate ⁸ _____ and the local process while explaining what remains uncertain.
- 17 **Ben:** I would like to know whom to contact if we do not hear about the referral.
- 18 **Dr Shah:** We will explain how to check ⁹ _____, including the difference between sending a request and having a confirmed appointment.
- 19 **Ben:** That gives us a next step without pretending the questionnaire has answered everything.
- 20 **Dr Shah:** Exactly. Ongoing ¹⁰ _____ continues alongside the appropriate assessment and communication with your family.

CHECK THE GAPS

1. Developmental screening / 2. diagnostic evaluation / 3. Receptive language / 4. multilingual exposure / 5. social communication / 6. Skill regression / 7. hearing assessment / 8. early intervention / 9. referral status / 10. developmental surveillance

[Why these answers fit, page 115](#)

F Check accuracy and scope

A concern is a reason to assess

Return to the case

A developmental questionnaire raises a communication concern for toddler Nia. Her caregiver Ben worries that the form has already diagnosed a lifelong condition. Dr Shah explains the role and limits of screening, asks about abilities across settings and languages, and arranges the actual assessment pathway. No specific diagnosis or referral appointment date is supplied.

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

1. How should multilingual exposure be handled?

- A. Describe it accurately within the assessment.
- B. Assume it explains every concern.
- C. Ignore all languages but English.
- D. Treat it as a diagnosis.

2. Which referral claim is unsupported?

- A. An appointment is already booked.
- B. A pathway is being arranged.
- C. The status needs checking.
- D. No date is supplied.

[Answers and explanations, page 116](#)

Listen for the distinction

Swap roles. Explain the next step without predicting a diagnosis or an appointment date.

Use concern without turning it into a label

Acknowledge the caregiver's uncertainty. Describe the next step concretely and avoid promising either a diagnosis or that the concern will disappear.

F Say it / transfer to a new case

Receipt is confirmed, booking is not

The developmental service confirms receipt of Nia's referral. No appointment has been booked. The family has a contact for checking progress.

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

pending / contact / receipt / booked

- 01 **Caregiver:** The service has confirmed ¹ _____.
- 02 **Clinician:** An appointment is not yet ² _____.
- 03 **Caregiver:** We have a progress-check ³ _____.
- 04 **Clinician:** The diagnostic conclusion remains ⁴ _____.

CHECK THE GAPS

1. receipt / 2. booked / 3. contact / 4. pending

[Why these answers fit, page 117](#)

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 concern is a reason to assess". Ben: "Could hearing be part of the assessment, even if we think she hears some sounds?" Dr Shah: [missing response] Ben: "Does getting support have to mean that every diagnostic question has already been answered?" Which response belongs in the gap?

- A.** A relevant hearing assessment may form part of the actual pathway. An informal impression does not replace the appropriate assessment.
- B.** No. Developmental screening identifies concerns for a closer look; it does not settle a diagnosis by itself.
- C.** Please describe that multilingual exposure accurately. We should not assume it explains every concern or ignore abilities in another language.
- D.** We will explain how to check referral status, including the difference between sending a request and having a confirmed appointment.

[Answers and explanations, page 118](#)

A Read the situation

LESSON 04 / RESPONDING TO VACCINE QUESTIONS

Elicit the actual concern and explain a recommendation without shaming or claiming zero risk.

A concern deserves a specific answer

Caregiver Dana worries about fever after a previous vaccination and asks whether the same thing will happen again. Dr Lin asks what occurred and when, reviews the actual record, and explains that timing alone does not establish causation. The clinician will review the current recommendation and individual history. No vaccine schedule, eligibility decision, or product-specific risk estimate is supplied.

People: Dana, Caregiver; Dr Lin, Pediatrician.

Read the record

Choose one answer per question using the facts above.

1. What worries Dana?

- A. Fever after a previous vaccination
- B. A known product recall
- C. A supplied contraindication
- D. A confirmed repeated reaction

2. What needs review?

- A. The event history and actual recommendation
- B. Only the caregiver's attitude
- C. A guessed schedule
- D. An automatic exemption

3. What is not supplied?

- A. A caregiver concern
- B. A previous event
- C. A clinician discussion
- D. A product-specific risk estimate

[Answers and explanations, page 119](#)

B Vocabulary in use

CORE TERMS

immunization

Process of developing protection against a disease, commonly through vaccination.

discuss immunization

vaccination history

Record of previous vaccine administration.

verify vaccination history

adverse reaction

Harmful response attributed to an intervention.

distinguish an adverse reaction

causal relationship

Connection in which one event contributes to producing another.

assess a causal relationship

precaution

Circumstance requiring additional consideration before an intervention.

review a relevant precaution

vaccine hesitancy

Uncertainty or reluctance concerning vaccination.

explore vaccine hesitancy

vaccine recommendation

Current advice about use of a particular vaccine in context.

review the vaccine recommendation

adverse event

Unwanted occurrence after an intervention, not necessarily caused by it.

document an adverse event

temporal association

Events occurring in a time relationship without proving causation.

explain temporal association

contraindication

Condition making a particular intervention inappropriate under applicable guidance.

verify a contraindication

expected reaction

Known response discussed in the context of a specific product.

explain an expected reaction

informed choice

Decision made after relevant information and questions are addressed.

support informed choice

Say it in context

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

immunization IMMUNIZATION

discuss immunization

Keep the meaning precise: Process of developing protection against a disease, commonly through vaccination.

temporal association TEMPORAL ASSOCIATION

explain temporal association

Keep the meaning precise: Events occurring in a time relationship without proving causation.

B Precision and professional shorthand

EXTEND YOUR RANGE

disease protection

Reduction in disease risk or consequences through an intervention.

explain disease protection

catch-up schedule

Recommended sequence addressing previously missed vaccine doses.

verify a catch-up schedule

safety monitoring

Ongoing observation and review of potential safety issues.

explain safety monitoring

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

breakthrough infection

Infection occurring despite relevant vaccination or protection.

discuss breakthrough infection

administration record

Documentation of a product given and its relevant details.

check the administration record

absolute risk

Probability or frequency of an outcome in a defined group and period.

communicate absolute risk

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.

informed choice INFORMED CHOICE

support informed choice

Keep the meaning precise: Decision made after relevant information and questions are addressed.

safety monitoring SAFETY MONITORING

explain safety monitoring

Keep the meaning precise: Ongoing observation and review of potential safety issues.

C Phrases that move the work forward

Find the concern

What happened after the previous vaccination?

Acknowledge the experience

I can understand why that experience raised a question.

Review the record

Let us check the actual administration record.

Invite a focused question

Which part of the recommendation remains unclear?

Dana / in the conversation

My child had a fever after the last vaccination.

Dr Lin / in the conversation

Let us first review the vaccination history and what you noticed, including when it started and what happened afterward.

Dr Lin / in the conversation

Asking a question is not a blanket refusal.

Dana / in the conversation

The timing seemed very close, so I assumed that was enough to prove the cause.

Clarify timing

How soon afterward did you notice the change?

Separate cause and timing

Happening afterward does not by itself establish the cause.

Avoid zero-risk language

I will explain the relevant benefits and possible harms.

Close with understanding

Please tell me how you understand the next step.

Dana / in the conversation

Does that mean the same thing will happen again?

Dana / in the conversation

I was worried you would think asking about it meant refusing every vaccine.

Dr Lin / in the conversation

Your account helps us review the relevant adverse event rather than dismiss it.

Dr Lin / in the conversation

A temporal association tells us when things happened.

Precision in real exchanges

Purpose: Separate cause and timing

Useful wording: Happening afterward does not by itself establish the cause.

Purpose: Review the record

Useful wording: Let us check the actual administration record.

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 wording preserves causation uncertainty?

- A.** Fever occurred after vaccination; its cause needs review.
- B.** Vaccination definitely caused every later symptom.
- C.** Timing proves causation.
- D.** Nothing happened because causation is uncertain.

2. Which claim is unsupported?

- A.** The actual recommendation needs checking.
- B.** No reaction can ever occur.
- C.** We can review the history.
- D.** Your question deserves an answer.

3. A colleague needs the term for this meaning: Unwanted occurrence after an intervention, not necessarily caused by it. Which term fits?

- A.** patient preference
- B.** catch-up schedule
- C.** precaution
- D.** adverse event

D Choose the response that fits / continued

4. Rebuild the exchange from "A concern deserves a specific answer". Dana: "The timing seemed very close, so I assumed that was enough to prove the cause." Dr Lin: [missing response] Dana: "So you are not saying the fever did not happen, only that its explanation needs review?" Which response belongs in the gap?

- A.** When relevant figures are available, absolute risk needs the outcome, group, and time period made clear.
- B.** A temporal association tells us when things happened. It does not, by itself, settle the cause.
- C.** The vaccine recommendation needs that discussion. I should not replace it with a promise of zero risk.
- D.** No. Any catch-up schedule requires the verified history and applicable recommendation, not a guessed sequence.

[Answers and explanations, page 119](#)

One useful distinction

After vaccination describes timing. Caused by vaccination requires a causal assessment. Do not dismiss the event or declare its cause without review.

E Conversation

A concern deserves a specific answer

A concern deserves a specific answer

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

WORD AND PHRASE BANK

causal relationship / administration record / absolute risk / temporal association /
informed choice / vaccine recommendation / adverse event / catch-up schedule /
contraindication / vaccination history

- 01 **Dana:** My child had a fever after the last vaccination. Does that mean the same thing will happen again?
- 02 **Dr Lin:** Let us first review the ¹ _____ and what you noticed, including when it started and what happened afterward.
- 03 **Dana:** I appreciate that. I was worried you would think asking about it meant refusing every vaccine.
- 04 **Dr Lin:** Asking a question is not a blanket refusal. Your account helps us review the relevant ² _____ rather than dismiss it.
- 05 **Dana:** The timing seemed very close, so I assumed that was enough to prove the cause.
- 06 **Dr Lin:** A ³ _____ tells us when things happened. It does not, by itself, settle the cause.
- 07 **Dana:** So you are not saying the fever did not happen, only that its explanation needs review?
- 08 **Dr Lin:** Exactly. A ⁴ _____ is a separate question from whether you observed an event.
- 09 **Dana:** What if something in the medical history means a particular vaccine should not be given?
- 10 **Dr Lin:** We review any relevant ⁵ _____ and precautions using the actual history and current guidance.

Conversation continues on the next page.

A concern deserves a specific answer

CONVERSATION / CONTINUED

- 11 **Dana:** I would like to hear the benefit as well as what unwanted effects are possible.
- 12 **Dr Lin:** The ⁶ _____ needs that discussion. I should not replace it with a promise of zero risk.
- 13 **Dana:** Sometimes a percentage is hard to understand without knowing how many children it refers to.
- 14 **Dr Lin:** When relevant figures are available, ⁷ _____ needs the outcome, group, and time period made clear.
- 15 **Dana:** I also have a record from another clinic, but I am unsure whether every entry was copied.
- 16 **Dr Lin:** We should verify the ⁸ _____ rather than assume a copied list is complete.
- 17 **Dana:** Does that mean you will create a catch-up plan just from what I remember today?
- 18 **Dr Lin:** No. Any ⁹ _____ requires the verified history and applicable recommendation, not a guessed sequence.
- 19 **Dana:** That helps me ask a more specific question instead of trying to decide everything from one memory.
- 20 **Dr Lin:** Good. An ¹⁰ _____ depends on clear information and a chance to resolve the questions that matter to you.

CHECK THE GAPS

1. vaccination history / 2. adverse event / 3. temporal association / 4. causal relationship / 5. contraindication / 6. vaccine recommendation / 7. absolute risk / 8. administration record / 9. catch-up schedule / 10. informed choice

[Why these answers fit, page 120](#)

F Check accuracy and scope

A concern deserves a specific answer

Return to the case

Caregiver Dana worries about fever after a previous vaccination and asks whether the same thing will happen again. Dr Lin asks what occurred and when, reviews the actual record, and explains that timing alone does not establish causation. The clinician will review the current recommendation and individual history. No vaccine schedule, eligibility decision, or product-specific risk estimate is supplied.

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

1. What is an adverse event?

- A.** A guaranteed harmless response
- B.** A completed causal investigation
- C.** An unwanted occurrence not necessarily caused by the intervention
- D.** Proof of a contraindication in every case

2. Which question is most useful first?

- A.** Why are you being difficult?
- B.** Can you agree without questions?
- C.** Who told you to worry?
- D.** What happened and when?

[Answers and explanations, page 121](#)

Listen for the distinction

Swap roles. Acknowledge the concern without shaming, prescribing a schedule, or promising zero risk.

Specific questions beat labels

Ask what the caregiver observed and fears. Labels such as difficult or anti-science obscure the question and can damage the discussion.

F Say it / transfer to a new case

An incomplete outside record

An outside vaccination record contains an unclear entry. The clinic requests clarification before treating it as a confirmed administration.

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

confirmed / clarification / record / unclear

- 01 **Caregiver:** This entry is ¹ _____.
- 02 **Clinician:** We have requested ² _____.
- 03 **Caregiver:** Administration is not yet ³ _____.
- 04 **Clinician:** We will use the verified ⁴ _____.

CHECK THE GAPS

1. unclear / 2. clarification / 3. confirmed / 4. record

[Why these answers fit, page 122](#)

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 concern deserves a specific answer". Dana: "Sometimes a percentage is hard to understand without knowing how many children it refers to." Dr Lin: [missing response] Dana: "I also have a record from another clinic, but I am unsure whether every entry was copied." Which response belongs in the gap?

- A.** The vaccine recommendation needs that discussion. I should not replace it with a promise of zero risk.
- B.** A temporal association tells us when things happened. It does not, by itself, settle the cause.
- C.** No. Any catch-up schedule requires the verified history and applicable recommendation, not a guessed sequence.
- D.** When relevant figures are available, absolute risk needs the outcome, group, and time period made clear.

[Answers and explanations, page 123](#)

Review 2 / Meaning and context

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

Case file

Revisit "Discussing developmental screening" and "Responding to vaccine questions". 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: Detailed assessment intended to establish or clarify a diagnosis. Which term fits?

- A. fine motor skill
- B. diagnostic evaluation
- C. teach-back
- D. early intervention

2. A colleague needs the term for this meaning: Condition making a particular intervention inappropriate under applicable guidance. Which term fits?

- A. disease protection
- B. contraindication
- C. qualified interpreter
- D. immunization

3. Rebuild the exchange from "A percentile is not a school grade". Ana: "Would a mistake in entering the height make the chart look different even if nothing changed?" Dr Bell: [missing response] Ana: "I also heard the phrase growth velocity. Is that another word for the percentile?" Which response belongs in the gap?

- A. A plotting error can affect the display. That is one reason to verify the underlying data.
- B. Yes. A longitudinal assessment considers the sequence, not merely whether two points happen to share a label.
- C. We review the growth trajectory, the quality of the measurements, and the child's wider clinical circumstances.
- D. No. Growth velocity describes the rate of growth over time, not the comparison position at one visit.

Review 2 / Meaning and context / continued

4. Rebuild the exchange from "A concern deserves a specific answer". Dana: "Does that mean you will create a catch-up plan just from what I remember today?" Dr Lin: [missing response] Dana: "That helps me ask a more specific question instead of trying to decide everything from one memory." Which response belongs in the gap?

- A.** A temporal association tells us when things happened. It does not, by itself, settle the cause.
- B.** We review any relevant contraindication and precautions using the actual history and current guidance.
- C.** Exactly. A causal relationship is a separate question from whether you observed an event.
- D.** No. Any catch-up schedule requires the verified history and applicable recommendation, not a guessed sequence.

[Answers and explanations, page 146](#)

A Read the situation

LESSON 05 / CHECKING LIQUID-MEDICINE INSTRUCTIONS

Distinguish drug amount from liquid volume and check the actual instructions without calculating a dose.

The label, the units, and the tool

Caregiver Omar sees mg on a prescription and mL on a measuring device and assumes they are interchangeable. Dr Cole explains the difference between drug amount, liquid volume, and concentration. The actual bottle, prescription, and appropriate measuring tool must be checked with the prescribing or dispensing team. No numerical dose, concentration, interval, or instruction to administer medicine is provided here.

People: Omar, Caregiver; Dr Cole, Pediatrician.

Read the record

Choose one answer per question using the facts above.

