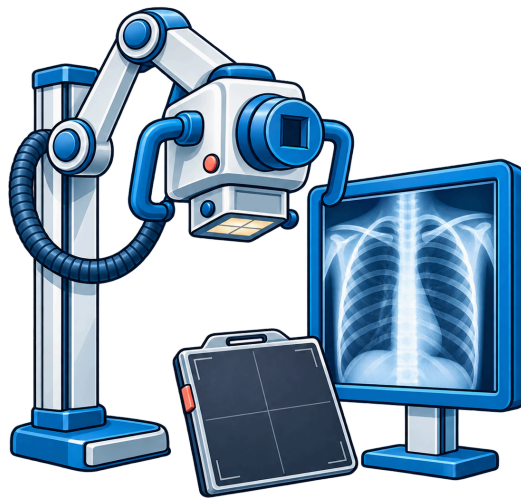

ENGLISH FOR WORK / ENGLISH FOR X-RAY TECHNICIANS

X-Ray & Radiography English

Verify the request. Guide the patient. Close the handoff.



Phil Stilwell

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Eight practical lessons. Eleven extended conversations.

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

Revised 2026 edition / Upper-intermediate to advanced

Your route through the book

01 Resolving a request discrepancy, page 4

Pause an examination and verify conflicting information without suggesting an answer.

02 Adapting positioning instructions, page 14

Give sequenced movement instructions and respond to a limitation without coercion.

03 Asking sensitive screening questions, page 26

Explain a pregnancy-screening question respectfully and preserve an uncertain answer.

04 Helping a child cooperate, page 36

Use concrete language, bounded choices, and honest reassurance with a child.

05 Coordinating portable imaging, page 48

Coordinate equipment, patient movement, and responsibilities before a bedside examination.

06 Explaining a technical limitation, page 58

Describe image quality precisely and distinguish technical review from diagnosis.

07 Responding to requests for results, page 70

Set a helpful professional boundary and give a concrete route for results.

08 Reporting a labeling near miss, page 80

Describe a discrepancy factually and request an authorized correction with an audit trail.

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

A clear instruction is part of a careful examination.

Radiography combines technical precision with short, consequential conversations. Patients need understandable instructions, an opportunity to report difficulty, and a clear distinction between acquiring images and interpreting them.

Verify before proceeding

An identity, examination, or laterality discrepancy requires the actual verification process. Do not resolve it by guessing from a schedule or silently changing a request.

"The request says left, but you describe the right side. I need to verify that discrepancy."

Make movement negotiable

Give one movement instruction at a time and check what the patient can do. Pain, mobility limitations, equipment, and consent may require an adapted approach.

"Tell me before moving if that position is painful or difficult."

Keep interpretation with the authorized clinician

Explain image acquisition and the reporting process within your role. A patient asking about a picture deserves a helpful handoff, not an improvised diagnosis.

"I can explain the examination; the reporting clinician interprets the images."

Preserve the record

Distinguish a technical limitation, a corrected record, and an incident. Use approved systems and escalation routes without deleting evidence or concealing an error.

"I have paused and preserved the record while the discrepancy is reviewed."

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 / RESOLVING A REQUEST DISCREPANCY

Pause an examination and verify conflicting information without suggesting an answer.

The request says left; the patient says right

Morgan arrives for a wrist X-ray. The request names the left wrist, but Morgan describes an injury to the right wrist. Radiographer Alex has not acquired any images. Alex verifies identity using the approved identifiers, records the discrepancy, and contacts the requesting team through the department process. This case does not authorize Alex to rewrite the request.

People: Alex, Radiographer; Morgan, Patient.

Read the record

Choose one answer per question using the facts above.

1. Which side appears on the request?

- A.** Neither
- B.** Left
- C.** Right
- D.** Both

2. What does Morgan describe?

- A.** A diagnosis from the image
- B.** A right-wrist injury
- C.** A left-ankle injury
- D.** A completed examination

3. What happens before acquisition?

- A.** Silently editing the request
- B.** Imaging both sides automatically
- C.** Verification through the department process
- D.** Guessing the intended side

[Answers and explanations, page 106](#)

B Vocabulary in use

CORE TERMS

laterality

The specified right or left side of an examination.
verify laterality

patient identifier

Approved identifying detail used to verify a person's identity.
confirm patient identifiers

requesting clinician

Clinician who initiated the imaging request.
contact the requesting clinician

requisition

Document or electronic order requesting a service.
reconcile the requisition

accession number

Identifier assigned to a particular imaging examination.
verify the accession number

side marker

Marker identifying anatomical side on a radiographic image.
verify the side marker

imaging request

Authorized request describing the intended imaging examination.
review the imaging request

examination site

Anatomical location intended for the examination.
verify the examination site

clinical indication

Clinical question or reason supporting an examination.
clarify the clinical indication

worklist

Electronic list of scheduled or requested imaging examinations.
review the worklist

identity discrepancy

Conflict between identifying details or records.
resolve an identity discrepancy

pre-examination check

Verification performed before carrying out the examination.
complete the pre-examination check

Say it in context

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

laterality LATERALITY

verify laterality

Keep the meaning precise: The specified right or left side of an examination.

clinical indication CLINICAL INDICATION

clarify the clinical indication

Keep the meaning precise: Clinical question or reason supporting an examination.

B Precision and professional shorthand

EXTEND YOUR RANGE

order clarification

Authorized clarification of an ambiguous or conflicting request.

obtain order clarification

anatomical landmark

Identifiable body feature used to orient an examination.

identify an anatomical landmark

verification pause

Temporary stop while relevant information is checked.

explain a verification pause

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

acquisition

Process of obtaining the imaging data.

pause image acquisition

request amendment

Authorized documented change to an examination request.

record a request amendment

resolved discrepancy

Conflict clarified through the appropriate documented process.

confirm a resolved discrepancy

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.

pre-examination check PRE-EXAMINATION CHECK

complete the pre-examination check

Keep the meaning precise: Verification performed before carrying out the examination.

verification pause VERIFICATION PAUSE

explain a verification pause

Keep the meaning precise: Temporary stop while relevant information is checked.

Phrases that move the work forward

Invite the account

Please tell me which wrist was injured.

Explain the pause

I need to clarify this before taking the images.

Name the contact

I will contact the team that requested the examination.

Keep the boundary

I cannot silently change the request on that basis.

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.

Identify the conflict

The request names the left side, while you describe the right.

Avoid blame

I am checking the information, not asking you to resolve the paperwork.

Avoid leading

Please state your details rather than agreeing with my suggestion.

Confirm the resolution

We will proceed once the discrepancy is appropriately resolved.

Explain a term

In everyday language, that means the following.

Check your explanation

Let me explain that another way.

Name responsibility

Let us confirm who will follow up.

Confirm an agreement

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

Precision in real exchanges

Purpose: Avoid blame

Useful wording: I am checking the information, not asking you to resolve the paperwork.

Purpose: Name the contact

Useful wording: I will contact the team that requested the examination.

D Choose the response that fits

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

1. Which question avoids leading?

- A.** It is your left wrist, correct?
- B.** You mean left, do you not?
- C.** Agree that the request is right.
- D.** Please tell me which wrist was injured.

2. What does an accession number identify?

- A.** The reporting diagnosis
- B.** The painful side by itself
- C.** A particular examination
- D.** The patient's preferred language

3. A colleague needs the term for this meaning: Anatomical location intended for the examination. Which term fits?

- A.** patient preference
- B.** anatomical landmark
- C.** examination site
- D.** accession number

D Choose the response that fits / continued

4. Rebuild the exchange from "The request says left; the patient says right". Morgan: "Does that mean you think I have given you the wrong information about my injury?" Alex: [missing response] Morgan: "Thank you. Who can clarify what examination was actually intended when the request was made?" Which response belongs in the gap?

- A.** No. This verification pause checks the information from both sources. It is not a criticism of your account.
- B.** The accession number identifies the examination record. It does not resolve the side conflict on its own.
- C.** Your account matters, but laterality needs verification through our process. I cannot silently rewrite the request.
- D.** The imaging request does name the left wrist. I need to clarify that difference before taking any images.

[Answers and explanations, page 106](#)

One useful distinction

The patient account identifies a conflict; it does not independently authorize a different examination. Verification and request amendment are different actions.

Conversation

The request says left; the patient says right

The request says left; the patient says right

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

WORD AND PHRASE BANK

imaging request / accession number / resolved discrepancy / patient identifier /
Acquisition / laterality / clinical indication / requesting clinician / verification pause /
request amendment

- 01 **Alex:** Before we start, please state the identifying details our department uses and tell me which wrist was injured.
- 02 **Morgan:** My right wrist. The receptionist mentioned the left, so I wondered whether something had been entered incorrectly.
- 03 **Alex:** The ¹ _____ does name the left wrist. I need to clarify that difference before taking any images.
- 04 **Morgan:** Can you just change it to right? That is definitely where I hurt myself yesterday.
- 05 **Alex:** Your account matters, but ² _____ needs verification through our process. I cannot silently rewrite the request.
- 06 **Morgan:** Does that mean you think I have given you the wrong information about my injury?
- 07 **Alex:** No. This ³ _____ checks the information from both sources. It is not a criticism of your account.
- 08 **Morgan:** Thank you. Who can clarify what examination was actually intended when the request was made?
- 09 **Alex:** I will contact the ⁴ _____ or the authorized team following our department procedure.
- 10 **Morgan:** I have a number on my appointment message. Would that settle which wrist you should examine?

Conversation continues on the next page.

The request says left; the patient says right

CONVERSATION / CONTINUED

- 11 **Alex:** The ⁵ _____ identifies the examination record. It does not resolve the side conflict on its own.
- 12 **Morgan:** I understand. You will still check that the record belongs to me before doing anything else?
- 13 **Alex:** Yes. We use the approved ⁶ _____ checks rather than relying only on an appointment number.
- 14 **Morgan:** What will you tell the team when you ask them to look at the request?
- 15 **Alex:** I will state the request's side, your account, and the relevant ⁷ _____ without inventing a new reason for imaging.
- 16 **Morgan:** And if they need to change the order, will that change be recorded somewhere?
- 17 **Alex:** Any authorized ⁸ _____ must follow the proper process so the record remains clear.
- 18 **Morgan:** All right. I would rather have the correct examination than hurry past a mismatch.
- 19 **Alex:** Exactly. ⁹ _____ has not started. I will explain the verified plan once the team responds.
- 20 **Morgan:** So we are waiting for a ¹⁰ _____, not assuming that either account can simply be ignored.

CHECK THE GAPS

1. imaging request / 2. laterality / 3. verification pause / 4. requesting clinician / 5. accession number / 6. patient identifier / 7. clinical indication / 8. request amendment / 9. Acquisition / 10. resolved discrepancy

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

F Check accuracy and scope

The request says left; the patient says right

Return to the case

Morgan arrives for a wrist X-ray. The request names the left wrist, but Morgan describes an injury to the right wrist. Radiographer Alex has not acquired any images. Alex verifies identity using the approved identifiers, records the discrepancy, and contacts the requesting team through the department process. This case does not authorize Alex to rewrite the request.