1. Which units does Omar confuse?

- A. cm and meters
- B. Hours and dates
- C. Degrees and percentiles
- D. mg and mL

2. What must be checked?

- A. Another child's instructions
- B. The actual bottle, prescription, and measuring tool
- C. A remembered spoonful
- D. A guessed concentration

3. What is deliberately not supplied?

- A. A unit misunderstanding
- B. A need to verify instructions
- C. A caregiver question
- D. A numerical dose

[Answers and explanations, page 124](#)

B Vocabulary in use

CORE TERMS

milligram

Unit of mass used to express an amount of drug.
distinguish milligrams

concentration

Amount of drug contained in a stated volume or quantity.
verify the concentration

dose volume

Volume of a liquid corresponding to a verified dose.
verify the dose volume

calibration mark

Mark indicating a measured quantity on a device.
read the calibration marks

active ingredient

Substance responsible for the medicine's intended pharmacological action.
identify the active ingredient

administration interval

Time between prescribed administrations.
confirm the administration interval

milliliter

Unit of liquid volume, abbreviated mL.
measure in milliliters

dose amount

Quantity of drug prescribed for an administration.
confirm the dose amount

oral syringe

Measuring device designed for administering liquid medicine by mouth.
select the appropriate oral syringe

prescription label

Written instructions attached to a dispensed medicine.
check the prescription label

duplicate ingredient

Same active substance present in more than one product.
check for duplicate ingredients

as-needed instruction

Direction describing use when specified conditions apply.
clarify an as-needed instruction

Say it in context

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

milligram **MILLIGRAM**

distinguish milligrams

Keep the meaning precise: Unit of mass used to express an amount of drug.

oral syringe **ORAL SYRINGE**

select the appropriate oral syringe

Keep the meaning precise: Measuring device designed for administering liquid medicine by mouth.

B Precision and professional shorthand

EXTEND YOUR RANGE

maximum daily amount

Highest permitted amount over the specified daily period.

verify the maximum daily amount

dispensing pharmacy

Pharmacy supplying the prescribed product.

contact the dispensing pharmacy

caregiver demonstration

Caregiver showing how an instruction is understood.

invite a caregiver demonstration

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

measuring device

Tool used to determine the required quantity.

match the measuring device

label discrepancy

Conflict between the label and another instruction or record.

resolve a label discrepancy

medication reconciliation

Process of verifying and aligning the actual medicine list.

complete medication reconciliation

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.

as-needed instruction AS-NEEDED INSTRUCTION

clarify an as-needed instruction

Keep the meaning precise: Direction describing use when specified conditions apply.

caregiver demonstration CAREGIVER DEMONSTRATION

invite a caregiver demonstration

Keep the meaning precise: Caregiver showing how an instruction is understood.

Phrases that move the work forward

Separate the units

Milligrams and milliliters measure different things.

Use the real product

We need to check this bottle and its current label.

Resolve a conflict

Let us clarify the conflicting instructions with the responsible team.

Invite demonstration

Show me how you understand the verified instruction.

Omar / in the conversation

The prescription says mg, but the measuring device says mL.

Dr Cole / in the conversation

A milligram measures an amount of drug by mass.

Dr Cole / in the conversation

The actual concentration links drug amount and liquid volume.

Omar / in the conversation

Could I use its instructions if the name looks similar?

Name the missing link

The actual concentration connects amount and volume.

Avoid substitution

Do not assume another bottle has the same concentration.

Check the tool

The measuring device needs to match the verified instructions.

Own the explanation

Let me explain the units more clearly.

Omar / in the conversation

I thought they meant the same amount.

Omar / in the conversation

Then I cannot just copy the same number from one unit onto the other?

Omar / in the conversation

I have an older bottle at home.

Dr Cole / in the conversation

We need this product's current prescription label and verified instructions, not a remembered label from a different bottle.

Precision in real exchanges

Purpose: Avoid substitution

Useful wording: Do not assume another bottle has the same concentration.

Purpose: Resolve a conflict

Useful wording: Let us clarify the conflicting instructions with the responsible team.

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 correct?

- A.** mg measures mass; mL measures volume.
- B.** mg and mL always mean the same quantity.
- C.** A spoonful fixes every dose.
- D.** Concentration never matters.

2. What must not be guessed?

- A.** The concentration
- B.** The need for clarification
- C.** Omar's stated confusion
- D.** The existence of a measuring device

3. A colleague needs the term for this meaning: Quantity of drug prescribed for an administration. Which term fits?

- A.** active ingredient
- B.** patient preference
- C.** dose amount
- D.** dispensing pharmacy

D Choose the response that fits / continued

4. Rebuild the exchange from "The label, the units, and the tool". Omar: "I have an older bottle at home. Could I use its instructions if the name looks similar?" Dr Cole: [missing response] Omar: "I also need to know which measuring tool to use. A kitchen spoon seems easier." Which response belongs in the gap?

- A.** Yes. Reviewing the active ingredient helps identify possible duplication; similar or different brand names do not settle that question.
- B.** We need this product's current prescription label and verified instructions, not a remembered label from a different bottle.
- C.** Yes, the dispensing pharmacy is an appropriate contact for verifying the dispensed product and its instructions.
- D.** Correct. The actual concentration links drug amount and liquid volume. We must not guess it.

[Answers and explanations, page 124](#)

One useful distinction

Milligrams measure drug mass; milliliters measure liquid volume. The relationship depends on the actual concentration, which must not be guessed.

E Conversation

The label, the units, and the tool

The label, the units, and the tool

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

WORD AND PHRASE BANK

milligram / calibration mark / caregiver demonstration / prescription label / oral syringe / concentration / label discrepancy / dispensing pharmacy / dose volume / active ingredient

- 01 **Omar:** The prescription says mg, but the measuring device says mL. I thought they meant the same amount.
- 02 **Dr Cole:** A ¹ _____ measures an amount of drug by mass. A milliliter measures liquid volume.
- 03 **Omar:** Then I cannot just copy the same number from one unit onto the other?
- 04 **Dr Cole:** Correct. The actual ² _____ links drug amount and liquid volume. We must not guess it.
- 05 **Omar:** I have an older bottle at home. Could I use its instructions if the name looks similar?
- 06 **Dr Cole:** We need this product's current ³ _____ and verified instructions, not a remembered label from a different bottle.
- 07 **Omar:** I also need to know which measuring tool to use. A kitchen spoon seems easier.
- 08 **Dr Cole:** A kitchen spoon is not a reliable measure. The appropriate ⁴ _____ or other specified device should match the verified instructions.
- 09 **Omar:** Some of the small lines on the device are difficult for me to distinguish.
- 10 **Dr Cole:** We should check the ⁵ _____ spacing and whether the device is suitable, rather than asking you to estimate between unclear lines.

Conversation continues on the next page.

The label, the units, and the tool

CONVERSATION / CONTINUED

- 11 **Omar:** If the label and another instruction disagree, which one should I guess is current?
- 12 **Dr Cole:** Do not guess. A ⁶ _____ needs clarification with the responsible prescribing or dispensing team.
- 13 **Omar:** Would the pharmacy be able to check the product it actually supplied?
- 14 **Dr Cole:** Yes, the ⁷ _____ is an appropriate contact for verifying the dispensed product and its instructions.
- 15 **Omar:** I use another over-the-counter product sometimes. Should that be part of the review too?
- 16 **Dr Cole:** Yes. Reviewing the ⁸ _____ helps identify possible duplication; similar or different brand names do not settle that question.
- 17 **Omar:** Once everything is verified, can I show you how I understand the instruction?
- 18 **Dr Cole:** A ⁹ _____ is useful. It checks our explanation and the tool, not your intelligence.
- 19 **Omar:** I can now distinguish the amount of drug from the liquid that contains it.
- 20 **Dr Cole:** Exactly. The ¹⁰ _____ must match the verified instructions. Let us check the bottle, prescription, and measuring device together before confirming what to give.

CHECK THE GAPS

1. milligram / 2. concentration / 3. prescription label / 4. oral syringe / 5. calibration mark / 6. label discrepancy / 7. dispensing pharmacy / 8. active ingredient / 9. caregiver demonstration / 10. dose volume

[Why these answers fit, page 125](#)

F Check accuracy and scope

The label, the units, and the tool

Return to the case

Caregiver Omar sees mg on a prescription and mL on a measuring device and assumes they are interchangeable. Dr Cole explains the difference between drug amount, liquid volume, and concentration. The actual bottle, prescription, and appropriate measuring tool must be checked with the prescribing or dispensing team. No numerical dose, concentration, interval, or instruction to administer medicine is provided here.

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

1. Which tool is inappropriate for precise measurement?

- A. An appropriate verified oral syringe
- B. The pharmacist-specified calibrated device
- C. A suitable labeled measuring tool
- D. An ordinary kitchen spoon

2. What is the purpose of demonstration?

- A. Test the caregiver's intelligence
- B. Invent a dose
- C. Replace the actual prescription
- D. Check understanding of verified instructions

[Answers and explanations, page 126](#)

Listen for the distinction

Swap roles. Practice resolving the instruction conflict without inventing a dose or concentration.

Teach-back checks the explanation

Invite the caregiver to show how the verified instructions would be followed. Correct a misunderstanding without treating it as evidence of carelessness.

F Say it / transfer to a new case

Two products may share an ingredient

A caregiver brings two products with different brand names. Their active ingredients have not yet been checked. The clinician asks the responsible team to review them.

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

different / duplication / unchecked / review

- 01 **Caregiver:** The brand names are ¹ _____.
- 02 **Clinician:** The active ingredients remain ² _____.
- 03 **Caregiver:** We should not assume there is no ³ _____.
- 04 **Clinician:** The responsible team will ⁴ _____ them.

CHECK THE GAPS

1. different / 2. unchecked / 3. duplication / 4. review

[Why these answers fit, page 127](#)

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 label, the units, and the tool". Omar: "Would the pharmacy be able to check the product it actually supplied?" Dr Cole: [missing response] Omar: "I use another over-the-counter product sometimes. Should that be part of the review too?" Which response belongs in the gap?

- A.** Do not guess. A label discrepancy needs clarification with the responsible prescribing or dispensing team.
- B.** A caregiver demonstration is useful. It checks our explanation and the tool, not your intelligence.
- C.** Yes, the dispensing pharmacy is an appropriate contact for verifying the dispensed product and its instructions.
- D.** Correct. The actual concentration links drug amount and liquid volume. We must not guess it.

[Answers and explanations, page 128](#)

A Read the situation

LESSON 06 / EXPLAINING ADOLESCENT CONFIDENTIALITY

Explain private discussion, record access, and safety limits before sensitive disclosure.

Privacy without an impossible promise

Sixteen-year-old Alex asks Dr Hale whether everything discussed will remain private. Dr Hale explains that confidentiality, consent, caregiver access, portal settings, billing, and safety duties depend on the applicable rules and service. The clinician offers an appropriate private discussion and checks actual access arrangements. The case supplies no jurisdiction-specific legal conclusion.

People: Alex, Adolescent patient; Dr Hale, Pediatrician.

Read the record

Choose one answer per question using the facts above.

1. What does Alex ask?

- A. Whether billing is always invisible
- B. Whether everything will remain private
- C. Whether every record is already deleted
- D. Whether a law has been supplied

2. What does Dr Hale check?

- A. Actual access arrangements and applicable rules
- B. A universal rule from memory
- C. Only the room number
- D. Nothing beyond verbal reassurance

3. What is not supplied?

- A. Alex's age
- B. A privacy question
- C. A clinician explanation
- D. A jurisdiction-specific legal conclusion

[Answers and explanations, page 129](#)

B Vocabulary in use

CORE TERMS

confidentiality

Duty to protect information within applicable rules and limits.

explain confidentiality

consent capacity

Ability to make the relevant informed decision under applicable standards.

assess consent capacity

guardian authority

Legally recognized decision-making role for a child in context.

clarify guardian authority

portal visibility

Information viewable through a patient-access system.

verify portal visibility

safety exception

Circumstance permitting or requiring disclosure for safety under applicable rules.

explain a safety exception

information sharing

Disclosure of relevant information to another person or service.

discuss information sharing

private consultation

Discussion held without others present when appropriate.

offer a private consultation

minor consent

Rules governing a minor's authorization for particular care.

verify minor-consent rules

proxy access

Another person's permitted access to a patient's information system.

check proxy access

billing disclosure

Information potentially revealed through payment or insurance processes.

explain possible billing disclosure

mandatory reporting

Legally required communication of specified concerns to an authority.

clarify mandatory-reporting duties

minimum necessary information

Limited information appropriate to a particular authorized purpose.

identify necessary information

Say it in context

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

confidentiality **CONFIDENTIALITY**

explain confidentiality

Keep the meaning precise: Duty to protect information within applicable rules and limits.

proxy access **PROXY ACCESS**

check proxy access

Keep the meaning precise: Another person's permitted access to a patient's information system.

B Precision and professional shorthand

EXTEND YOUR RANGE

preferred contact method

Communication route the person wishes the service to use.

confirm the preferred contact method

record-access rule

Requirement governing who can see particular health information.

verify record-access rules

safeguarding concern

Concern about safety or welfare requiring appropriate assessment or action.

address a safeguarding concern

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

confidential contact

Communication handled through an appropriately private route.

arrange a confidential contact

privacy limitation

Boundary on what can be kept private in the actual setting.

explain privacy limitations

supported disclosure

Planned sharing of information with appropriate explanation and support.

arrange supported disclosure

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.

minimum necessary information MINIMUM NECESSARY INFORMATION

identify necessary information

Keep the meaning precise: Limited information appropriate to a particular authorized purpose.

safeguarding concern SAFEGUARDING CONCERN

address a safeguarding concern

Keep the meaning precise: Concern about safety or welfare requiring appropriate assessment or action.

Phrases that move the work forward

Avoid absolute secrecy

I cannot promise that every circumstance is completely private.

Offer private time

We can arrange an appropriate conversation without your caregiver present.

Discuss channels

Portal messages and billing may have different access arrangements.

Ask about contact

Which contact method is appropriate for us to use?

Alex / in the conversation

Before I say anything personal, can you promise that everything stays between us and nobody else can see it?

Alex / in the conversation

I would like some time without my caregiver in the room.

Dr Hale / in the conversation

A private consultation and access to information afterward are separate questions.

Dr Hale / in the conversation

We need to check proxy access and the settings for this service rather than assume messages are invisible.

Explain before disclosure

Let us discuss the privacy limits before you share the detail.

Check access

I need to verify who can see this part of the record.

Explain safety

I will explain the relevant safety duties in this setting.

Support sharing

When sharing is needed, I will explain the process and support you.

Dr Hale / in the conversation

I can explain confidentiality, but I should not promise absolute secrecy before discussing the actual limits.

Alex / in the conversation

Is that different from the record being private?

Alex / in the conversation

My caregiver sometimes reads messages in the patient portal.

Alex / in the conversation

What about letters or insurance information that arrive at home after an appointment?

Precision in real exchanges

Purpose: Check access

Useful wording: I need to verify who can see this part of the record.

Purpose: Discuss channels

Useful wording: Portal messages and billing may have different access arrangements.

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 promise is unsafe?

- A.** Let us confirm the contact route.
- B.** Nothing you say can ever be shared under any circumstances.
- C.** We can discuss the actual limits.
- D.** I will check portal access.

2. Which issue is separate from privacy in the room?

- A.** The appointment font
- B.** Portal and billing visibility
- C.** The chair color
- D.** The clinician's pen

3. A colleague needs the term for this meaning: Rules governing a minor's authorization for particular care. Which term fits?

- A.** safety exception
- B.** patient preference
- C.** minor consent
- D.** record-access rule

D Choose the response that fits / continued

4. Rebuild the exchange from "Privacy without an impossible promise". Alex: "My caregiver sometimes reads messages in the patient portal. Could that affect what I send?" Dr Hale: [missing response] Alex: "What about letters or insurance information that arrive at home after an appointment?" Which response belongs in the gap?

- A.** We need to check proxy access and the settings for this service rather than assume messages are invisible.
- B.** Yes. Let us confirm your preferred contact method and check what the service can actually provide.
- C.** I can explain confidentiality, but I should not promise absolute secrecy before discussing the actual limits.
- D.** Exactly. Where sharing is necessary, supported disclosure can help us explain the next step while following the actual duties.

[Answers and explanations, page 129](#)

One useful distinction

Privacy in the room does not automatically make portal, billing, or later communications private. Check the actual channels.

E Conversation

Privacy without an impossible promise

Privacy without an impossible promise

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

WORD AND PHRASE BANK

proxy access / supported disclosure / billing disclosure / Mandatory reporting /
record-access rule / preferred contact method / Minor consent / private consultation /
safety exception / confidentiality

- 01 **Alex:** Before I say anything personal, can you promise that everything stays between us and nobody else can see it?
- 02 **Dr Hale:** I can explain ¹ _____, but I should not promise absolute secrecy before discussing the actual limits.
- 03 **Alex:** I would like some time without my caregiver in the room. Is that different from the record being private?
- 04 **Dr Hale:** Yes. A ² _____ and access to information afterward are separate questions.
- 05 **Alex:** My caregiver sometimes reads messages in the patient portal. Could that affect what I send?
- 06 **Dr Hale:** We need to check ³ _____ and the settings for this service rather than assume messages are invisible.
- 07 **Alex:** What about letters or insurance information that arrive at home after an appointment?
- 08 **Dr Hale:** Possible ⁴ _____ and other communications also need explanation. The contact route matters.
- 09 **Alex:** Does being sixteen mean the rules are automatically the same for every type of care?
- 10 **Dr Hale:** No. ⁵ _____ rules depend on the applicable law and the care involved.

Conversation continues on the next page.

Privacy without an impossible promise

CONVERSATION / CONTINUED

- 11 **Alex:** I also want to understand when you might have to tell someone about a safety concern.
- 12 **Dr Hale:** We should discuss the relevant ⁶ _____ and duties before asking you for sensitive detail.
- 13 **Alex:** Would you explain what you needed to share, rather than suddenly telling me afterward?
- 14 **Dr Hale:** I will explain the process and support you as appropriate. ⁷ _____ duties, where they apply, cannot be replaced by a promise of silence.
- 15 **Alex:** I understand. Could we agree on how the service should contact me about ordinary follow-up?
- 16 **Dr Hale:** Yes. Let us confirm your ⁸ _____ and check what the service can actually provide.
- 17 **Alex:** I would rather know a limitation now than discover it after I have sent a message.
- 18 **Dr Hale:** That is why ⁹ _____ checks belong before an assurance, not after it.
- 19 **Alex:** Once those arrangements are explained, I can ask my question with a clearer understanding of the boundaries.
- 20 **Dr Hale:** Exactly. Where sharing is necessary, ¹⁰ _____ can help us explain the next step while following the actual duties.

CHECK THE GAPS

1. confidentiality / 2. private consultation / 3. proxy access / 4. billing disclosure / 5. Minor consent / 6. safety exception / 7. Mandatory reporting / 8. preferred contact method / 9. record-access rule / 10. supported disclosure

[Why these answers fit, page 130](#)

F Check accuracy and scope

Privacy without an impossible promise

Return to the case

Sixteen-year-old Alex asks Dr Hale whether everything discussed will remain private. Dr Hale explains that confidentiality, consent, caregiver access, portal settings, billing, and safety duties depend on the applicable rules and service. The clinician offers an appropriate private discussion and checks actual access arrangements. The case supplies no jurisdiction-specific legal conclusion.

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

1. Which legal statement is justified here?

- A.** Every caregiver sees every record everywhere.
- B.** No safety duty can apply.
- C.** Applicable rules must be verified.
- D.** Every minor has identical rights everywhere.

2. What should happen before sensitive disclosure?

- A.** Ignore contact preferences
- B.** Explain relevant privacy limits
- C.** Promise secrecy without checking
- D.** Ask for every detail first

[Answers and explanations, page 131](#)

Listen for the distinction

Swap roles. Explain qualified confidentiality without stating a universal law.

Explain limits before collecting the detail

Do not promise absolute secrecy and then reveal exceptions later. Make the actual privacy arrangements understandable without discouraging the adolescent from seeking care.

F Say it / transfer to a new case

A shared phone number

A teenager says the listed phone is shared with a caregiver. The clinic has not verified a private contact route. No sensitive message has been sent.

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

shared / sent / arrangements / verified

- 01 **Teenager:** That phone is ¹ _____.
- 02 **Clinician:** A private route is not yet ² _____.
- 03 **Teenager:** No sensitive message has been ³ _____.
- 04 **Clinician:** We need to check the contact ⁴ _____.

CHECK THE GAPS

1. shared / 2. verified / 3. sent / 4. arrangements

[Why these answers fit, page 132](#)

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 "Privacy without an impossible promise". Alex: "Would you explain what you needed to share, rather than suddenly telling me afterward?" Dr Hale: [missing response] Alex: "I understand. Could we agree on how the service should contact me about ordinary follow-up?" Which response belongs in the gap?

- A.** We need to check proxy access and the settings for this service rather than assume messages are invisible.
- B.** I will explain the process and support you as appropriate. Mandatory reporting duties, where they apply, cannot be replaced by a promise of silence.
- C.** I can explain confidentiality, but I should not promise absolute secrecy before discussing the actual limits.
- D.** Exactly. Where sharing is necessary, supported disclosure can help us explain the next step while following the actual duties.

[Answers and explanations, page 133](#)

Review 3 / Meaning and context

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

Case file

Revisit "Checking liquid-medicine instructions" and "Explaining adolescent confidentiality". 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: Amount of drug contained in a stated volume or quantity. Which term fits?

- A. measuring device
- B. prescription label
- C. concentration
- D. teach-back

2. A colleague needs the term for this meaning: Information potentially revealed through payment or insurance processes. Which term fits?

- A. qualified interpreter
- B. confidentiality
- C. billing disclosure
- D. preferred contact method

3. Rebuild the exchange from "A concern deserves a specific answer". Dana: "What if something in the medical history means a particular vaccine should not be given?" Dr Lin: [missing response] Dana: "I would like to hear the benefit as well as what unwanted effects are possible." Which response belongs in the gap?

- A. No. Any catch-up schedule requires the verified history and applicable recommendation, not a guessed sequence.
- B. We should verify the administration record rather than assume a copied list is complete.
- C. We review any relevant contraindication and precautions using the actual history and current guidance.
- D. Exactly. A causal relationship is a separate question from whether you observed an event.

Review 3 / Meaning and context / continued

4. Rebuild the exchange from "Privacy without an impossible promise". Alex: "I would rather know a limitation now than discover it after I have sent a message." Dr Hale: [missing response] Alex: "Once those arrangements are explained, I can ask my question with a clearer understanding of the boundaries." Which response belongs in the gap?

- A.** Possible billing disclosure and other communications also need explanation. The contact route matters.
- B.** That is why record-access rule checks belong before an assurance, not after it.
- C.** Yes. A private consultation and access to information afterward are separate questions.
- D.** No. Minor consent rules depend on the applicable law and the care involved.

[Answers and explanations, page 148](#)

A Read the situation

LESSON 07 / COORDINATING CARE WITH A SCHOOL

Translate a clinician-approved care plan into clear responsibilities and authorized communication.

A plan must reach the people who use it

Dr Moss and school nurse Rivera discuss a student with an existing asthma diagnosis. The current clinician-approved action plan must be verified and shared through the authorized process. Rivera reports that the school holds an older version. The exercise supplies no inhaler dose, symptom threshold, or independent permission for staff to change treatment.

People: Dr Moss, Pediatrician; Rivera, School nurse.

Read the record

Choose one answer per question using the facts above.

1. What does the school hold?

- A. A newly verified version
- B. A new diagnosis
- C. An authorized dose change
- D. An older action-plan version

2. What must be checked?

- A. An informal verbal replacement
- B. The current plan and authorized sharing
- C. Only the student's attendance
- D. A guessed inhaler dose

3. What is not permitted by the exercise?

- A. Acknowledging receipt
- B. Clarifying responsibility
- C. Independent treatment changes
- D. Version verification

[Answers and explanations, page 134](#)

B Vocabulary in use

CORE TERMS

asthma action plan

Individualized clinician-approved instructions for managing asthma situations.

verify the asthma action plan

reliever medicine

Medicine prescribed for relief in specified circumstances.

clarify reliever instructions

spacer device

Holding chamber used with a compatible inhaler when prescribed.

check the spacer device

exercise-related symptom

Symptom occurring in association with physical activity.

report exercise-related symptoms

medication authorization

Required permission for medicine-related action in a setting.

verify medication authorization

emergency action

Required response under the actual urgent-care plan.

confirm emergency actions

controller medicine

Medicine used to manage ongoing disease control as prescribed.

explain controller medicine

inhaler technique

Method of using the prescribed inhaler correctly.

review inhaler technique

trigger exposure

Contact with a factor associated with symptoms.

describe trigger exposure

school health plan

Documented arrangements for a student's health needs at school.

update the school health plan

self-carry permission

Authorization for a student to carry their own medicine.

check self-carry permission

plan version

Identified edition of a care document.

verify the plan version

Say it in context

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

asthma action plan ASTHMA ACTION PLAN

verify the asthma action plan

Keep the meaning precise: Individualized clinician-approved instructions for managing asthma situations.

trigger exposure TRIGGER EXPOSURE

describe trigger exposure

Keep the meaning precise: Contact with a factor associated with symptoms.

B Precision and professional shorthand

EXTEND YOUR RANGE

school contact

Named person responsible for relevant school communication.

identify the school contact

activity accommodation

Appropriate adjustment supporting participation in an activity.

discuss activity accommodations

receipt confirmation

Acknowledgment that the intended recipient received a document.

obtain receipt confirmation

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

care coordination

Organization of care information and responsibilities across participants.

strengthen care coordination

field-trip arrangement

Health-related preparation for an off-site school activity.

confirm field-trip arrangements

implementation readiness

Confirmation that the plan can be carried out by the appropriate people.

check implementation readiness

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.

plan version PLAN VERSION

verify the plan version

Keep the meaning precise: Identified edition of a care document.

receipt confirmation RECEIPT CONFIRMATION

obtain receipt confirmation

Keep the meaning precise: Acknowledgment that the intended recipient received a document.

Phrases that move the work forward

Verify the version

Which dated version does the school currently hold?

Check authorization

We need the appropriate permission for sharing and administration.

Confirm receipt

Please acknowledge receipt of the verified plan.

Cover another setting

Let us check the field-trip arrangements separately.

Rivera / in the conversation

The school has an asthma plan, but its date is older than the version the family mentioned this morning.

Rivera / in the conversation

I would like the current document through the authorized route, not a partial photograph from another parent.

Rivera / in the conversation

We also need to know which staff are authorized to assist and what permissions apply.

Rivera / in the conversation

The family asked whether the student can carry the inhaler independently at school.

Name the mismatch

That differs from the version we are reviewing.

Avoid improvisation

Please do not substitute an unverified dose or instruction.

Ask about readiness

Are the responsible people and required arrangements in place?

Close the loop

We need both the current document and confirmed responsibilities.

Dr Moss / in the conversation

Let us verify the plan version before anyone assumes the instructions are unchanged.

Dr Moss / in the conversation

We need the verified asthma action plan and appropriate permission for sharing it.

Dr Moss / in the conversation

Check the actual medication authorization and professional responsibilities rather than infer them from the document's presence.

Dr Moss / in the conversation

Self-carry permission depends on the applicable arrangements.

Precision in real exchanges

Purpose: Avoid improvisation

Useful wording: Please do not substitute an unverified dose or instruction.

Purpose: Confirm receipt

Useful wording: Please acknowledge receipt of the verified 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 question addresses version control?

- A.** Which dated plan does the school hold?
- B.** Which color is the folder?
- C.** Can we use any old dose?
- D.** Does receipt prove readiness?

2. What is not equivalent to implementation?

- A.** Verifying the current plan
- B.** Checking actual readiness
- C.** Sending the document
- D.** Confirming authorized responsibilities

3. A colleague needs the term for this meaning: Method of using the prescribed inhaler correctly. Which term fits?

- A.** patient preference
- B.** activity accommodation
- C.** inhaler technique
- D.** medication authorization

D Choose the response that fits / continued

4. Rebuild the exchange from "A plan must reach the people who use it". Rivera: "We also need to know which staff are authorized to assist and what permissions apply." Dr Moss: [missing response] Rivera: "The family asked whether the student can carry the inhaler independently at school." Which response belongs in the gap?

- A.** Self-carry permission depends on the applicable arrangements. This discussion does not grant it automatically.
- B.** Then check the field-trip arrangement through the appropriate process rather than assume the classroom plan transfers unchanged.
- C.** Check the actual medication authorization and professional responsibilities rather than infer them from the document's presence.
- D.** Agreed. We need the verified asthma action plan and appropriate permission for sharing it.

[Answers and explanations, page 134](#)

One useful distinction

An older plan must not be treated as the current instruction. The exercise does not supply medicine doses or authorize staff to improvise changes.

E Conversation

A plan must reach the people who use it

A plan must reach the people who use it

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

WORD AND PHRASE BANK

Implementation readiness / field-trip arrangement / Self-carry permission /
receipt confirmation / care coordination / medication authorization /
activity accommodation / emergency action / plan version / asthma action plan

- 01 **Rivera:** The school has an asthma plan, but its date is older than the version the family mentioned this morning.
- 02 **Dr Moss:** Let us verify the ¹ _____ before anyone assumes the instructions are unchanged.
- 03 **Rivera:** I would like the current document through the authorized route, not a partial photograph from another parent.
- 04 **Dr Moss:** Agreed. We need the verified ² _____ and appropriate permission for sharing it.
- 05 **Rivera:** We also need to know which staff are authorized to assist and what permissions apply.
- 06 **Dr Moss:** Check the actual ³ _____ and professional responsibilities rather than infer them from the document's presence.
- 07 **Rivera:** The family asked whether the student can carry the inhaler independently at school.
- 08 **Dr Moss:** ⁴ _____ depends on the applicable arrangements. This discussion does not grant it automatically.
- 09 **Rivera:** Once the verified plan arrives, I will acknowledge that the intended school contact has received it.
- 10 **Dr Moss:** That ⁵ _____ is useful, but we should separately confirm practical readiness.

Conversation continues on the next page.

A plan must reach the people who use it

CONVERSATION / CONTINUED

- 11 **Rivera:** You mean the people, equipment, and procedures needed to carry out the actual plan?
- 12 **Dr Moss:** Yes. ⁶ _____ is more than keeping a file in the school record.
- 13 **Rivera:** There is also a field trip next week, which has a different staffing arrangement.
- 14 **Dr Moss:** Then check the ⁷ _____ through the appropriate process rather than assume the classroom plan transfers unchanged.
- 15 **Rivera:** I will use the child's current signed plan and clarify anything that does not match the instructions we hold.
- 16 **Dr Moss:** Correct. The actual ⁸ _____ comes from the verified plan and real clinical process.
- 17 **Rivera:** The student also wants to participate in activities without being treated as a problem.
- 18 **Dr Moss:** Appropriate ⁹ _____ can be discussed without assuming exclusion or promising unrestricted participation.
- 19 **Rivera:** I will confirm the version, authorization, receipt, and any outstanding practical issue through the designated contact.
- 20 **Dr Moss:** That is effective ¹⁰ _____: a usable current plan and clear responsibilities across the family, school, and clinical team.

CHECK THE GAPS

1. plan version / 2. asthma action plan / 3. medication authorization / 4. Self-carry permission / 5. receipt confirmation / 6. Implementation readiness / 7. field-trip arrangement / 8. emergency action / 9. activity accommodation / 10. care coordination

[Why these answers fit, page 135](#)

F Check accuracy and scope

A plan must reach the people who use it

Return to the case

Dr Moss and school nurse Rivera discuss a student with an existing asthma diagnosis. The current clinician-approved action plan must be verified and shared through the authorized process. Rivera reports that the school holds an older version. The exercise supplies no inhaler dose, symptom threshold, or independent permission for staff to change treatment.

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

1. Which instruction is unsupported?

- A.** Confirm receipt.
- B.** Increase the inhaler dose from this exercise.
- C.** Verify the plan.
- D.** Check authorization.

2. Why check a field trip separately?

- A.** Permission never matters outside school.
- B.** An old plan automatically becomes current.
- C.** The practical setting and arrangements may differ.
- D.** The diagnosis disappears off-site.

[Answers and explanations, page 136](#)

Listen for the distinction

Swap roles. Confirm the communication process without adding medicine instructions.

Sending is not the same as implementation

Check the version, recipient, authorization, and practical readiness. A document that exists but has not reached the responsible person does not complete the communication.

F Say it / transfer to a new case

The new file arrived but training is pending

The school confirms receipt of the verified current plan. The responsible staff still need the required preparation. Implementation readiness is not yet confirmed.

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

arrangements / readiness / received / pending

- 01 **Nurse:** The current plan has been ¹ _____.
- 02 **Clinician:** Staff preparation remains ² _____.
- 03 **Nurse:** Receipt does not prove ³ _____.
- 04 **Clinician:** Please confirm the remaining ⁴ _____.

CHECK THE GAPS

1. received / 2. pending / 3. readiness / 4. arrangements

[Why these answers fit, page 137](#)

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 plan must reach the people who use it". Rivera: "There is also a field trip next week, which has a different staffing arrangement." Dr Moss: [missing response] Rivera: "I will use the child's current signed plan and clarify anything that does not match the instructions we hold." Which response belongs in the gap?

- A.** Check the actual medication authorization and professional responsibilities rather than infer them from the document's presence.
- B.** That is effective care coordination: a usable current plan and clear responsibilities across the family, school, and clinical team.
- C.** Then check the field-trip arrangement through the appropriate process rather than assume the classroom plan transfers unchanged.
- D.** Agreed. We need the verified asthma action plan and appropriate permission for sharing it.

[Answers and explanations, page 138](#)

A Read the situation

LESSON 08 / HANDING OVER AN URGENT CHANGE

Lead with a concerning change and preserve the caregiver's account during an active urgent response.

Different from the infant's usual behavior

Caregiver Mei reports that infant Arlo is much less responsive than usual and is feeding poorly. The actual emergency response is already active; this language exercise must not delay it. Dr Reed receives the account and transfers the relevant information to the clinical team. No diagnosis, measured observations, or safe waiting interval is supplied.

People: Mei, Caregiver; Dr Reed, Pediatrician.

Read the record

Choose one answer per question using the facts above.