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

1. Which action exceeds the supplied authorization?

- A. Silently changing the request
- B. Explaining the pause
- C. Contacting the requesting team
- D. Recording the conflict

2. Which wording preserves both sources?

- A. The request must be right.
- B. The patient must be wrong.
- C. Both sides are authorized.
- D. The request says left; the patient reports right.

[Answers and explanations, page 109](#)

Listen for the distinction

Swap roles. Repeat the verification and authorization distinction without adding an examination.

Ask without leading

Invite the patient to state information rather than simply agree with a suggested name or side. Explain the pause as a verification step, not as blame.

F Say it / transfer to a new case

An ankle request with a missing side

An ankle request omits the side. Jo reports a left-ankle injury. No images have been acquired, and the authorized team is being contacted.

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

WORD AND PHRASE BANK

clarify / left / omits / acquired

- 01 **Jo:** My injured ankle is the ¹ _____ one.
- 02 **Radiographer:** The request currently ² _____ the side.
- 03 **Jo:** The team will ³ _____ the request.
- 04 **Radiographer:** No images have been ⁴ _____.

CHECK THE GAPS

1. left / 2. omits / 3. clarify / 4. acquired

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

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 request says left; the patient says right". Morgan: "What will you tell the team when you ask them to look at the request?" Alex: [missing response] Morgan: "And if they need to change the order, will that change be recorded somewhere?" Which response belongs in the gap?

- A.** I will state the request's side, your account, and the relevant clinical indication without inventing a new reason for imaging.
- B.** No. This verification pause checks the information from both sources. It is not a criticism of your account.
- C.** The imaging request does name the left wrist. I need to clarify that difference before taking any images.
- D.** The accession number identifies the examination record. It does not resolve the side conflict on its own.

[Answers and explanations, page 110](#)

A Read the situation

LESSON 02 / ADAPTING POSITIONING INSTRUCTIONS

Give sequenced movement instructions and respond to a limitation without coercion.

One movement at a time

Casey cannot comfortably raise the left shoulder for the planned position. Radiographer Jamie stops the attempted movement and checks the limitation. An adapted examination requires the appropriate departmental approach and, where needed, clinical advice. Casey has not refused all imaging; Casey has said this particular movement hurts. No alternative projection is prescribed by the exercise.

People: Jamie, Radiographer; Casey, Patient.

Read the record

Choose one answer per question using the facts above.

1. What is difficult?

- A.** Raising the left shoulder
- B.** Stating the name
- C.** Hearing all instructions
- D.** Attending any imaging

2. What does Jamie do first?

- A.** Forces the position
- B.** Labels Casey uncooperative
- C.** Invents a new projection
- D.** Stops the attempted movement

3. What is not supplied?

- A.** Casey's reported pain
- B.** A positioning difficulty
- C.** A need to adapt communication
- D.** An authorized alternative projection

[Answers and explanations, page 111](#)

B Vocabulary in use

CORE TERMS

positioning

Arranging the patient's body for the intended image.

explain the positioning

range of motion

Extent of movement available at a joint.

assess available range of motion

weight bearing

Supporting body weight through a limb or joint.

clarify weight-bearing ability

support aid

Equipment used to help maintain a suitable position.

select an approved support aid

supine position

Position lying on the back.

describe the supine position

rotation

Turning around a body or joint axis.

limit uncomfortable rotation

projection

Image view defined by the direction of the X-ray beam.

clarify the requested projection

mobility limitation

Restriction affecting a person's movement.

accommodate a mobility limitation

transfer assistance

Help moving between surfaces or positions.

arrange transfer assistance

upright position

Position with the upper body vertical.

explain an upright position

lateral position

Position lying on or oriented toward a side.

clarify the lateral position

alignment

Relationship of body parts to the intended imaging geometry.

check patient alignment

Say it in context

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

positioning POSITIONING

explain the positioning

Keep the meaning precise: Arranging the patient's body for the intended image.

transfer assistance TRANSFER ASSISTANCE

arrange transfer assistance

Keep the meaning precise: Help moving between surfaces or positions.

B Precision and professional shorthand

EXTEND YOUR RANGE

immobilization

Restriction of movement using an appropriate method.

explain proposed immobilization

physical assistance

Hands-on support provided with appropriate agreement and competence.

ask before physical assistance

adapted technique

Modified examination approach appropriate to the clinical and technical situation.

discuss an adapted technique

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

pain-limited movement

Movement restricted by the person's reported pain.

document pain-limited movement

breath-hold instruction

Direction to briefly suspend breathing for an image when appropriate.

rehearse a breath-hold instruction

movement cue

Short instruction directing one specific movement.

give a clear movement cue

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.

alignment ALIGNMENT

check patient alignment

Keep the meaning precise: Relationship of body parts to the intended imaging geometry.

adapted technique ADAPTED TECHNIQUE

discuss an adapted technique

Keep the meaning precise: Modified examination approach appropriate to the clinical and technical situation.

Phrases that move the work forward

Give one step

Please turn slightly toward me, then stop.

Stop clearly

Stop there; do not force that movement.

Ask before touch

May I help support your arm?

Explain adaptation

I will check how we can adapt the examination appropriately.

Jamie / in the conversation

I will explain one movement at a time.

Casey / in the conversation

I can turn a little, but I cannot lift the arm that high.

Casey / in the conversation

I am worried you will think I am refusing to cooperate.

Casey / in the conversation

It is easier when I know exactly which movement you are asking me to try.

Invite a limit

Tell me before moving if that is painful or difficult.

Clarify ability

Which part of that movement is difficult?

Acknowledge the report

Thank you for telling me about the pain.

Rehearse first

We can practice the instruction before acquiring the image.

Jamie / in the conversation

Please tell me before moving if a position is painful or difficult.

Jamie / in the conversation

This is pain-limited movement, and we should not force the position just to follow the first instruction.

Jamie / in the conversation

I will record the actual mobility limitation, not describe you as refusing every part of the examination.

Jamie / in the conversation

I can give a shorter movement cue and pause between steps.

Precision in real exchanges

Purpose: Clarify ability

Useful wording: Which part of that movement is difficult?

Purpose: Ask before touch

Useful wording: May I help support your arm?

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 record is most accurate?

- A.** Casey reports pain when raising the left shoulder.
- B.** Casey refuses every examination.
- C.** Casey is deliberately difficult.
- D.** Casey has normal movement.

2. Which instruction respects the limitation?

- A.** Keep going despite the pain.
- B.** Ignore your shoulder.
- C.** The picture matters more than your report.
- D.** Stop there; do not force the movement.

3. A colleague needs the term for this meaning: Restriction affecting a person's movement. Which term fits?

- A.** patient preference
- B.** physical assistance
- C.** supine position
- D.** mobility limitation

D Choose the response that fits / continued

4. Rebuild the exchange from "One movement at a time". Casey: "Thank you. It is easier when I know exactly which movement you are asking me to try." Jamie: [missing response] Casey: "Could you explain what the position is intended to show without asking me to force it?" Which response belongs in the gap?

- A.** Stop there. This is pain-limited movement, and we should not force the position just to follow the first instruction.
- B.** No. An adapted technique must fit the clinical question and our authorized process, rather than be an improvised substitute.
- C.** I can give a shorter movement cue and pause between steps. We can check what is comfortable before proceeding.
- D.** The requested projection is a particular view. I will check the appropriate approach when that positioning is difficult.

[Answers and explanations, page 111](#)

One useful distinction

Cannot comfortably move is different from refuses imaging. Record the actual limitation and avoid labeling the patient uncooperative.

E Conversation

One movement at a time

One movement at a time

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

WORD AND PHRASE BANK

range of motion / pain-limited movement / movement cue / Physical assistance / support aid / projection / adapted technique / breath-hold instruction / mobility limitation / positioning

- 01 **Jamie:** I will explain one movement at a time. Please tell me before moving if a position is painful or difficult.
- 02 **Casey:** Raising this left shoulder hurts. I can turn a little, but I cannot lift the arm that high.
- 03 **Jamie:** Stop there. This is ¹ _____, and we should not force the position just to follow the first instruction.
- 04 **Casey:** I do want the examination. I am worried you will think I am refusing to cooperate.
- 05 **Jamie:** I will record the actual ² _____, not describe you as refusing every part of the examination.
- 06 **Casey:** Thank you. It is easier when I know exactly which movement you are asking me to try.
- 07 **Jamie:** I can give a shorter ³ _____ and pause between steps. We can check what is comfortable before proceeding.
- 08 **Casey:** Could you explain what the position is intended to show without asking me to force it?
- 09 **Jamie:** The requested ⁴ _____ is a particular view. I will check the appropriate approach when that positioning is difficult.
- 10 **Casey:** Would a cushion or some support help, or does that need to be checked as well?

Conversation continues on the next page.

One movement at a time

CONVERSATION / CONTINUED

- 11 **Jamie:** Any ⁵ _____ must be appropriate for this examination.
- 12 **Casey:** I would also like you to ask before moving my arm, because unexpected movement makes me tense.
- 13 **Jamie:** Of course. ⁶ _____ needs your agreement and a suitable assessment. May I help support it while you stay still?
- 14 **Casey:** Yes, supporting it is comfortable. Please do not lift it farther without checking with me first.
- 15 **Jamie:** Understood. I will keep your ⁷ _____ limitation clear when I discuss the examination with the team.
- 16 **Casey:** Does changing the way I sit automatically mean you can take a different view instead?
- 17 **Jamie:** No. An ⁸ _____ must fit the clinical question and our authorized process, rather than be an improvised substitute.
- 18 **Casey:** Once that is settled, could we practice any breathing instruction before the image is taken?
- 19 **Jamie:** Yes, if a ⁹ _____ is appropriate, we can rehearse it and check that the wording is manageable for you.
- 20 **Casey:** Clear ¹⁰ _____ instructions and a pause give me a chance to tell you what I can actually do.

CHECK THE GAPS

1. pain-limited movement / 2. mobility limitation / 3. movement cue / 4. projection / 5. support aid / 6. Physical assistance / 7. range of motion / 8. adapted technique / 9. breath-hold instruction / 10. positioning

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

F Check accuracy and scope

One movement at a time

Return to the case

Casey cannot comfortably raise the left shoulder for the planned position. Radiographer Jamie stops the attempted movement and checks the limitation. An adapted examination requires the appropriate departmental approach and, where needed, clinical advice. Casey has not refused all imaging; Casey has said this particular movement hurts. No alternative projection is prescribed by the exercise.

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

1. What should precede hands-on help?

- A.** An assumption of permission
- B.** A surprise movement
- C.** A guessed transfer method
- D.** Appropriate agreement and assessment

2. What is a projection?

- A.** A guaranteed alternative position
- B.** A view defined by beam direction
- C.** The patient's predicted diagnosis
- D.** A consent signature

[Answers and explanations, page 114](#)

Listen for the distinction

Swap roles. Contrast a painful movement with refusal, and practice asking before assistance.

A limitation is useful information

Thank the patient for reporting pain. Avoid interpreting inability as unwillingness, and obtain agreement before offering physical assistance.