1. What change does Mei report?

- A. A safe waiting period
- B. Much less responsiveness and poor feeding
- C. A confirmed diagnosis
- D. Normal measured observations

2. What is already active?

- A. A routine appointment next month
- B. A completed discharge
- C. A language-only review
- D. The emergency response

3. What must remain unknown here?

- A. Mei's report
- B. Arlo's name
- C. The need to preserve the account
- D. The diagnosis and measured observations

[Answers and explanations, page 139](#)

B Vocabulary in use

CORE TERMS

responsiveness

Degree of response to people or stimulation in context.

describe reduced responsiveness

usual pattern

Person's typical behavior used as a comparison.

establish the usual pattern

acute change

New or recent difference from the prior state.

communicate an acute change

last known usual state

Most recent time the person was observed in their usual state.

clarify the last known usual state

work of breathing

Effort involved in breathing as clinically assessed.

assess work of breathing

urine output

Amount or pattern of urine production over time.

clarify urine output

poor feeding

Feeding less effectively or less than usual as reported or assessed.

report poor feeding

caregiver concern

Worry expressed by the person caring for the child.

acknowledge caregiver concern

observed behavior

Action or response personally witnessed by the reporter.

describe observed behavior

measured observation

Value obtained through an actual assessment or measurement.

relay measured observations

hydration assessment

Clinical evaluation of fluid status using relevant information.

perform a hydration assessment

febrile illness

Illness involving fever in the relevant clinical context.

assess a febrile illness

Say it in context

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

responsiveness RESPONSIVENESS

describe reduced responsiveness

Keep the meaning precise: Degree of response to people or stimulation in context.

observed behavior OBSERVED BEHAVIOR

describe observed behavior

Keep the meaning precise: Action or response personally witnessed by the reporter.

B Precision and professional shorthand

EXTEND YOUR RANGE

clinical deterioration

Worsening of a person's clinical condition.
communicate suspected clinical deterioration

emergency response

Active process for addressing an urgent clinical situation.
confirm the emergency response

handoff priority

Most important information to lead a transfer of care.
state the handoff priority

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 escalation

Prompt transfer of a concern through the appropriate clinical route.
initiate urgent escalation

receiving clinician

Professional accepting the relevant care information and responsibility.
identify the receiving clinician

read-back confirmation

Repetition of key information to verify accurate receipt.
obtain read-back confirmation

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.

febrile illness FEBRILE ILLNESS

assess a febrile illness
Keep the meaning precise: Illness involving fever in the relevant clinical context.

handoff priority HANDOFF PRIORITY

state the handoff priority
Keep the meaning precise: Most important information to lead a transfer of care.

Phrases that move the work forward

Lead with the change

You are reporting a clear change from Arlo's usual behavior.

Ask concretely

What response did you see when you spoke to Arlo?

Avoid false reassurance

We do not have a diagnosis or verified measurements to explain this yet.

Identify the receiver

I will confirm which clinician is receiving the information.

Mei / in the conversation

Arlo is much less responsive than usual and has been feeding poorly.

Dr Reed / in the conversation

The emergency response is already active, and the clinical team is receiving the concern.

Mei / in the conversation

Arlo does not respond to my voice in the usual way.

Mei / in the conversation

I can describe what I saw, but I have not measured anything or kept a formal chart.

Confirm action

The emergency response is already active.

Preserve the source

I will pass on exactly what you observed.

Keep urgency separate

Do not wait to complete this conversation before following the emergency process.

Check the message

Please repeat the key change so we can confirm accurate receipt.

Mei / in the conversation

This is very different from the usual pattern.

Mei / in the conversation

I do not know the medical word.

Dr Reed / in the conversation

Tell us what you observed rather than trying to choose a diagnosis.

Dr Reed / in the conversation

We will distinguish your observed behavior report from any measurements the team obtains during assessment.

Precision in real exchanges

Purpose: Preserve the source

Useful wording: I will pass on exactly what you observed.

Purpose: Avoid false reassurance

Useful wording: We do not have a diagnosis or verified measurements to explain this yet.

D Choose the response that fits

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

1. Which opening conveys the priority?

- A.** Everything is normal because no numbers are shown.
- B.** A definite diagnosis has been established.
- C.** Arlo is much less responsive than usual and feeding poorly.
- D.** There may be some paperwork.

2. Which statement is unsupported?

- A.** The receiving team needs the account.
- B.** Arlo's measured observations are normal.
- C.** Mei reports a change.
- D.** Emergency response is active.

3. A colleague needs the term for this meaning: Worry expressed by the person caring for the child. Which term fits?

- A.** patient preference
- B.** emergency response
- C.** caregiver concern
- D.** work of breathing

D Choose the response that fits / continued

4. Rebuild the exchange from "Different from the infant's usual behavior". Mei: "I can describe what I saw, but I have not measured anything or kept a formal chart." Dr Reed: [missing response] Mei: "The feeding is also different. I do not want that detail to disappear when someone else takes over." Which response belongs in the gap?

- A.** We will distinguish your observed behavior report from any measurements the team obtains during assessment.
- B.** They do not. A measured observation requires an actual assessment; missing information is not reassurance.
- C.** We will identify the receiving clinician through the active process and confirm the transfer.
- D.** The handoff priority is the change you described, with its source and what is still unknown.

[Answers and explanations, page 139](#)

One useful distinction

Less responsive than usual is the caregiver's important report, not a measured consciousness score. Preserve the account while the actual emergency assessment proceeds.

E Conversation

Different from the infant's usual behavior

Different from the infant's usual behavior

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

WORD AND PHRASE BANK

read-back confirmation / handoff priority / last known usual state / receiving clinician /
emergency response / observed behavior / responsiveness / measured observation /
caregiver concern / poor feeding

- 01 **Mei:** Arlo is much less responsive than usual and has been feeding poorly. This is very different from the usual pattern.
- 02 **Dr Reed:** I hear the change. The ¹ _____ is already active, and the clinical team is receiving the concern.
- 03 **Mei:** I do not know the medical word. Arlo does not respond to my voice in the usual way.
- 04 **Dr Reed:** That description of ² _____ is useful. Tell us what you observed rather than trying to choose a diagnosis.
- 05 **Mei:** I can describe what I saw, but I have not measured anything or kept a formal chart.
- 06 **Dr Reed:** We will distinguish your ³ _____ report from any measurements the team obtains during assessment.
- 07 **Mei:** The feeding is also different. I do not want that detail to disappear when someone else takes over.
- 08 **Dr Reed:** I will include ⁴ _____ in the handoff alongside the reduced responsiveness.
- 09 **Mei:** Should I try to remember the exact time everything changed before the team continues?
- 10 **Dr Reed:** Clarify the ⁵ _____ as accurately as you can, but do not delay the active response to produce a perfect timeline.

Conversation continues on the next page.

Different from the infant's usual behavior

CONVERSATION / CONTINUED

- 11 **Mei:** I am certain this is different from yesterday, even if I cannot give an exact minute.
- 12 **Dr Reed:** That ⁶ _____ matters. We will preserve the uncertainty about timing instead of replacing it with a guessed value.
- 13 **Mei:** Will the next clinician hear my words or only a short label that loses the change?
- 14 **Dr Reed:** The ⁷ _____ is the change you described, with its source and what is still unknown.
- 15 **Mei:** I do not want someone to assume that missing numbers mean all the observations are normal.
- 16 **Dr Reed:** They do not. A ⁸ _____ requires an actual assessment; missing information is not reassurance.
- 17 **Mei:** Who will be responsible for receiving the update as the assessment continues?
- 18 **Dr Reed:** We will identify the ⁹ _____ through the active process and confirm the transfer.
- 19 **Mei:** I can repeat the main change if that helps make sure it was heard correctly.
- 20 **Dr Reed:** A ¹⁰ _____ helps: reduced responsiveness compared with usual, poor feeding, and the emergency process continuing now.

CHECK THE GAPS

1. emergency response / 2. responsiveness / 3. observed behavior / 4. poor feeding / 5. last known usual state / 6. caregiver concern / 7. handoff priority / 8. measured observation / 9. receiving clinician / 10. read-back confirmation

[Why these answers fit, page 140](#)

F Check accuracy and scope

Different from the infant's usual behavior

Return to the case

Caregiver Mei reports that infant Arlo is much less responsive than usual and is feeding poorly. The actual emergency response is already active; this language exercise must not delay it. Dr Reed receives the account and transfers the relevant information to the clinical team. No diagnosis, measured observations, or safe waiting interval is supplied.

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

1. What should not delay care?

- A. Completing the language exercise
- B. The actual emergency response
- C. Necessary clinical assessment
- D. Appropriate urgent action

2. What does read-back accomplish?

- A. Replaces clinical examination
- B. Guarantees recovery
- C. Checks accurate receipt of key information
- D. Establishes a diagnosis automatically

[Answers and explanations, page 141](#)

Listen for the distinction

Swap roles. Preserve uncertain timing without inventing measurements or a safe waiting interval.

Take a change from usual seriously

A caregiver can identify an important change without having clinical vocabulary. Ask for concrete observations while the real response proceeds, and do not replace uncertainty with reassurance.

F Say it / transfer to a new case

The timeline is corrected during care

During an active emergency response, the caregiver corrects the last observed usual state from 08:00 to 07:30. The receiving clinician acknowledges the correction. No diagnosis is supplied.

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

WORD AND PHRASE BANK

active / 08:00 / 07:30 / unestablished

- 01 **Caregiver:** The corrected time is ¹ _____.
- 02 **Clinician:** The earlier report of ² _____ is superseded.
- 03 **Caregiver:** The emergency response remains ³ _____.
- 04 **Clinician:** The diagnosis remains ⁴ _____.

CHECK THE GAPS

1. 07:30 / 2. 08:00 / 3. active / 4. unestablished

[Why these answers fit, page 142](#)

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 "Different from the infant's usual behavior". Mei: "Will the next clinician hear my words or only a short label that loses the change?" Dr Reed: [missing response] Mei: "I do not want someone to assume that missing numbers mean all the observations are normal." Which response belongs in the gap?

- A.** The handoff priority is the change you described, with its source and what is still unknown.
- B.** A read-back confirmation helps: reduced responsiveness compared with usual, poor feeding, and the emergency process continuing now.
- C.** They do not. A measured observation requires an actual assessment; missing information is not reassurance.
- D.** We will distinguish your observed behavior report from any measurements the team obtains during assessment.

[Answers and explanations, page 143](#)

Review 4 / Meaning and context

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

Case file

Revisit "Coordinating care with a school" and "Handing over an urgent change". 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: Medicine prescribed for relief in specified circumstances. Which term fits?

- A. care coordination
- B. school health plan
- C. reliever medicine
- D. teach-back

2. A colleague needs the term for this meaning: Value obtained through an actual assessment or measurement. Which term fits?

- A. qualified interpreter
- B. responsiveness
- C. measured observation
- D. clinical deterioration

3. Rebuild the exchange from "Privacy without an impossible promise". Alex: "Does being sixteen mean the rules are automatically the same for every type of care?" Dr Hale: [missing response] Alex: "I also want to understand when you might have to tell someone about a safety concern." Which response belongs in the gap?

- A. That is why record-access rule checks belong before an assurance, not after it.
- B. No. Minor consent rules depend on the applicable law and the care involved.
- C. Yes. A private consultation and access to information afterward are separate questions.
- D. Possible billing disclosure and other communications also need explanation. The contact route matters.

Review 4 / Meaning and context / continued

4. Rebuild the exchange from "Different from the infant's usual behavior". Mei: "Who will be responsible for receiving the update as the assessment continues?" Dr Reed: [missing response] Mei: "I can repeat the main change if that helps make sure it was heard correctly." Which response belongs in the gap?

- A.** We will distinguish your observed behavior report from any measurements the team obtains during assessment.
- B.** I will include poor feeding in the handoff alongside the reduced responsiveness.
- C.** They do not. A measured observation requires an actual assessment; missing information is not reassurance.
- D.** We will identify the receiving clinician through the active process and confirm the transfer.

[Answers and explanations, page 150](#)

Language for the next case

Preparing for an adult-care transition

transition plan

A transition plan organizes preparation and responsibilities for moving between services rather than treating the referral alone as a completed transfer.

Dr Reed: Let us prepare a transition plan with clear steps rather than assume that sending a referral completes the change.

receiving service

The receiving service is the team expected to accept the next stage of care and its actual acceptance and appointment arrangements need confirmation.

Dr Reed: The receiving service has not confirmed an appointment, so we need a named route for checking progress.

readiness discussion

A readiness discussion explores the person's understanding, practical skills, and support needs rather than assuming independence from age alone.

Dr Reed: A readiness discussion looks at understanding and practical support needs, not just a birthday or a form.

condition summary

A condition summary presents the relevant diagnosis and care history in a usable form and must be checked rather than reconstructed from uncertain memory.

Dr Reed: A verified condition summary can help you describe the important facts without memorizing the whole record.

communication arrangements

Communication arrangements specify contacts, permissions, and access routes and must be checked under the relevant service and legal rules rather than a universal age assumption.

Dr Reed: The actual communication arrangements and applicable rules need review; we should not invent a universal age rule.

confirmed transfer

A confirmed transfer establishes that the receiving service has accepted the relevant care responsibilities, rather than merely receiving a referral request.

Dr Reed: A confirmed transfer requires accepted responsibility and clear arrangements, not simply a sent letter.

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

Conversation

Preparing for an adult-care transition

Seventeen-year-old Kai and pediatrician Dr Reed prepare for a future move to adult services. The receiving service has not confirmed an appointment. Kai wants to understand the condition summary, medicine list, contact routes, and changing communication responsibilities. No universal age rule or legal conclusion is supplied.

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

WORD AND PHRASE BANK

transition plan / communication arrangements / receiving service / readiness discussion / confirmed transfer / condition summary

- 01 **Kai:** I heard that I will move to an adult clinic, but I do not know what I need to understand before that happens.
- 02 **Dr Reed:** Let us prepare a ¹ _____ with clear steps rather than assume that sending a referral completes the change.
- 03 **Kai:** I want to explain my health history myself, but I do not remember every technical term.
- 04 **Dr Reed:** A verified ² _____ can help you describe the important facts without memorizing the whole record.
- 05 **Kai:** Could we review which medicines are current instead of copying an old list into the new form?
- 06 **Dr Reed:** Yes. We should verify the actual list and instructions with the responsible team before presenting them as current.

Conversation / continued

- 07 **Kai:** I also want to know whom to contact if the adult clinic has not offered an appointment yet.
- 08 **Dr Reed:** The ³ _____ has not confirmed an appointment, so we need a named route for checking progress.
- 09 **Kai:** Does that mean the pediatric team stops answering questions as soon as the referral is sent?
- 10 **Dr Reed:** We need explicit coverage and responsibility arrangements. They should not be assumed from the date a letter was sent.

Conversation continues on the next page.

Preparing for an adult-care transition

CONVERSATION / CONTINUED

- 11 **Kai:** Some messages currently go to my caregiver. Will that automatically change on a particular birthday?
- 12 **Dr Reed:** The actual ⁴ _____ and applicable rules need review; we should not invent a universal age rule.
- 13 **Kai:** I would like help learning to ask questions, but I do not want my caregiver excluded without discussion.
- 14 **Dr Reed:** We can discuss the support you want and the appropriate permissions while keeping you involved in your care.
- 15 **Kai:** How do we know whether I am ready to manage a particular task independently?
- 16 **Dr Reed:** A ⁵ _____ looks at understanding and practical support needs, not just a birthday or a form.
- 17 **Kai:** Could we check the emergency and routine contact routes separately? I sometimes confuse them.
- 18 **Dr Reed:** Yes. The actual urgent-care instructions remain distinct from routine appointment and prescription questions.
- 19 **Kai:** Then we can confirm each handoff step instead of assuming the new clinic already knows everything.
- 20 **Dr Reed:** A ⁶ _____ requires accepted responsibility and clear arrangements, not simply a sent letter.

CHECK THE GAPS

1. transition plan / 2. condition summary / 3. receiving service / 4. communication arrangements / 5. readiness discussion / 6. confirmed transfer

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

A referral is received but no visit is booked

The adult service confirms receipt of Kai's referral, but no appointment is booked. The teams clarify interim responsibility under their actual process.

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

WORD AND PHRASE BANK

received / booked / clarified / letter

- 01 **Kai:** The referral has been ¹ _____.
- 02 **Pediatrician:** A visit is not yet ² _____.
- 03 **Kai:** Interim responsibility needs to be ³ _____.
- 04 **Pediatrician:** The transfer is not simply a sent ⁴ _____.

CHECK THE GAPS

1. received / 2. booked / 3. clarified / 4. letter

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

Keep the distinction audible

Build a verified transition plan without treating a referral as completed transfer.

Language for the next case

A school report with limited sharing permission

functional need

A functional need describes the relevant practical difficulty or support requirement and is distinct from disclosing an entire clinical history.

Dr Cole: The functional need should be described using supported facts and the appropriate clinical assessment.

designated contact

A designated contact is the named person responsible for the relevant communication and helps avoid uncontrolled distribution or contradictory messages.

Dr Cole: Yes, through the appropriate designated contact and authorized route, rather than distributing sensitive details to everyone.

report scope

Report scope identifies the subjects and limits covered by the actual assessment and authorization rather than implying a comprehensive opinion on every school issue.

Dr Cole: Exactly. The report scope should remain clear, with relevant limitations stated.

information-sharing permission

Information-sharing permission defines what may be disclosed, for what purpose, and to whom under the applicable rules and authorization.

Dr Cole: No. We need to check the information-sharing permission and applicable rules for the actual information and recipients.

unsupported statement

An unsupported statement lacks the relevant evidential basis and should not be added merely because an administrative form requests it.

Dr Cole: No. An unsupported statement should not become part of the report simply to complete a form.

purpose-limited disclosure

A purpose-limited disclosure shares information appropriate to the authorized purpose rather than releasing unrelated history without justification.

Dr Cole: A purpose-limited disclosure supports that aim while following the actual rules and clinical responsibilities.

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

Conversation

A school report with limited sharing permission

Caregiver Mina asks Dr Cole for information supporting a school accommodation. The school asks for the entire medical record, but the family has authorized discussion of the relevant functional needs only. The clinician will verify applicable requirements and permissions. No legal entitlement or educational placement decision is supplied.

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

WORD AND PHRASE BANK

information-sharing permission / report scope / unsupported statement /
designated contact / purpose-limited disclosure / functional need

- 01 **Mina:** The school wants information for an accommodation, but its form asks for the entire medical record. That feels broader than we discussed.
- 02 **Dr Cole:** Let us clarify the purpose, actual requirements, and authorization before sending information beyond the relevant needs.
- 03 **Mina:** We wanted them to understand the difficulty with a particular school activity, not every past diagnosis.
- 04 **Dr Cole:** The ¹ _____ should be described using supported facts and the appropriate clinical assessment.
- 05 **Mina:** Does agreeing to a school conversation automatically authorize every teacher to see all the records?
- 06 **Dr Cole:** No. We need to check the ² _____ and applicable rules for the actual information and recipients.
- 07 **Mina:** I would like the report to explain the need without guaranteeing an educational decision you do not control.
- 08 **Dr Cole:** That is an important distinction. A clinical report can inform a process without deciding the school's response or legal obligations.
- 09 **Mina:** Could the school ask for clarification if the wording is too general to be useful?
- 10 **Dr Cole:** Yes, through the appropriate ³ _____ and authorized route, rather than distributing sensitive details to everyone.

Conversation continues on the next page.

A school report with limited sharing permission

CONVERSATION / CONTINUED

- 11 **Mina:** We should also involve my child appropriately, because the proposed support affects the school day.
- 12 **Dr Cole:** Agreed. We can explain the discussion in an age-appropriate way and hear the child's perspective.
- 13 **Mina:** If a requested statement has not been assessed, should we include it because the form has a box for it?
- 14 **Dr Cole:** No. An ⁴ _____ should not become part of the report simply to complete a form.
- 15 **Mina:** Then the report can say what is established and what remains outside the current assessment.
- 16 **Dr Cole:** Exactly. The ⁵ _____ should remain clear, with relevant limitations stated.
- 17 **Mina:** I would like to know which version was sent and to which person, so we can follow up consistently.
- 18 **Dr Cole:** We can use the approved documentation process to record the recipient, purpose, and relevant version.
- 19 **Mina:** That gives the school useful information without treating a limited request as permission for everything.
- 20 **Dr Cole:** A ⁶ _____ supports that aim while following the actual rules and clinical responsibilities.

CHECK THE GAPS

1. functional need / 2. information-sharing permission / 3. designated contact / 4. unsupported statement / 5. report scope / 6. purpose-limited disclosure

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

A new recipient requests the same report

A staff member not named in the original sharing permission requests the report. The clinician checks authorization before sending it. The report has not been sent to that person.

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

WORD AND PHRASE BANK

authorization / sent / named / unlimited

- 01 **Caregiver:** That recipient was not ¹ _____.
- 02 **Clinician:** We need to check ² _____.
- 03 **Caregiver:** The report has not been ³ _____ to them.
- 04 **Clinician:** The original permission was not ⁴ _____.

CHECK THE GAPS

1. named / 2. authorization / 3. sent / 4. unlimited

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

Keep the distinction audible

Clarify the purpose, audience, and authorized scope of a school-related medical report.

Language for the next case

Reconciling two feeding accounts

observation window

An observation window is the period covered by a report and must be clarified before two accounts are treated as describing the same events.

Dr Noor: That observation window matters. Different periods may produce different but accurate descriptions.

Offered volume

Offered volume is the amount made available and is not automatically the amount actually taken during the feed.

Dr Noor: Offered volume and the amount actually taken are not automatically the same.

source-specific summary

A source-specific summary keeps each caregiver's period and observations identifiable rather than blending them into an apparently precise but unsupported total.

Dr Noor: A source-specific summary helps preserve who reported each detail.

measurement unit

A measurement unit specifies how an amount is expressed and must be clear before quantities from different reports are compared.

Dr Noor: We should identify the measurement unit explicitly rather than compare numbers that represent different quantities.

estimated amount

An estimated amount is an approximation and should remain distinguishable from a measured quantity in the feeding history.

Dr Noor: Correct. Mark an estimated amount as an estimate, and explain how it was obtained when relevant.

history reconciliation

History reconciliation aligns accounts by checking sources, timing, units, and uncertainty rather than choosing a winner or manufacturing a combined number.

Dr Noor: That is history reconciliation: check the sources and meanings before drawing a clinical conclusion.

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

Conversation

Reconciling two feeding accounts

Pediatrician Dr Noor discusses an infant's feeding history with caregiver Alex. Another caregiver describes a different feeding pattern. The accounts cover different times of day and may use different units. No feeding prescription, growth diagnosis, or safe waiting interval is supplied.

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

WORD AND PHRASE BANK

source-specific summary / measurement unit / estimated amount / observation window /
Offered volume / history reconciliation

- 01 **Alex:** My partner's feeding account sounds different from mine. I am worried that the difference makes one of us look unreliable.
- 02 **Dr Noor:** Let us clarify the times, units, and what each person observed before deciding that the accounts conflict.
- 03 **Alex:** I usually describe the daytime feeds, while my partner is remembering the night.
- 04 **Dr Noor:** That ¹ _____ matters. Different periods may produce different but accurate descriptions.
- 05 **Alex:** I also said ounces once and milliliters another time, which may have made the conversation confusing.
- 06 **Dr Noor:** We should identify the ² _____ explicitly rather than compare numbers that represent different quantities.
- 07 **Alex:** Sometimes I describe how much was offered, but my partner reports what seemed to be taken.
- 08 **Dr Noor:** ³ _____ and the amount actually taken are not automatically the same.
- 09 **Alex:** That distinction is useful. We should not present every number as a precise measurement if it was only an estimate.
- 10 **Dr Noor:** Correct. Mark an ⁴ _____ as an estimate, and explain how it was obtained when relevant.

Conversation continues on the next page.

Reconciling two feeding accounts

CONVERSATION / CONTINUED

- 11 **Alex:** Would a note about a difficult feed matter even if it does not fit neatly into a volume total?
- 12 **Dr Noor:** Describe the actual difficulty and associated observations. A history is more than adding numbers together.
- 13 **Alex:** I do not want this discussion to become a new feeding plan before you have assessed the actual situation.
- 14 **Dr Noor:** It should not. We are clarifying the account; any clinical recommendation needs the appropriate assessment and current information.
- 15 **Alex:** Could we summarize daytime and nighttime separately and then check the account with both caregivers?
- 16 **Dr Noor:** A ⁵ _____ helps preserve who reported each detail.
- 17 **Alex:** If we notice a concerning change, we should follow the actual clinical instructions rather than wait to perfect a diary.
- 18 **Dr Noor:** Yes. Necessary assessment must not be delayed to complete a language task or produce a flawless record.
- 19 **Alex:** Then the different accounts can be clarified without accusing either of us or inventing an average.
- 20 **Dr Noor:** That is ⁶ _____: check the sources and meanings before drawing a clinical conclusion.

CHECK THE GAPS

1. observation window / 2. measurement unit / 3. Offered volume / 4. estimated amount / 5. source-specific summary / 6. history reconciliation

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

Offered and taken were confused

One caregiver reports the amount offered, while another reports the amount taken. The units are the same, but the quantities describe different things. No intake total is calculated.

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

WORD AND PHRASE BANK

taken / calculated / offered / same

- 01 **Caregiver:** My figure describes what was ¹ _____.
- 02 **Clinician:** The other describes what was ² _____.
- 03 **Caregiver:** The units are the ³ _____.
- 04 **Clinician:** No combined total has been ⁴ _____.

CHECK THE GAPS

1. offered / 2. taken / 3. same / 4. calculated

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

Keep the distinction audible

Clarify amounts, timing, and sources without treating different caregiver accounts as deception.

01 / Answers and explanations

A / Read the situation

A1. When does Leo report discomfort?

C. Before school

Leo describes discomfort before school in the supplied brief.

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

A2. What does the caregiver observe?

C. Discomfort after dinner

The caregiver reports seeing episodes after dinner, not every possible episode.

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

A3. What is not established?

A. The cause

The case does not supply a cause, examination finding, or diagnosis.

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

D / Response choices

D1. Which summary preserves the sources?

C. Leo reports morning episodes; his caregiver notices evening episodes.

The summary keeps both accounts visible without assigning cause or credibility.

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

D2. Which question clarifies duration?

A. How long does one episode last?

Duration concerns the length of one occurrence rather than its frequency or assumed cause.

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

01 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Time when a symptom first began. Which term fits?

B. symptom onset

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

B Correct. symptom onset: Time when a symptom first began. The usual combination is "clarify symptom onset".

C Not here. school attendance: Pattern of being present at school. The usual combination is "clarify school attendance".

D Not here. contextual difference: Difference in circumstances surrounding two accounts. The usual combination is "explore contextual differences".

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

D4. Rebuild the exchange from "Two accounts of the same week". Leo: "Sometimes I do notice it after dinner too, but that was not the time I was thinking about." Dr Park: [missing response] Leo: "I understand. I can remember some mornings, but I have not counted every time it happened." Which response belongs in the gap?

C. Let us separate symptom frequency from how long each episode lasts. How often is different from how long.

A Not here. This line belongs to turn 11, after Leo says: "It is difficult to explain because sometimes I carry on doing things even when I notice it." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 13, after Leo says: "I worry that mentioning school will make everyone think I am trying not to go." It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Dr Park's response in turn 7. It connects Leo's preceding point with Leo's follow-up. Symptom frequency means how often the discomfort occurs and differs from the length of any one episode.

D Not here. This line belongs to turn 15, after Leo says: "Could you ask what I mean when I use a word instead of changing it straight away?" It addresses that point, not the missing turn in the supplied exchange.

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

E / Conversation

1. child account

Turn 3. The child account is Leo's own description and should be heard directly rather than replaced by an adult's interpretation.

01 / Answers and explanations / continued

2. caregiver account

Turn 5. The caregiver account records what the caregiver reports and may concern different episodes or settings from the child's description.

3. symptom frequency

Turn 7. Symptom frequency means how often the discomfort occurs and differs from the length of any one episode.

4. recalled event

Turn 9. A recalled event is described from memory and should not be presented as a complete contemporaneous record.

5. functional impact

Turn 11. Functional impact concerns how the symptom affects everyday activities rather than assuming its effect from the label alone.

6. contextual difference

Turn 13. A contextual difference concerns the circumstances of separate accounts and does not automatically reveal a motive or diagnosis.

7. developmental language

Turn 15. Developmental language adapts the discussion to the child's understanding while preserving the meaning of the child's account.

8. Direct observation

Turn 17. Direct observation identifies what a speaker personally witnessed and should be distinguished from symptoms another person experiences privately.

9. episode duration

Turn 19. Episode duration describes the length of one occurrence and must not be confused with onset or how often symptoms happen.

10. summary check

Turn 20. A summary check invites correction of the clinician's understanding rather than requiring the child to agree with an inaccurate account.

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

01 / Answers and explanations / continued

F / Accuracy and scope

F1. Which conclusion exceeds the facts?

B. Leo has a school-avoidance diagnosis.

No diagnosis or motive is established by the supplied symptom timing.

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

F2. What is a summary check for?

D. Correcting the clinician's understanding

The check verifies whether the clinician has understood the account accurately.

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

F / Guided speaking

1. lunchtime

Teacher: I noticed the discomfort at lunchtime.

Turn 1. The teacher's observation is explicitly located at lunchtime.

2. account

Clinician: That is the teacher's account.

Turn 2. The information comes from the teacher rather than a completed clinical assessment.

3. discussed

Leo: We have not yet discussed that episode.

Turn 3. The scenario leaves Leo's account of this particular episode uncollected.

4. unknown

Clinician: The cause remains unknown.

Turn 4. A new observation does not establish the cause of the discomfort.

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

01 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "Two accounts of the same week". Leo: "Could you ask what I mean when I use a word instead of changing it straight away?" Dr Park: [missing response] Leo: "My caregiver sees me holding my stomach at dinner, but cannot see every feeling I have at school." Which response belongs in the gap?

A. Yes. Using suitable developmental language means checking your meaning, not replacing it with something you did not say.

A Correct. This is Dr Park's response in turn 15. It connects Leo's preceding point with Leo's follow-up. Developmental language adapts the discussion to the child's understanding while preserving the meaning of the child's account.

B Not here. This line belongs to turn 11, after Leo says: "It is difficult to explain because sometimes I carry on doing things even when I notice it." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 13, after Leo says: "I worry that mentioning school will make everyone think I am trying not to go." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 7, after Leo says: "Sometimes I do notice it after dinner too, but that was not the time I was thinking about." 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 Ana mistake the percentile for?

A. A score out of 100

Ana interprets the percentile as a school-style score rather than a comparison.

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

A2. What still needs review?

B. The trajectory and clinical context

The case requires the pattern, measurement quality, and context to be reviewed.

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

A3. What is not diagnosed?

D. A growth disorder

The brief supplies a terminology misunderstanding but no growth-disorder diagnosis.

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

D / Response choices

D1. Which explanation is accurate?

B. A percentile locates a measurement within a reference distribution.

A percentile is a comparison position, not a grade, completion percentage, or universal target.

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

D2. What does growth velocity describe?

C. Rate of growth over time

Growth velocity concerns change over time rather than a single plotted position.

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

02 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Measurements collected at different times for comparison. Which term fits?

A. serial measurements

A Correct. serial measurements: Measurements collected at different times for comparison. The usual combination is "review serial measurements".

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. head circumference: Measurement around the head using the appropriate method. The usual combination is "record head circumference".

D Not here. familial pattern: Pattern related to relevant family characteristics. The usual combination is "consider the familial pattern".

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

D4. Rebuild the exchange from "A percentile is not a school grade". Ana: "Then what do you look at when deciding whether the growth pattern needs attention?" Dr Bell: [missing response] Ana: "I have earlier measurements from another clinic, but I am not sure they used the same method." Which response belongs in the gap?

B. We review the growth trajectory, the quality of the measurements, and the child's wider clinical circumstances.

A Not here. This line belongs to turn 12, after Ana says: "I also heard the phrase growth velocity. Is that another word for the percentile?" It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Dr Bell's response in turn 6. It connects Ana's preceding point with Ana's follow-up. Growth trajectory describes measurements across time rather than one isolated point.

C Not here. This line belongs to turn 14, after Ana says: "So two children at the same percentile today might still have different histories?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 10, after Ana says: "Would a mistake in entering the height make the chart look different even if nothing changed?" It addresses that point, not the missing turn in the supplied exchange.

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

E / Conversation

1. percentile

Turn 2. A percentile is a reference comparison, not a grade for the child.

2. reference population

Turn 4. The reference population supplies the comparison, not a universal growth target.

02 / Answers and explanations / continued

3. growth trajectory

Turn 6. Growth trajectory describes measurements across time rather than one isolated point.

4. serial measurements

Turn 8. Serial measurements need timing and comparability checks before interpreting a pattern.

5. plotting error

Turn 10. A plotting error changes the chart entry, not necessarily the child's growth.

6. Growth velocity

Turn 12. Growth velocity is the rate of change over time, whereas a percentile describes a measurement's position relative to a reference.

7. longitudinal assessment

Turn 14. A longitudinal assessment uses information across time rather than treating one shared percentile as a complete account of growth.

8. measurement technique

Turn 16. Measurement technique is the method used to obtain the value and affects how reliably it can be interpreted.

9. nutritional history

Turn 18. A nutritional history describes intake and related circumstances and contributes to assessment without being a diagnosis by itself.

10. centile crossing

Turn 20. Centile crossing describes movement across reference lines and requires contextual review rather than an automatic diagnosis from the chart alone.

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

F / Accuracy and scope

F1. Which check improves interpretation?

D. Verify measurement technique and prior points.

Reliable measurements and their sequence support the actual clinical interpretation.