F Say it / transfer to a new case

A transfer needs assessment

Drew says standing from the chair is difficult. The radiographer has not assessed transfer assistance and asks the appropriate team for help. Drew has not refused imaging.

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

difficult / refused / assistance / assessment

- 01 **Drew:** Standing from this chair is ¹ _____.
- 02 **Radiographer:** The transfer needs ² _____.
- 03 **Drew:** I have not ³ _____ the examination.
- 04 **Radiographer:** I will request appropriate ⁴ _____.

CHECK THE GAPS

1. difficult / 2. assessment / 3. refused / 4. assistance

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

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 "One movement at a time". Casey: "Yes, supporting it is comfortable. Please do not lift it farther without checking with me first." Jamie: [missing response] Casey: "Does changing the way I sit automatically mean you can take a different view instead?" Which response belongs in the gap?

- A.** I will record the actual mobility limitation, not describe you as refusing every part of the examination.
- B.** Stop there. This is pain-limited movement, and we should not force the position just to follow the first instruction.
- C.** The requested projection is a particular view. I will check the appropriate approach when that positioning is difficult.
- D.** Understood. I will keep your range of motion limitation clear when I discuss the examination with the team.

[Answers and explanations, page 115](#)

Review 1 / Meaning and context

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

Case file

Revisit "Resolving a request discrepancy" and "Adapting positioning instructions". 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: Approved identifying detail used to verify a person's identity. Which term fits?

- A. patient identifier
- B. teach-back
- C. acquisition
- D. worklist

2. A colleague needs the term for this meaning: Position with the upper body vertical. Which term fits?

- A. upright position
- B. immobilization
- C. positioning
- D. qualified interpreter

3. Rebuild the exchange from "The request says left; the patient says right". Morgan: "I have a number on my appointment message. Would that settle which wrist you should examine?" Alex: [missing response] Morgan: "I understand. You will still check that the record belongs to me before doing anything else?" Which response belongs in the gap?

- A. The accession number identifies the examination record. It does not resolve the side conflict on its own.
- B. The imaging request does name the left wrist. I need to clarify that difference before taking any images.
- C. Your account matters, but laterality needs verification through our process. I cannot silently rewrite the request.
- D. No. This verification pause checks the information from both sources. It is not a criticism of your account.

Review 1 / Meaning and context / continued

4. Rebuild the exchange from "One movement at a time". Casey: "Once that is settled, could we practice any breathing instruction before the image is taken?" Jamie: [missing response] Casey: "Clear positioning instructions and a pause give me a chance to tell you what I can actually do." Which response belongs in the gap?

- A.** Yes, if a breath-hold instruction is appropriate, we can rehearse it and check that the wording is manageable for you.
- B.** Stop there. This is pain-limited movement, and we should not force the position just to follow the first instruction.
- C.** I can give a shorter movement cue and pause between steps. We can check what is comfortable before proceeding.
- D.** Of course. Physical assistance needs your agreement and a suitable assessment. May I help support it while you stay still?

[Answers and explanations, page 146](#)

A Read the situation

LESSON 03 / ASKING SENSITIVE SCREENING QUESTIONS

Explain a pregnancy-screening question respectfully and preserve an uncertain answer.

A private answer before the examination

Rowan is asked a pregnancy-screening question under the department protocol and requests privacy from a companion. Rowan is unsure of the answer. Radiographer Taylor offers a private conversation and follows the appropriate review process. The uncertainty is not recorded as a negative answer. The exercise supplies neither an individualized radiation-risk estimate nor a decision to perform or cancel the examination.

People: Taylor, Radiographer; Rowan, Patient.

Read the record

Choose one answer per question using the facts above.

1. What does Rowan request?

- A.** A diagnosis from the image
- B.** Automatic cancellation
- C.** An invented risk estimate
- D.** Privacy from a companion

2. What answer is supplied?

- A.** Uncertainty
- B.** Confirmed pregnancy
- C.** A verified negative result
- D.** Refusal of all care

3. What decision is not supplied?

- A.** Whether to perform or cancel the examination
- B.** A need for review
- C.** A privacy request
- D.** A screening question

[Answers and explanations, page 116](#)

B Vocabulary in use

CORE TERMS

pregnancy screening

Process of checking relevant pregnancy information before an examination.

explain pregnancy screening

screening uncertainty

Unresolved information from a screening question or process.

preserve screening uncertainty

sensitive history

Personal information requiring respectful and appropriate handling.

obtain a sensitive history

radiation exposure

Exposure to radiation during an examination or other event.

discuss radiation exposure

optimization

Adjusting imaging practice to achieve its purpose with appropriate exposure.

explain optimization

radiologist review

Assessment by a physician specializing in medical imaging.

request radiologist review

possible pregnancy

Pregnancy that has not been confirmed or excluded.

report possible pregnancy

private conversation

Discussion held away from people not authorized to hear it.

offer a private conversation

ionizing radiation

Radiation capable of removing electrons from atoms.

explain ionizing radiation

justification

Assessment that an examination's expected benefit warrants its use.

review examination justification

benefit-risk discussion

Comparison of expected benefit and relevant possible harm.

arrange a benefit-risk discussion

examination protocol

Approved approach for a particular imaging examination.

follow the examination protocol

Say it in context

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

pregnancy screening PREGNANCY SCREENING

explain pregnancy screening

Keep the meaning precise: Process of checking relevant pregnancy information before an examination.

ionizing radiation IONIZING RADIATION

explain ionizing radiation

Keep the meaning precise: Radiation capable of removing electrons from atoms.