[Return to the exercise, page 21](#)

02 / Answers and explanations / continued

F2. Which conclusion is unsupported?

D. This child has a diagnosed growth disorder.

No growth-disorder diagnosis has been supplied in the case.

[Return to the exercise, page 21](#)

F / Guided speaking

1. incorrect

Caregiver: The copied height may be incorrect.

Turn 1. The scenario identifies a possible error in the copied height.

2. measurement

Clinician: We are checking the original measurement.

Turn 2. The original measurement is the source being verified.

3. interpreted

Caregiver: The trajectory is not yet interpreted.

Turn 3. Interpretation waits for the relevant data verification in this case.

4. disorder

Clinician: An entry error is not itself a growth disorder.

Turn 4. A data-entry error does not establish a clinical growth disorder.

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

02 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "A percentile is not a school grade". Ana: "So two children at the same percentile today might still have different histories?" Dr Bell: [missing response] Ana: "Does that mean I should stop paying attention to the measurements altogether?" Which response belongs in the gap?

B. Yes. A longitudinal assessment considers the sequence, not merely whether two points happen to share a label.

A Not here. This line belongs to turn 6, after Ana says: "Then what do you look at when deciding whether the growth pattern needs attention?" It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Dr Bell's response in turn 14. It connects Ana's preceding point with Ana's follow-up. A longitudinal assessment uses information across time rather than treating one shared percentile as a complete account of growth.

C Not here. This line belongs to turn 12, after Ana says: "I also heard the phrase growth velocity. Is that another word for the percentile?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 4, after Ana says: "So it does not mean that my child is only a quarter as healthy as expected?" It addresses that point, not the missing turn in the supplied exchange.

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

03 / Answers and explanations

A / Read the situation

A1. What raises the concern?

A. A developmental questionnaire

The questionnaire flags a communication concern without establishing a diagnosis.

[Return to the exercise, page 25](#)

A2. What does Ben fear?

D. That a lifelong diagnosis is already settled

Ben interprets the screening concern as a completed diagnosis.

[Return to the exercise, page 25](#)

A3. What is not supplied?

D. A specific diagnosis or appointment date

The case does not provide a diagnostic conclusion or confirmed referral appointment.

[Return to the exercise, page 25](#)

D / Response choices

D1. Which statement preserves the distinction?

B. Screening flags a concern; evaluation investigates it.

Screening and diagnostic evaluation have different roles and should not be treated as equivalent.

[Return to the exercise, page 29](#)

D2. Which question clarifies regression?

A. Was the skill previously present and then lost?

Regression concerns loss of a previously acquired ability rather than simply a skill not yet acquired.

[Return to the exercise, page 29](#)

03 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Skill commonly emerging within a developmental period. Which term fits?

D. developmental milestone

A Not here. hearing assessment: Evaluation of hearing relevant to communication and other concerns. The usual combination is "arrange a hearing assessment".

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. social communication: Communication used in interaction with other people. The usual combination is "explore social communication".

D Correct. developmental milestone: Skill commonly emerging within a developmental period. The usual combination is "discuss developmental milestones".

[Return to the exercise, page 29](#)

D4. Rebuild the exchange from "A concern is a reason to assess". Ben: "What kinds of language skills are you asking about? She understands some things she does not say." Dr Shah: [missing response] Ben: "She hears two languages at home and uses different words with different relatives." Which response belongs in the gap?

A. Receptive language concerns understanding, while expressive language concerns what she communicates. We should distinguish those accounts.

A Correct. This is Dr Shah's response in turn 6. It connects Ben's preceding point with Ben's follow-up. Receptive language concerns understanding, whereas expressive language concerns communicating ideas.

B Not here. This line belongs to turn 16, after Ben says: "Does getting support have to mean that every diagnostic question has already been answered?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 2, after Ben says: "The questionnaire flagged a communication concern. Has it already diagnosed Nia with something that will last her whole life?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 12, after Ben says: "If she has never used a particular word, is that the same as losing a skill?" It addresses that point, not the missing turn in the supplied exchange.

[Return to the exercise, page 29](#)

E / Conversation

1. Developmental screening

Turn 2. Developmental screening flags concerns for assessment; it does not establish diagnosis.

2. diagnostic evaluation

Turn 4. A diagnostic evaluation examines additional information rather than treating screening as definitive.

03 / Answers and explanations / continued

3. Receptive language

Turn 6. Receptive language concerns understanding, whereas expressive language concerns communicating ideas.

4. multilingual exposure

Turn 8. Multilingual exposure belongs in the history but does not explain every concern.

5. social communication

Turn 10. Social communication includes interaction and is broader than counting spoken words.

6. Skill regression

Turn 12. Skill regression means loss of a previously acquired ability and differs from a skill that has not yet emerged.

7. hearing assessment

Turn 14. A hearing assessment evaluates hearing and may contribute to investigating communication concerns rather than being replaced by an informal impression.

8. early intervention

Turn 16. Early intervention addresses developmental needs early in childhood, with actual eligibility and services determined through the relevant local process.

9. referral status

Turn 18. Referral status identifies the current processing stage and should distinguish a sent referral from receipt or a booked appointment.

10. developmental surveillance

Turn 20. Developmental surveillance follows development across encounters and complements, rather than replaces, screening and appropriate diagnostic assessment.

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

F / Accuracy and scope

F1. How should multilingual exposure be handled?

A. Describe it accurately within the assessment.

The child's language experience belongs in the assessment without becoming an automatic causal explanation.

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

03 / Answers and explanations / continued

F2. Which referral claim is unsupported?

A. An appointment is already booked.

The case gives no confirmed appointment date or booking.

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

F / Guided speaking

1. receipt

Caregiver: The service has confirmed receipt.

Turn 1. The supplied update confirms that the referral reached the service.

2. booked

Clinician: An appointment is not yet booked.

Turn 2. Receipt does not establish that an appointment has been scheduled.

3. contact

Caregiver: We have a progress-check contact.

Turn 3. The scenario provides a contact for checking the referral's progress.

4. pending

Clinician: The diagnostic conclusion remains pending.

Turn 4. No completed diagnostic assessment or conclusion is supplied in this update.

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

03 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "A concern is a reason to assess". Ben: "Could hearing be part of the assessment, even if we think she hears some sounds?" Dr Shah: [missing response] Ben: "Does getting support have to mean that every diagnostic question has already been answered?" Which response belongs in the gap?

A. A relevant hearing assessment may form part of the actual pathway. An informal impression does not replace the appropriate assessment.

A Correct. This is Dr Shah's response in turn 14. It connects Ben's preceding point with Ben's follow-up. A hearing assessment evaluates hearing and may contribute to investigating communication concerns rather than being replaced by an informal impression.

B Not here. This line belongs to turn 2, after Ben says: "The questionnaire flagged a communication concern. Has it already diagnosed Nia with something that will last her whole life?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 8, after Ben says: "She hears two languages at home and uses different words with different relatives." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 18, after Ben says: "I would like to know whom to contact if we do not hear about the referral." It addresses that point, not the missing turn in the supplied exchange.

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

04 / Answers and explanations

A / Read the situation

A1. What worries Dana?

A. Fever after a previous vaccination

Dana asks about fever after a previous vaccination and whether it will recur.

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

A2. What needs review?

A. The event history and actual recommendation

The clinician reviews the individual account and current recommendation rather than assuming an answer.

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

A3. What is not supplied?

D. A product-specific risk estimate

No product-specific estimate is available in this language case.

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

D / Response choices

D1. Which wording preserves causation uncertainty?

A. Fever occurred after vaccination; its cause needs review.

The wording acknowledges the event while keeping the causal question open for review.

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

D2. Which claim is unsupported?

B. No reaction can ever occur.

A universal zero-risk promise cannot be justified by this scenario.

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

04 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Unwanted occurrence after an intervention, not necessarily caused by it. Which term fits?

D. adverse event

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. catch-up schedule: Recommended sequence addressing previously missed vaccine doses. The usual combination is "verify a catch-up schedule".

C Not here. precaution: Circumstance requiring additional consideration before an intervention. The usual combination is "review a relevant precaution".

D Correct. adverse event: Unwanted occurrence after an intervention, not necessarily caused by it. The usual combination is "document an adverse event".

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

D4. Rebuild the exchange from "A concern deserves a specific answer". Dana: "The timing seemed very close, so I assumed that was enough to prove the cause." Dr Lin: [missing response] Dana: "So you are not saying the fever did not happen, only that its explanation needs review?" Which response belongs in the gap?

B. A temporal association tells us when things happened. It does not, by itself, settle the cause.

A Not here. This line belongs to turn 14, after Dana says: "Sometimes a percentage is hard to understand without knowing how many children it refers to." It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Dr Lin's response in turn 6. It connects Dana's preceding point with Dana's follow-up. Temporal association establishes sequence, not proof that one event caused another.

C Not here. This line belongs to turn 12, after Dana says: "I would like to hear the benefit as well as what unwanted effects are possible." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 18, after Dana says: "Does that mean you will create a catch-up plan just from what I remember today?" It addresses that point, not the missing turn in the supplied exchange.

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

E / Conversation

1. vaccination history

Turn 2. Vaccination history records prior administrations and supports review of the reported event.

2. adverse event

Turn 4. An adverse event occurs after intervention without necessarily being caused by it.

04 / Answers and explanations / continued

3. temporal association

Turn 6. Temporal association establishes sequence, not proof that one event caused another.

4. causal relationship

Turn 8. A causal relationship needs assessment beyond merely identifying which event happened first.

5. contraindication

Turn 10. A contraindication requires verification against the actual history and applicable guidance.

6. vaccine recommendation

Turn 12. A vaccine recommendation is current advice for a product and context and should be explained with its relevant benefits, limitations, and risks.

7. absolute risk

Turn 14. Absolute risk gives the probability or frequency for a defined outcome, group, and period, rather than a context-free percentage.

8. administration record

Turn 16. An administration record documents what was actually given and should be checked before missing entries are treated as completed or omitted doses.

9. catch-up schedule

Turn 18. A catch-up schedule addresses missed doses under current guidance and requires the actual verified history rather than an improvised sequence.

10. informed choice

Turn 20. An informed choice follows relevant information and questions being addressed rather than pressure to agree before the concern is understood.

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

F / Accuracy and scope

F1. What is an adverse event?

C. An unwanted occurrence not necessarily caused by the intervention

An event after an intervention and a causally attributed reaction are not automatically identical.

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

04 / Answers and explanations / continued

F2. Which question is most useful first?

D. What happened and when?

Specific event and timing details support assessment more effectively than labeling the caregiver.

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

F / Guided speaking

1. unclear

Caregiver: This entry is unclear.

Turn 1. The outside record contains an entry whose meaning is unresolved.

2. clarification

Clinician: We have requested clarification.

Turn 2. The clinic asks the originating source to clarify the entry.

3. confirmed

Caregiver: Administration is not yet confirmed.

Turn 3. An unclear entry is not proof that the vaccine was administered.

4. record

Clinician: We will use the verified record.

Turn 4. The next decision uses the clarified actual record rather than an assumption.

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

04 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "A concern deserves a specific answer". Dana: "Sometimes a percentage is hard to understand without knowing how many children it refers to." Dr Lin: [missing response] Dana: "I also have a record from another clinic, but I am unsure whether every entry was copied." Which response belongs in the gap?

D. When relevant figures are available, absolute risk needs the outcome, group, and time period made clear.

A Not here. This line belongs to turn 12, after Dana says: "I would like to hear the benefit as well as what unwanted effects are possible." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 6, after Dana says: "The timing seemed very close, so I assumed that was enough to prove the cause." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 18, after Dana says: "Does that mean you will create a catch-up plan just from what I remember today?" It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Dr Lin's response in turn 14. It connects Dana's preceding point with Dana's follow-up. Absolute risk gives the probability or frequency for a defined outcome, group, and period, rather than a context-free percentage.

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

05 / Answers and explanations

A / Read the situation

A1. Which units does Omar confuse?

D. mg and mL

Omar treats milligrams and milliliters as interchangeable even though they measure different quantities.

[Return to the exercise, page 47](#)

A2. What must be checked?

B. The actual bottle, prescription, and measuring tool

The case requires the actual verified product and instructions rather than a substitute.

[Return to the exercise, page 47](#)

A3. What is deliberately not supplied?

D. A numerical dose

No dose or administration instruction is supplied for the learner to use clinically.

[Return to the exercise, page 47](#)

D / Response choices

D1. Which statement is correct?

A. mg measures mass; mL measures volume.

The units describe different quantities, linked by the actual product concentration.

[Return to the exercise, page 51](#)

D2. What must not be guessed?

A. The concentration

A guessed concentration can make an amount-to-volume interpretation unsafe and is not supplied here.

[Return to the exercise, page 51](#)

05 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Quantity of drug prescribed for an administration. Which term fits?

C. dose amount

A Not here. active ingredient: Substance responsible for the medicine's intended pharmacological action. The usual combination is "identify the active ingredient".

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

C Correct. dose amount: Quantity of drug prescribed for an administration. The usual combination is "confirm the dose amount".

D Not here. dispensing pharmacy: Pharmacy supplying the prescribed product. The usual combination is "contact the dispensing pharmacy".

[Return to the exercise, page 51](#)

D4. Rebuild the exchange from "The label, the units, and the tool". Omar: "I have an older bottle at home. Could I use its instructions if the name looks similar?" Dr Cole: [missing response] Omar: "I also need to know which measuring tool to use. A kitchen spoon seems easier." Which response belongs in the gap?

B. We need this product's current prescription label and verified instructions, not a remembered label from a different bottle.

A Not here. This line belongs to turn 16, after Omar says: "I use another over-the-counter product sometimes. Should that be part of the review too?" It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Dr Cole's response in turn 6. It connects Omar's preceding point with Omar's follow-up. The current prescription label cannot be replaced by another bottle's remembered instructions.

C Not here. This line belongs to turn 14, after Omar says: "Would the pharmacy be able to check the product it actually supplied?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 4, after Omar says: "Then I cannot just copy the same number from one unit onto the other?" It addresses that point, not the missing turn in the supplied exchange.

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E / Conversation

1. milligram

Turn 2. A milligram measures drug mass; a milliliter measures liquid volume.

2. concentration

Turn 4. Concentration links drug amount and volume and must be verified.

05 / Answers and explanations / continued

3. prescription label

Turn 6. The current prescription label cannot be replaced by another bottle's remembered instructions.

4. oral syringe

Turn 8. An oral syringe must suit the actual verified liquid-medicine instruction.

5. calibration mark

Turn 10. Calibration marks indicate measured quantities and must be readable and appropriate to the intended measurement.

6. label discrepancy

Turn 12. A label discrepancy is a conflict between instructions that needs clarification with the responsible prescribing or dispensing team.

7. dispensing pharmacy

Turn 14. The dispensing pharmacy supplied the product and is an appropriate contact for verifying its label, concentration, and measuring device.

8. active ingredient

Turn 16. The active ingredient is the pharmacologically active substance and should be checked across products rather than relying only on brand names.

9. caregiver demonstration

Turn 18. A caregiver demonstration shows how verified instructions are understood and allows the explanation or equipment to be corrected before use.

10. dose volume

Turn 20. Dose volume is the liquid quantity corresponding to a verified dose and concentration; it is not supplied or calculated in this exercise.

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F / Accuracy and scope

F1. Which tool is inappropriate for precise measurement?

D. An ordinary kitchen spoon

Household spoons vary and are not reliable substitutes for the appropriate medicine-measuring device.

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05 / Answers and explanations / continued

F2. What is the purpose of demonstration?

D. Check understanding of verified instructions

A demonstration checks how the explanation was understood using the real verified instructions.

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F / Guided speaking

1. different

Caregiver: The brand names are different.

Turn 1. The products have different brand names in the supplied scenario.

2. unchecked

Clinician: The active ingredients remain unchecked.

Turn 2. Different brands do not establish whether their active ingredients differ.

3. duplication

Caregiver: We should not assume there is no duplication.

Turn 3. The ingredients must be reviewed before excluding duplication.

4. review

Clinician: The responsible team will review them.

Turn 4. The next step is the actual product review, not a guessed administration plan.

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05 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "The label, the units, and the tool". Omar: "Would the pharmacy be able to check the product it actually supplied?" Dr Cole: [missing response] Omar: "I use another over-the-counter product sometimes. Should that be part of the review too?" Which response belongs in the gap?

C. Yes, the dispensing pharmacy is an appropriate contact for verifying the dispensed product and its instructions.

A Not here. This line belongs to turn 12, after Omar says: "If the label and another instruction disagree, which one should I guess is current?" It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 18, after Omar says: "Once everything is verified, can I show you how I understand the instruction?" It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Dr Cole's response in turn 14. It connects Omar's preceding point with Omar's follow-up. The dispensing pharmacy supplied the product and is an appropriate contact for verifying its label, concentration, and measuring device.

D Not here. This line belongs to turn 4, after Omar says: "Then I cannot just copy the same number from one unit onto the other?" 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 Alex ask?