B Precision and professional shorthand

EXTEND YOUR RANGE

screening response

Recorded answer to a screening question.

document the screening response

reproductive history

Relevant history concerning pregnancy and reproduction.

ask about reproductive history

clinical urgency

Degree to which the clinical situation requires prompt action.

communicate clinical urgency

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

exposure history

Account of relevant prior radiation exposure.

clarify the exposure history

privacy preference

Person's stated wishes about who hears personal information.

respect a privacy preference

review outcome

Decision or findings following the appropriate assessment.

explain the review outcome

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.

examination protocol EXAMINATION PROTOCOL

follow the examination protocol

Keep the meaning precise: Approved approach for a particular imaging examination.

clinical urgency CLINICAL URGENCY

communicate clinical urgency

Keep the meaning precise: Degree to which the clinical situation requires prompt action.

Phrases that move the work forward

Give the reason

This question is part of our examination-screening process.

Allow uncertainty

It is all right to say that you are unsure.

Avoid a blanket rule

The appropriate team needs to review the actual examination.

Protect the boundary

I cannot give an individualized risk estimate from this information alone.

Taylor / in the conversation

I need to ask a question required by our screening process.

Rowan / in the conversation

My companion does not know everything about my situation, and I would rather answer without them here.

Rowan / in the conversation

I may not be able to give a definite answer about whether I could be pregnant.

Rowan / in the conversation

Does being unsure automatically mean that every kind of X-ray has to be canceled?

Offer privacy

Would you prefer to discuss this without your companion present?

Record accurately

I will record uncertainty rather than a negative answer.

Explain the referral

I will arrange the relevant clinical discussion.

Return with a plan

We will explain the reviewed plan before proceeding.

Taylor / in the conversation

Would you prefer to discuss it privately?

Taylor / in the conversation

I will explain why the question matters before asking for personal information.

Taylor / in the conversation

Screening uncertainty is important information; it should not be changed to no.

Taylor / in the conversation

The examination protocol and clinical circumstances guide the appropriate review.

Precision in real exchanges

Purpose: Record accurately

Useful wording: I will record uncertainty rather than a negative answer.

Purpose: Avoid a blanket rule

Useful wording: The appropriate team needs to review the actual examination.

D Choose the response that fits

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

1. Which entry matches Rowan's response?

- A.** Unsure
- B.** Negative
- C.** Confirmed positive
- D.** No screening required

2. Which statement overpromises?

- A.** I will preserve your answer.
- B.** There is absolutely no risk in every case.
- C.** The team will review this examination.
- D.** We can speak privately.

3. A colleague needs the term for this meaning: Discussion held away from people not authorized to hear it. Which term fits?

- A.** private conversation
- B.** reproductive history
- C.** optimization
- D.** patient preference

D Choose the response that fits / continued

4. Rebuild the exchange from "A private answer before the examination". Rowan: "Does being unsure automatically mean that every kind of X-ray has to be canceled?" Taylor: [missing response] Rowan: "I would like someone to explain the possible benefit and risk of this particular examination." Which response belongs in the gap?

- A.** Yes. Justification concerns whether the expected benefit warrants the examination in its clinical context.
- B.** I will respect that privacy preference within the applicable rules and explain any relevant limits.
- C.** Yes. The screening response must reflect what you said, not a more convenient definite answer.
- D.** No blanket conclusion follows. The examination protocol and clinical circumstances guide the appropriate review.

[Answers and explanations, page 116](#)

One useful distinction

Unsure is not no. Screening information supports the appropriate review; it does not create a universal instruction to cancel or proceed.

Conversation

A private answer before the examination

A private answer before the examination

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

WORD AND PHRASE BANK

private conversation / screening response / review outcome / benefit-risk discussion /
Screening uncertainty / radiologist review / privacy preference / ionizing radiation /
Justification / examination protocol

- 01 **Taylor:** I need to ask a question required by our screening process. Would you prefer to discuss it privately?
- 02 **Rowan:** Yes. My companion does not know everything about my situation, and I would rather answer without them here.
- 03 **Taylor:** We can arrange a ¹ _____. I will explain why the question matters before asking for personal information.
- 04 **Rowan:** Thank you. I may not be able to give a definite answer about whether I could be pregnant.
- 05 **Taylor:** Please say that clearly. ² _____ is important information; it should not be changed to no.
- 06 **Rowan:** Does being unsure automatically mean that every kind of X-ray has to be canceled?
- 07 **Taylor:** No blanket conclusion follows. The ³ _____ and clinical circumstances guide the appropriate review.
- 08 **Rowan:** I would like someone to explain the possible benefit and risk of this particular examination.
- 09 **Taylor:** I can arrange a ⁴ _____ with the appropriate professional, without inventing an individual estimate myself.
- 10 **Rowan:** I have heard the word radiation, but I do not know what kind this examination uses.

Conversation continues on the next page.

A private answer before the examination

CONVERSATION / CONTINUED

- 11 **Taylor:** X-rays use ⁵ _____. The team can explain what that means for the proposed examination and your circumstances.
- 12 **Rowan:** Will my uncertain answer still be visible when the person reviewing the examination reads the record?
- 13 **Taylor:** Yes. The ⁶ _____ must reflect what you said, not a more convenient definite answer.
- 14 **Rowan:** Could the reason the examination is needed also matter to that discussion?
- 15 **Taylor:** Yes. ⁷ _____ concerns whether the expected benefit warrants the examination in its clinical context.
- 16 **Rowan:** And I would like my companion included only after we agree what can be discussed with them.
- 17 **Taylor:** I will respect that ⁸ _____ within the applicable rules and explain any relevant limits.
- 18 **Rowan:** Who will tell me what the review means for the next step?
- 19 **Taylor:** We will arrange the appropriate ⁹ _____ or other authorized clinical review, then explain the outcome and next step.
- 20 **Rowan:** That gives me a clear process without pretending the ¹⁰ _____ has already been decided.

CHECK THE GAPS

1. private conversation / 2. Screening uncertainty / 3. examination protocol / 4. benefit-risk discussion / 5. ionizing radiation / 6. screening response / 7. Justification / 8. privacy preference / 9. radiologist review / 10. review outcome

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

F Check accuracy and scope

A private answer before the examination

Return to the case

Rowan is asked a pregnancy-screening question under the department protocol and requests privacy from a companion. Rowan is unsure of the answer. Radiographer Taylor offers a private conversation and follows the appropriate review process. The uncertainty is not recorded as a negative answer. The exercise supplies neither an individualized radiation-risk estimate nor a decision to perform or cancel the examination.

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

1. What should guide the next step?

- A. An invented exposure calculation
- B. The actual protocol and clinical review
- C. A blanket cancellation rule
- D. The companion's guess

2. Which phrase supports privacy?

- A. I will announce the answer outside.
- B. We can discuss this without your companion present.
- C. Your companion must answer for you.
- D. Everyone needs to hear this.

[Answers and explanations, page 118](#)

Listen for the distinction

Swap roles. Explain privacy and review without supplying a risk estimate or examination decision.

Explain why before asking

A personal question can feel intrusive when asked without context or in front of a companion. Offer appropriate privacy without making assumptions about identity, relationships, or reproductive history.

F Say it / transfer to a new case

A companion asks for the answer

A companion asks what Rowan said. Rowan has requested privacy and has not authorized sharing the answer. The clinical review remains pending.

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

privacy / pending / answer / authorized

- 01 **Companion:** Can you share the screening ¹ _____?
- 02 **Radiographer:** Sharing has not been ² _____.
- 03 **Companion:** The review is still ³ _____?
- 04 **Radiographer:** I need to respect the requested ⁴ _____.

CHECK THE GAPS

1. answer / 2. authorized / 3. pending / 4. privacy

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

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 private answer before the examination". Rowan: "Could the reason the examination is needed also matter to that discussion?" Taylor: [missing response] Rowan: "And I would like my companion included only after we agree what can be discussed with them." Which response belongs in the gap?

- A.** Yes. The screening response must reflect what you said, not a more convenient definite answer.
- B.** I will respect that privacy preference within the applicable rules and explain any relevant limits.
- C.** Yes. Justification concerns whether the expected benefit warrants the examination in its clinical context.
- D.** No blanket conclusion follows. The examination protocol and clinical circumstances guide the appropriate review.

[Answers and explanations, page 120](#)

A Read the situation

LESSON 04 / HELPING A CHILD COOPERATE

Use concrete language, bounded choices, and honest reassurance with a child.

A rehearsal before the picture

Eight-year-old Mina is anxious about a requested chest X-ray. Radiographer Lee explains the equipment and rehearses the relevant instruction before acquisition. Mina worries that the machine will touch her. Her caregiver is available, but any presence or assistance during exposure depends on the department safety process. The exercise does not prescribe restraint or a caregiver position.

People: Lee, Radiographer; Mina, Child patient.

Read the record

Choose one answer per question using the facts above.

1. What worries Mina?

- A.** Whether the machine will touch her
- B.** A known diagnosis
- C.** A report already issued
- D.** A prescribed restraint

2. What happens before acquisition?

- A.** Unapproved restraint
- B.** Automatic caregiver exposure
- C.** Explanation and rehearsal
- D.** A promise of no possible discomfort

3. What controls caregiver assistance?

- A.** A universal rule invented here
- B.** The child's guess
- C.** The appointment color
- D.** The department safety process

[Answers and explanations, page 121](#)

B Vocabulary in use

CORE TERMS

age-appropriate explanation

Explanation adapted to the child's understanding and communication needs.

give an age-appropriate explanation

caregiver permission

Authorization from an appropriate caregiver when required.

verify caregiver permission

demonstration

Showing an action before asking someone to perform it.

offer a demonstration

bounded choice

Limited genuine choice within the available safe options.

offer a bounded choice

distress cue

Sign suggesting anxiety, discomfort, or difficulty coping.

notice a distress cue

caregiver presence

Caregiver being with the child during a relevant stage.

clarify caregiver presence

assent

Child's affirmative agreement appropriate to age and circumstances.

seek meaningful assent

child-life support

Specialist support helping children cope with healthcare experiences.

request child-life support

practice run

Rehearsal before the actual procedure or acquisition.

complete a practice run

sensory description

Explanation of what someone may see, hear, or feel.

provide a sensory description

coping strategy

Method helping a person manage an uncomfortable experience.

agree on a coping strategy

protective arrangement

Appropriate safety setup for people involved in an examination.

confirm protective arrangements

Say it in context

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

age-appropriate explanation AGE-APPROPRIATE EXPLANATION

give an age-appropriate explanation

Keep the meaning precise: Explanation adapted to the child's understanding and communication needs.

practice run PRACTICE RUN

complete a practice run

Keep the meaning precise: Rehearsal before the actual procedure or acquisition.

B Precision and professional shorthand

EXTEND YOUR RANGE

stillness

Absence of movement during the relevant acquisition interval.

explain brief stillness

reassurance

Supportive explanation that does not promise an unsupported outcome.

give honest reassurance

cooperation

Participation supported by understanding and appropriate assistance.

support cooperation

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

exposure signal

Cue associated with the actual imaging exposure.

explain the exposure signal

stop signal

Agreed cue for communicating a need to pause.

agree on a stop signal

preparation sequence

Ordered explanation and steps before the examination.

simplify the preparation sequence

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.

protective arrangement PROTECTIVE ARRANGEMENT

confirm protective arrangements

Keep the meaning precise: Appropriate safety setup for people involved in an examination.

cooperation COOPERATION

support cooperation

Keep the meaning precise: Participation supported by understanding and appropriate assistance.