B. Whether everything will remain private

Alex asks about the limits of privacy before sensitive discussion.

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A2. What does Dr Hale check?

A. Actual access arrangements and applicable rules

Privacy depends on the real service, records, and applicable requirements.

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A3. What is not supplied?

D. A jurisdiction-specific legal conclusion

The case does not determine the legal rules for a particular jurisdiction.

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D / Response choices

D1. Which promise is unsafe?

B. Nothing you say can ever be shared under any circumstances.

Absolute secrecy ignores possible legal, safety, and record-access limits.

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D2. Which issue is separate from privacy in the room?

B. Portal and billing visibility

A private conversation can still generate records or communications with separate access arrangements.

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06 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Rules governing a minor's authorization for particular care. Which term fits?

C. minor consent

A Not here. safety exception: Circumstance permitting or requiring disclosure for safety under applicable rules. The usual combination is "explain a safety exception".

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

C Correct. minor consent: Rules governing a minor's authorization for particular care. The usual combination is "verify minor-consent rules".

D Not here. record-access rule: Requirement governing who can see particular health information. The usual combination is "verify record-access rules".

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D4. Rebuild the exchange from "Privacy without an impossible promise". Alex: "My caregiver sometimes reads messages in the patient portal. Could that affect what I send?" Dr Hale: [missing response] Alex: "What about letters or insurance information that arrive at home after an appointment?" Which response belongs in the gap?

A. We need to check proxy access and the settings for this service rather than assume messages are invisible.

A Correct. This is Dr Hale's response in turn 6. It connects Alex's preceding point with Alex's follow-up. Proxy access allows another person specified access and needs actual verification.

B Not here. This line belongs to turn 16, after Alex says: "I understand. Could we agree on how the service should contact me about ordinary follow-up?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 2, after Alex says: "Before I say anything personal, can you promise that everything stays between us and nobody else can see it?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 20, after Alex says: "Once those arrangements are explained, I can ask my question with a clearer understanding of the boundaries." It addresses that point, not the missing turn in the supplied exchange.

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E / Conversation

1. confidentiality

Turn 2. Confidentiality protects information within applicable limits; it is not absolute secrecy.

2. private consultation

Turn 4. A private consultation does not automatically make subsequent records or messages private.

06 / Answers and explanations / continued

3. proxy access

Turn 6. Proxy access allows another person specified access and needs actual verification.

4. billing disclosure

Turn 8. Billing disclosure may reveal information separately from the privacy of the consultation.

5. Minor consent

Turn 10. Minor-consent rules vary by jurisdiction and the particular care involved.

6. safety exception

Turn 12. A safety exception depends on applicable duties, not a universal secrecy promise.

7. Mandatory reporting

Turn 14. Mandatory reporting is a legal duty to communicate specified concerns and must be explained according to the actual applicable requirements.

8. preferred contact method

Turn 16. A preferred contact method identifies the desired communication route, which the service must check against its actual privacy and operational arrangements.

9. record-access rule

Turn 18. A record-access rule governs who can see particular information and should be verified before assurances are given about portal or record privacy.

10. supported disclosure

Turn 20. Supported disclosure involves explaining and supporting the appropriate sharing process rather than leaving the young person surprised about how information is handled.

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F / Accuracy and scope

F1. Which legal statement is justified here?

C. Applicable rules must be verified.

The case supplies no jurisdiction and therefore requires checking the actual rules.

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06 / Answers and explanations / continued

F2. What should happen before sensitive disclosure?

B. Explain relevant privacy limits

Explaining limits first helps the adolescent understand how information may be handled.

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F / Guided speaking

1. shared

Teenager: That phone is shared.

Turn 1. The listed phone is shared rather than known to be private.

2. verified

Clinician: A private route is not yet verified.

Turn 2. The clinic has not confirmed an appropriate confidential contact route.

3. sent

Teenager: No sensitive message has been sent.

Turn 3. The scenario explicitly states that no sensitive message has been sent.

4. arrangements

Clinician: We need to check the contact arrangements.

Turn 4. The actual contact process must be checked before assurances are given.

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06 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "Privacy without an impossible promise". Alex: "Would you explain what you needed to share, rather than suddenly telling me afterward?" Dr Hale: [missing response] Alex: "I understand. Could we agree on how the service should contact me about ordinary follow-up?" Which response belongs in the gap?

B. I will explain the process and support you as appropriate. Mandatory reporting duties, where they apply, cannot be replaced by a promise of silence.

A Not here. This line belongs to turn 6, after Alex says: "My caregiver sometimes reads messages in the patient portal. Could that affect what I send?" It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Dr Hale's response in turn 14. It connects Alex's preceding point with Alex's follow-up. Mandatory reporting is a legal duty to communicate specified concerns and must be explained according to the actual applicable requirements.

C Not here. This line belongs to turn 2, after Alex says: "Before I say anything personal, can you promise that everything stays between us and nobody else can see it?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 20, after Alex says: "Once those arrangements are explained, I can ask my question with a clearer understanding of the boundaries." It addresses that point, not the missing turn in the supplied exchange.

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07 / Answers and explanations

A / Read the situation

A1. What does the school hold?

D. An older action-plan version

Rivera reports an older plan rather than a verified current version.

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A2. What must be checked?

B. The current plan and authorized sharing

The case requires verification and appropriate sharing of the clinician-approved plan.

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A3. What is not permitted by the exercise?

C. Independent treatment changes

No dose, threshold, or independent authority to alter treatment is supplied.

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D / Response choices

D1. Which question addresses version control?

A. Which dated plan does the school hold?

The date and version identify whether the school holds the appropriate current plan.

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D2. What is not equivalent to implementation?

C. Sending the document

A sent file may not have been received or made usable by the responsible people.

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07 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Method of using the prescribed inhaler correctly. Which term fits?

C. inhaler technique

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. activity accommodation: Appropriate adjustment supporting participation in an activity. The usual combination is "discuss activity accommodations".

C Correct. inhaler technique: Method of using the prescribed inhaler correctly. The usual combination is "review inhaler technique".

D Not here. medication authorization: Required permission for medicine-related action in a setting. The usual combination is "verify medication authorization".

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D4. Rebuild the exchange from "A plan must reach the people who use it". Rivera: "We also need to know which staff are authorized to assist and what permissions apply." Dr Moss: [missing response] Rivera: "The family asked whether the student can carry the inhaler independently at school." Which response belongs in the gap?

C. Check the actual medication authorization and professional responsibilities rather than infer them from the document's presence.

A Not here. This line belongs to turn 8, after Rivera says: "The family asked whether the student can carry the inhaler independently at school." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 14, after Rivera says: "There is also a field trip next week, which has a different staffing arrangement." It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Dr Moss's response in turn 6. It connects Rivera's preceding point with Rivera's follow-up. Medication authorization does not follow automatically from possessing the care document.

D Not here. This line belongs to turn 4, after Rivera says: "I would like the current document through the authorized route, not a partial photograph from another parent." It addresses that point, not the missing turn in the supplied exchange.

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E / Conversation

1. plan version

Turn 2. Plan version identifies the actual edition; an available copy may be outdated.

2. asthma action plan

Turn 4. An asthma action plan contains individualized instructions, not an improvised substitute.

07 / Answers and explanations / continued

3. medication authorization

Turn 6. Medication authorization does not follow automatically from possessing the care document.

4. Self-carry permission

Turn 8. Self-carry permission needs the actual authorization process, not an assumed entitlement.

5. receipt confirmation

Turn 10. Receipt confirmation establishes arrival, not readiness to implement every instruction.

6. Implementation readiness

Turn 12. Implementation readiness requires the actual people and practical arrangements, not just paperwork.

7. field-trip arrangement

Turn 14. A field-trip arrangement addresses the practical health preparation for an off-site activity and should not be assumed identical to the classroom setup.

8. emergency action

Turn 16. Emergency action follows the student's real urgent-care plan and applicable procedures, not an invented threshold from a language exercise.

9. activity accommodation

Turn 18. An activity accommodation supports participation through suitable adjustments and should be coordinated with the actual clinical and school arrangements.

10. care coordination

Turn 20. Care coordination aligns information and responsibilities across the family, school, and clinical team rather than ending when a document is sent.

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F / Accuracy and scope

F1. Which instruction is unsupported?

B. Increase the inhaler dose from this exercise.

The exercise provides no dose or authority for an independent treatment change.

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07 / Answers and explanations / continued

F2. Why check a field trip separately?

C. The practical setting and arrangements may differ.

Off-site activities may require different practical preparation within the actual approved care arrangements.

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F / Guided speaking

1. received

Nurse: The current plan has been received.

Turn 1. The school confirms receipt of the verified current document.

2. pending

Clinician: Staff preparation remains pending.

Turn 2. The scenario says the required preparation is not yet complete.

3. readiness

Nurse: Receipt does not prove readiness.

Turn 3. A document's arrival is distinct from practical implementation readiness.

4. arrangements

Clinician: Please confirm the remaining arrangements.

Turn 4. The outstanding staff preparation and practical arrangements require follow-up.

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07 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "A plan must reach the people who use it". Rivera: "There is also a field trip next week, which has a different staffing arrangement." Dr Moss: [missing response] Rivera: "I will use the child's current signed plan and clarify anything that does not match the instructions we hold." Which response belongs in the gap?

C. Then check the field-trip arrangement through the appropriate process rather than assume the classroom plan transfers unchanged.

A Not here. This line belongs to turn 6, after Rivera says: "We also need to know which staff are authorized to assist and what permissions apply." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 20, after Rivera says: "I will confirm the version, authorization, receipt, and any outstanding practical issue through the designated contact." It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Dr Moss's response in turn 14. It connects Rivera's preceding point with Rivera's follow-up. A field-trip arrangement addresses the practical health preparation for an off-site activity and should not be assumed identical to the classroom setup.

D Not here. This line belongs to turn 4, after Rivera says: "I would like the current document through the authorized route, not a partial photograph from another parent." It addresses that point, not the missing turn in the supplied exchange.

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08 / Answers and explanations

A / Read the situation

A1. What change does Mei report?

B. Much less responsiveness and poor feeding

The supplied concern is a marked change in responsiveness with poor feeding.

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A2. What is already active?

D. The emergency response

The emergency response is active and must not wait for this exercise.

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A3. What must remain unknown here?

D. The diagnosis and measured observations

No diagnosis or measurements are supplied, so they cannot be invented.

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D / Response choices

D1. Which opening conveys the priority?

C. Arlo is much less responsive than usual and feeding poorly.

The opening conveys the reported change without inventing measurements or diagnosis.

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D2. Which statement is unsupported?

B. Arlo's measured observations are normal.

No measured observations are supplied, so normal cannot be asserted.

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08 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Worry expressed by the person caring for the child. Which term fits?

C. caregiver concern

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. emergency response: Active process for addressing an urgent clinical situation. The usual combination is "confirm the emergency response".

C Correct. caregiver concern: Worry expressed by the person caring for the child. The usual combination is "acknowledge caregiver concern".

D Not here. work of breathing: Effort involved in breathing as clinically assessed. The usual combination is "assess work of breathing".

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D4. Rebuild the exchange from "Different from the infant's usual behavior". Mei: "I can describe what I saw, but I have not measured anything or kept a formal chart." Dr Reed: [missing response] Mei: "The feeding is also different. I do not want that detail to disappear when someone else takes over." Which response belongs in the gap?

A. We will distinguish your observed behavior report from any measurements the team obtains during assessment.

A Correct. This is Dr Reed's response in turn 6. It connects Mei's preceding point with Mei's follow-up. Observed behavior identifies what the caregiver witnessed, distinct from clinical measurements.

B Not here. This line belongs to turn 16, after Mei says: "I do not want someone to assume that missing numbers mean all the observations are normal." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 18, after Mei says: "Who will be responsible for receiving the update as the assessment continues?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 14, after Mei says: "Will the next clinician hear my words or only a short label that loses the change?" It addresses that point, not the missing turn in the supplied exchange.

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E / Conversation

1. emergency response

Turn 2. The emergency response continues without waiting for completion of this discussion.

2. responsiveness

Turn 4. Responsiveness is the caregiver's report here, not an invented clinical score.

08 / Answers and explanations / continued

3. observed behavior

Turn 6. Observed behavior identifies what the caregiver witnessed, distinct from clinical measurements.

4. poor feeding

Turn 8. Poor feeding is a reported change, not an established cause.

5. last known usual state

Turn 10. Last known usual state records the most recent observed baseline without delaying care.

6. caregiver concern

Turn 12. Caregiver concern can identify an important change and should be acknowledged without demanding clinical terminology or false precision.

7. handoff priority

Turn 14. Handoff priority identifies the most important information to lead the transfer, here the reported change in responsiveness and feeding.

8. measured observation

Turn 16. A measured observation must come from actual assessment and cannot be called normal when no value or finding has been supplied.

9. receiving clinician

Turn 18. The receiving clinician accepts the relevant information and responsibility and should be explicitly identified rather than assumed.

10. read-back confirmation

Turn 20. Read-back confirmation repeats key information to check accurate receipt while the actual clinical response continues.

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F / Accuracy and scope

F1. What should not delay care?

A. Completing the language exercise

Language practice must never postpone the active clinical response.

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08 / Answers and explanations / continued

F2. What does read-back accomplish?

C. Checks accurate receipt of key information

Repeating the key information verifies communication, not diagnosis or outcome.

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F / Guided speaking

1. 07:30

Caregiver: The corrected time is 07:30.

Turn 1. The caregiver explicitly corrects the last observed usual state to 07:30.

2. 08:00

Clinician: The earlier report of 08:00 is superseded.

Turn 2. The prior time is replaced by the caregiver's corrected account.

3. active

Caregiver: The emergency response remains active.

Turn 3. Correcting the timeline does not interrupt the ongoing emergency response.

4. unestablished

Clinician: The diagnosis remains unestablished.

Turn 4. The timing correction does not establish a clinical diagnosis.

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08 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "Different from the infant's usual behavior". Mei: "Will the next clinician hear my words or only a short label that loses the change?" Dr Reed: [missing response] Mei: "I do not want someone to assume that missing numbers mean all the observations are normal." Which response belongs in the gap?

A. The handoff priority is the change you described, with its source and what is still unknown.

A Correct. This is Dr Reed's response in turn 14. It connects Mei's preceding point with Mei's follow-up. Handoff priority identifies the most important information to lead the transfer, here the reported change in responsiveness and feeding.

B Not here. This line belongs to turn 20, after Mei says: "I can repeat the main change if that helps make sure it was heard correctly." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 16, after Mei says: "I do not want someone to assume that missing numbers mean all the observations are normal." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 6, after Mei says: "I can describe what I saw, but I have not measured anything or kept a formal chart." It addresses that point, not the missing turn in the supplied exchange.

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Review 1 / Explanations

Cumulative review

1. A colleague needs the term for this meaning: Information described directly by the child. Which term fits?

B. child account

A Not here. functional impact: Effect on everyday activities and participation. The usual combination is "assess functional impact".

B Correct. child account: Information described directly by the child. The usual combination is "invite the child account".

C Not here. recalled event: Event described from memory rather than current observation. The usual combination is "clarify a recalled event".

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: Standing height compared with an age-specific reference. Which term fits?

C. stature-for-age

A Not here. growth trajectory: Pattern of growth measurements over time. The usual combination is "review the growth trajectory".

B Not here. qualified interpreter: Trained language professional supporting accurate communication between speakers. The usual combination is "request a qualified interpreter".

C Correct. stature-for-age: Standing height compared with an age-specific reference. The usual combination is "assess stature-for-age".

D Not here. centile crossing: Movement across reference percentile lines over time. The usual combination is "review centile crossing".

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Review 1 / Explanations / continued

3. Rebuild the exchange from "Two accounts of the same week". Leo: "It is difficult to explain because sometimes I carry on doing things even when I notice it." Dr Park: [missing response] Leo: "I worry that mentioning school will make everyone think I am trying not to go." Which response belongs in the gap?

B. That is useful when discussing functional impact. Tell me what becomes harder rather than guessing what I expect.

A Not here. This line belongs to turn 7, after Leo says: "Sometimes I do notice it after dinner too, but that was not the time I was thinking about." It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Dr Park's response in turn 11. It connects Leo's preceding point with Leo's follow-up. Functional impact concerns how the symptom affects everyday activities rather than assuming its effect from the label alone.

C Not here. This line belongs to turn 13, after Leo says: "I worry that mentioning school will make everyone think I am trying not to go." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 15, after Leo says: "Could you ask what I mean when I use a word instead of changing it straight away?" It addresses that point, not the missing turn in the supplied exchange.

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4. Rebuild the exchange from "A percentile is not a school grade". Ana: "What other information would help explain the pattern when you review it?" Dr Bell: [missing response] Ana: "I understand. The number alone does not tell us that a particular disorder is present." Which response belongs in the gap?

D. Relevant history can include a nutritional history and family information, alongside the actual examination and other clinical details.

A Not here. This line belongs to turn 4, after Ana says: "So it does not mean that my child is only a quarter as healthy as expected?" It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 8, after Ana says: "I have earlier measurements from another clinic, but I am not sure they used the same method." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 2, after Ana says: "The chart says 25th percentile. I thought that meant my child had scored only 25 out of 100." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Dr Bell's response in turn 18. It connects Ana's preceding point with Ana's follow-up. A nutritional history describes intake and related circumstances and contributes to assessment without being a diagnosis by itself.

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Review 2 / Explanations

Cumulative review

1. A colleague needs the term for this meaning: Detailed assessment intended to establish or clarify a diagnosis. Which term fits?

B. diagnostic evaluation

A Not here. fine motor skill: Skill involving smaller coordinated movements. The usual combination is "describe fine motor skills".

B Correct. diagnostic evaluation: Detailed assessment intended to establish or clarify a diagnosis. The usual combination is "arrange a diagnostic evaluation".

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. early intervention: Support addressing developmental needs early in childhood. The usual combination is "discuss early-intervention services".

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2. A colleague needs the term for this meaning: Condition making a particular intervention inappropriate under applicable guidance. Which term fits?

B. contraindication

A Not here. disease protection: Reduction in disease risk or consequences through an intervention. The usual combination is "explain disease protection".

B Correct. contraindication: Condition making a particular intervention inappropriate under applicable guidance. The usual combination is "verify a contraindication".

C Not here. qualified interpreter: Trained language professional supporting accurate communication between speakers. The usual combination is "request a qualified interpreter".

D Not here. immunization: Process of developing protection against a disease, commonly through vaccination. The usual combination is "discuss immunization".

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Review 2 / Explanations / continued

3. Rebuild the exchange from "A percentile is not a school grade". Ana: "Would a mistake in entering the height make the chart look different even if nothing changed?" Dr Bell: [missing response] Ana: "I also heard the phrase growth velocity. Is that another word for the percentile?" Which response belongs in the gap?

A. A plotting error can affect the display. That is one reason to verify the underlying data.

A Correct. This is Dr Bell's response in turn 10. It connects Ana's preceding point with Ana's follow-up. A plotting error changes the chart entry, not necessarily the child's growth.

B Not here. This line belongs to turn 14, after Ana says: "So two children at the same percentile today might still have different histories?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 6, after Ana says: "Then what do you look at when deciding whether the growth pattern needs attention?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 12, after Ana says: "I also heard the phrase growth velocity. Is that another word for the percentile?" It addresses that point, not the missing turn in the supplied exchange.

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4. Rebuild the exchange from "A concern deserves a specific answer". Dana: "Does that mean you will create a catch-up plan just from what I remember today?" Dr Lin: [missing response] Dana: "That helps me ask a more specific question instead of trying to decide everything from one memory." Which response belongs in the gap?

D. No. Any catch-up schedule requires the verified history and applicable recommendation, not a guessed sequence.

A Not here. This line belongs to turn 6, after Dana says: "The timing seemed very close, so I assumed that was enough to prove the cause." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 10, after Dana says: "What if something in the medical history means a particular vaccine should not be given?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 8, after Dana says: "So you are not saying the fever did not happen, only that its explanation needs review?" It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Dr Lin's response in turn 18. It connects Dana's preceding point with Dana's follow-up. A catch-up schedule addresses missed doses under current guidance and requires the actual verified history rather than an improvised sequence.

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Review 3 / Explanations

Cumulative review

1. A colleague needs the term for this meaning: Amount of drug contained in a stated volume or quantity. Which term fits?

C. concentration

A Not here. measuring device: Tool used to determine the required quantity. The usual combination is "match the measuring device".

B Not here. prescription label: Written instructions attached to a dispensed medicine. The usual combination is "check the prescription label".

C Correct. concentration: Amount of drug contained in a stated volume or quantity. The usual combination is "verify the concentration".

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: Information potentially revealed through payment or insurance processes. Which term fits?

C. billing disclosure

A Not here. qualified interpreter: Trained language professional supporting accurate communication between speakers. The usual combination is "request a qualified interpreter".

B Not here. confidentiality: Duty to protect information within applicable rules and limits. The usual combination is "explain confidentiality".

C Correct. billing disclosure: Information potentially revealed through payment or insurance processes. The usual combination is "explain possible billing disclosure".

D Not here. preferred contact method: Communication route the person wishes the service to use. The usual combination is "confirm the preferred contact method".

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Review 3 / Explanations / continued

3. Rebuild the exchange from "A concern deserves a specific answer". Dana: "What if something in the medical history means a particular vaccine should not be given?"

Dr Lin: [missing response] Dana: "I would like to hear the benefit as well as what unwanted effects are possible." Which response belongs in the gap?

C. We review any relevant contraindication and precautions using the actual history and current guidance.

A Not here. This line belongs to turn 18, after Dana says: "Does that mean you will create a catch-up plan just from what I remember today?" It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 16, after Dana says: "I also have a record from another clinic, but I am unsure whether every entry was copied." It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Dr Lin's response in turn 10. It connects Dana's preceding point with Dana's follow-up. A contraindication requires verification against the actual history and applicable guidance.

D Not here. This line belongs to turn 8, after Dana says: "So you are not saying the fever did not happen, only that its explanation needs review?" It addresses that point, not the missing turn in the supplied exchange.

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4. Rebuild the exchange from "Privacy without an impossible promise". Alex: "I would rather know a limitation now than discover it after I have sent a message." Dr Hale: [missing response] Alex: "Once those arrangements are explained, I can ask my question with a clearer understanding of the boundaries." Which response belongs in the gap?

B. That is why record-access rule checks belong before an assurance, not after it.

A Not here. This line belongs to turn 8, after Alex says: "What about letters or insurance information that arrive at home after an appointment?" It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Dr Hale's response in turn 18. It connects Alex's preceding point with Alex's follow-up. A record-access rule governs who can see particular information and should be verified before assurances are given about portal or record privacy.

C Not here. This line belongs to turn 4, after Alex says: "I would like some time without my caregiver in the room. Is that different from the record being private?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 10, after Alex says: "Does being sixteen mean the rules are automatically the same for every type of care?" It addresses that point, not the missing turn in the supplied exchange.

[Return to the exercise, page 67](#)

Review 4 / Explanations

Cumulative review

1. A colleague needs the term for this meaning: Medicine prescribed for relief in specified circumstances. Which term fits?

C. reliever medicine

A Not here. care coordination: Organization of care information and responsibilities across participants. The usual combination is "strengthen care coordination".

B Not here. school health plan: Documented arrangements for a student's health needs at school. The usual combination is "update the school health plan".

C Correct. reliever medicine: Medicine prescribed for relief in specified circumstances. The usual combination is "clarify reliever instructions".

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 89](#)

2. A colleague needs the term for this meaning: Value obtained through an actual assessment or measurement. Which term fits?

C. measured observation

A Not here. qualified interpreter: Trained language professional supporting accurate communication between speakers. The usual combination is "request a qualified interpreter".

B Not here. responsiveness: Degree of response to people or stimulation in context. The usual combination is "describe reduced responsiveness".

C Correct. measured observation: Value obtained through an actual assessment or measurement. The usual combination is "relay measured observations".

D Not here. clinical deterioration: Worsening of a person's clinical condition. The usual combination is "communicate suspected clinical deterioration".

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Review 4 / Explanations / continued

3. Rebuild the exchange from "Privacy without an impossible promise". Alex: "Does being sixteen mean the rules are automatically the same for every type of care?" Dr Hale: [missing response] Alex: "I also want to understand when you might have to tell someone about a safety concern." Which response belongs in the gap?

B. No. Minor consent rules depend on the applicable law and the care involved.

A Not here. This line belongs to turn 18, after Alex says: "I would rather know a limitation now than discover it after I have sent a message." It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Dr Hale's response in turn 10. It connects Alex's preceding point with Alex's follow-up. Minor-consent rules vary by jurisdiction and the particular care involved.

C Not here. This line belongs to turn 4, after Alex says: "I would like some time without my caregiver in the room. Is that different from the record being private?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 8, after Alex says: "What about letters or insurance information that arrive at home after an appointment?" It addresses that point, not the missing turn in the supplied exchange.

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4. Rebuild the exchange from "Different from the infant's usual behavior". Mei: "Who will be responsible for receiving the update as the assessment continues?" Dr Reed: [missing response] Mei: "I can repeat the main change if that helps make sure it was heard correctly." Which response belongs in the gap?

D. We will identify the receiving clinician through the active process and confirm the transfer.

A Not here. This line belongs to turn 6, after Mei says: "I can describe what I saw, but I have not measured anything or kept a formal chart." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 8, after Mei says: "The feeding is also different. I do not want that detail to disappear when someone else takes over." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 16, after Mei says: "I do not want someone to assume that missing numbers mean all the observations are normal." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Dr Reed's response in turn 18. It connects Mei's preceding point with Mei's follow-up. The receiving clinician accepts the relevant information and responsibility and should be explicitly identified rather than assumed.

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Additional case 1 / Explanations

Extended conversation

1. transition plan

Turn 2. A transition plan organizes preparation and responsibilities for moving between services rather than treating the referral alone as a completed transfer.

2. condition summary

Turn 4. A condition summary presents the relevant diagnosis and care history in a usable form and must be checked rather than reconstructed from uncertain memory.

3. receiving service

Turn 8. The receiving service is the team expected to accept the next stage of care and its actual acceptance and appointment arrangements need confirmation.

4. communication arrangements

Turn 12. Communication arrangements specify contacts, permissions, and access routes and must be checked under the relevant service and legal rules rather than a universal age assumption.

5. readiness discussion

Turn 16. A readiness discussion explores the person's understanding, practical skills, and support needs rather than assuming independence from age alone.

6. confirmed transfer

Turn 20. A confirmed transfer establishes that the receiving service has accepted the relevant care responsibilities, rather than merely receiving a referral request.

[Return to the conversation, page 92](#)

Transfer exchange

1. received

Kai: The referral has been received.

Turn 1. The adult service confirms receipt of the referral request.

Additional case 1 / Explanations / continued

2. booked

Pediatrician: A visit is not yet booked.

Turn 2. Receipt does not establish a scheduled appointment in this scenario.

3. clarified

Kai: Interim responsibility needs to be clarified.

Turn 3. The teams must identify who is responsible before the transfer is complete.

4. letter

Pediatrician: The transfer is not simply a sent letter.

Turn 4. A sent referral document alone does not establish a completed care transfer.

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Additional case 2 / Explanations

Extended conversation

1. functional need

Turn 4. A functional need describes the relevant practical difficulty or support requirement and is distinct from disclosing an entire clinical history.

2. information-sharing permission

Turn 6. Information-sharing permission defines what may be disclosed, for what purpose, and to whom under the applicable rules and authorization.

3. designated contact

Turn 10. A designated contact is the named person responsible for the relevant communication and helps avoid uncontrolled distribution or contradictory messages.

4. unsupported statement

Turn 14. An unsupported statement lacks the relevant evidential basis and should not be added merely because an administrative form requests it.

5. report scope

Turn 16. Report scope identifies the subjects and limits covered by the actual assessment and authorization rather than implying a comprehensive opinion on every school issue.

6. purpose-limited disclosure

Turn 20. A purpose-limited disclosure shares information appropriate to the authorized purpose rather than releasing unrelated history without justification.

[Return to the conversation, page 97](#)

Transfer exchange

1. named

Caregiver: That recipient was not named.

Turn 1. The new staff member was not included in the original permission.

Additional case 2 / Explanations / continued

2. authorization

Clinician: We need to check authorization.

Turn 2. Sharing with the new recipient requires verification under the applicable process.

3. sent

Caregiver: The report has not been sent to them.

Turn 3. The scenario states that no disclosure to the new recipient has occurred.

4. unlimited

Clinician: The original permission was not unlimited.

Turn 4. A limited information-sharing permission does not automatically cover every later recipient.

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Additional case 3 / Explanations

Extended conversation

1. observation window

Turn 4. An observation window is the period covered by a report and must be clarified before two accounts are treated as describing the same events.

2. measurement unit

Turn 6. A measurement unit specifies how an amount is expressed and must be clear before quantities from different reports are compared.

3. Offered volume

Turn 8. Offered volume is the amount made available and is not automatically the amount actually taken during the feed.

4. estimated amount

Turn 10. An estimated amount is an approximation and should remain distinguishable from a measured quantity in the feeding history.

5. source-specific summary

Turn 16. A source-specific summary keeps each caregiver's period and observations identifiable rather than blending them into an apparently precise but unsupported total.

6. history reconciliation

Turn 20. History reconciliation aligns accounts by checking sources, timing, units, and uncertainty rather than choosing a winner or manufacturing a combined number.

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Transfer exchange

1. offered

Caregiver: My figure describes what was offered.

Turn 1. One report concerns the amount made available during feeding.

Additional case 3 / Explanations / continued

2. taken

Clinician: The other describes what was taken.

Turn 2. The second report concerns the amount actually taken rather than offered.

3. same

Caregiver: The units are the same.

Turn 3. The scenario states that the units match even though the quantities differ.

4. calculated

Clinician: No combined total has been calculated.

Turn 4. The exercise does not combine the different quantities into an intake total.

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Find a phrase by purpose

Hearing the child and caregiver

Invite the child: Leo, tell me what happens in your own words.

Clarify timing: Is that when it starts or when someone notices it?

Separate episodes: Those may be two different episodes.

[Full phrase bank, page 7](#)

Explaining a growth trajectory

Check the interpretation: What did the number suggest to you?

Reject the grade analogy: This is not a score out of 100.

Name the comparison: It compares this measurement with a reference group.

[Full phrase bank, page 17](#)

Discussing developmental screening

Name the role: This questionnaire identifies concerns that need a closer look.

Separate the conclusion: It does not establish a diagnosis by itself.

Ask across settings: What do you notice at home and in other settings?

[Full phrase bank, page 28](#)

Responding to vaccine questions

Find the concern: What happened after the previous vaccination?

Clarify timing: How soon afterward did you notice the change?

Acknowledge the experience: I can understand why that experience raised a question.

[Full phrase bank, page 38](#)

Find a phrase by purpose / continued

Checking liquid-medicine instructions

Separate the units: Milligrams and milliliters measure different things.

Name the missing link: The actual concentration connects amount and volume.

Use the real product: We need to check this bottle and its current label.

[Full phrase bank, page 50](#)

Explaining adolescent confidentiality

Avoid absolute secrecy: I cannot promise that every circumstance is completely private.

Explain before disclosure: Let us discuss the privacy limits before you share the detail.

Offer private time: We can arrange an appropriate conversation without your caregiver present.

[Full phrase bank, page 60](#)

Coordinating care with a school

Verify the version: Which dated version does the school currently hold?

Name the mismatch: That differs from the version we are reviewing.

Check authorization: We need the appropriate permission for sharing and administration.

[Full phrase bank, page 72](#)

Handing over an urgent change

Lead with the change: You are reporting a clear change from Arlo's usual behavior.

Confirm action: The emergency response is already active.

Ask concretely: What response did you see when you spoke to Arlo?

[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] AAP HealthyChildren. Understanding Growth Charts.

Context for explaining measurements and patterns without treating percentiles as grades. Source checked 10 October 2026.

<https://www.healthychildren.org/English/health-issues/conditions/Glands-Growth-Disorders/Pages/growth-charts-by-the-numbers.aspx>

[2] AAP HealthyChildren. Assessing Developmental Delays.

Background for distinguishing screening concerns from a diagnostic assessment. Source checked 10 October 2026.

<https://www.healthychildren.org/English/ages-stages/toddler/Pages/Assessing-Developmental-Delays.aspx>

[3] AAP HealthyChildren. How to Use Liquid Medicines for Children.

Supports precise liquid-measurement language and appropriate measuring tools; no doses are supplied here. Source checked 10 October 2026.

<https://www.healthychildren.org/English/safety-prevention/at-home/medication-safety/Pages/Using-Liquid-Medicines.aspx>

[4] AAP HealthyChildren. Information for Teens: Privacy.

Context for adolescent privacy conversations; actual legal and record-access rules must be checked locally. Source checked 10 October 2026.

<https://www.healthychildren.org/English/ages-stages/teen/Pages/Information-for-Teens-What-You-Need-to-Know-About-Privacy.aspx>

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-pediatricians.html>

Hear the child. Include the caregiver. Explain the plan.

Eight pediatric encounters practice multiple perspectives, chart explanations, screening uncertainty, respectful disagreement, precise units, confidentiality, school coordination, and time-critical updates.

Hearing the child and caregiver

Before school and after dinner may describe different episodes. Neither phrase proves a cause or a motive.

Explaining a growth trajectory

The 25th percentile is not 25 percent healthy, 25 percent grown, or a target to improve toward 100.

Discussing developmental screening

A screen-positive result identifies a need for further assessment; it is not a diagnosis. Multilingual exposure should be described accurately, not used as an automatic explanation for every concern.

Responding to vaccine questions

After vaccination describes timing. Caused by vaccination requires a causal assessment. Do not dismiss the event or declare its cause without review.

Phil Stilwell

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