Phrases that move the work forward

Address the child

Mina, I will explain what happens before we start.

Offer a real choice

Would you like me to explain first or demonstrate first?

Invite a question

Which part worries you most?

Explain caregiver arrangements

We need to check where your caregiver can safely be.

Lee / in the conversation

Mina, I will explain the equipment before we begin.

Mina / in the conversation

The big machine looks as though it might move toward me.

Lee / in the conversation

Let me give a sensory description of this equipment, then show you the part used for the picture.

Lee / in the conversation

That is a useful bounded choice: demonstration first, then we can talk through the instructions.

Describe honestly

I can show you which part makes the picture.

Rehearse

We can practice that instruction before taking the picture.

Bound the reassurance

I will tell you before we change position.

Agree on a pause

Let us agree how you can tell me you need a pause.

Lee / in the conversation

Which part of having the picture taken worries you most?

Mina / in the conversation

I do not know what it does.

Mina / in the conversation

It is easier when I can see what you mean.

Mina / in the conversation

Do I have to understand every long word before we can do the examination?

Precision in real exchanges

Purpose: Rehearse

Useful wording: We can practice that instruction before taking the picture.

Purpose: Invite a question

Useful wording: Which part worries you most?

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 choice is genuine here?

- A.** Unlimited movement during acquisition
- B.** Explanation first or demonstration first
- C.** Any unassessed exposure position
- D.** A guaranteed normal result

2. Which reassurance is honest?

- A.** Your caregiver can stand anywhere.
- B.** I will explain before we change position.
- C.** Nothing can ever feel uncomfortable.
- D.** Every result will be normal.

3. A colleague needs the term for this meaning: Specialist support helping children cope with healthcare experiences. Which term fits?

- A.** distress cue
- B.** child-life support
- C.** patient preference
- D.** reassurance

D Choose the response that fits / continued

4. Rebuild the exchange from "A rehearsal before the picture". Mina: "Do I have to understand every long word before we can do the examination?" Lee: [missing response] Mina: "I heard someone say stay still. I am worried that I will forget what to do." Which response belongs in the gap?

- A.** Certainly. A clear preparation sequence helps you know what happens next. I will explain before changing the instruction.
- B.** Let me give a sensory description of this equipment, then show you the part used for the picture.
- C.** No. An age-appropriate explanation uses words that make sense to you. You can ask me to explain anything again.
- D.** We can have a practice run before the picture, so you know the sequence rather than guessing during it.

[Answers and explanations, page 121](#)

One useful distinction

Assent and caregiver permission are not interchangeable. Requirements depend on age, capacity, law, and setting; involve the child appropriately without inventing a legal rule.

E Conversation

A rehearsal before the picture

A rehearsal before the picture

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

WORD AND PHRASE BANK

practice run / stop signal / preparation sequence / age-appropriate explanation / demonstration / protective arrangement / bounded choice / assent / exposure signal / sensory description

- 01 **Lee:** Mina, I will explain the equipment before we begin. Which part of having the picture taken worries you most?
- 02 **Mina:** The big machine looks as though it might move toward me. I do not know what it does.
- 03 **Lee:** Let me give a ¹ _____ of this equipment, then show you the part used for the picture.
- 04 **Mina:** Could you show me first? It is easier when I can see what you mean.
- 05 **Lee:** Yes. That is a useful ² _____: demonstration first, then we can talk through the instructions.
- 06 **Mina:** Do I have to understand every long word before we can do the examination?
- 07 **Lee:** No. An ³ _____ uses words that make sense to you. You can ask me to explain anything again.
- 08 **Mina:** I heard someone say stay still. I am worried that I will forget what to do.
- 09 **Lee:** We can have a ⁴ _____ before the picture, so you know the sequence rather than guessing during it.
- 10 **Mina:** Will you tell me when the practice finishes and when the real picture begins?

Conversation continues on the next page.

A rehearsal before the picture

CONVERSATION / CONTINUED

- 11 **Lee:** Yes. I will explain the ⁵ _____ used here and distinguish practice from the actual picture.
- 12 **Mina:** Can my caregiver stay beside me the whole time? I feel calmer when I can see them.
- 13 **Lee:** We need to check the ⁶ _____ before promising where anyone can stand during exposure.
- 14 **Mina:** All right. Could you also tell me before asking me to move into a different position?
- 15 **Lee:** Certainly. A clear ⁷ _____ helps you know what happens next. I will explain before changing the instruction.
- 16 **Mina:** What should I do if I get frightened or do not understand the next step?
- 17 **Lee:** Let us agree on a ⁸ _____ so you can tell me. We will explain how to use it here.
- 18 **Mina:** I would like to practice with you before the picture. That feels less surprising.
- 19 **Lee:** Your ⁹ _____ matters. We also follow the required permission and safety process with your caregiver.
- 20 **Mina:** I understand. The ¹⁰ _____ first, then a practice, and I can tell you when I need something explained again.

CHECK THE GAPS

1. sensory description / **2.** bounded choice / **3.** age-appropriate explanation / **4.** practice run / **5.** exposure signal / **6.** protective arrangement / **7.** preparation sequence / **8.** stop signal / **9.** assent / **10.** demonstration

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

F Check accuracy and scope

A rehearsal before the picture

Return to the case

Eight-year-old Mina is anxious about a requested chest X-ray. Radiographer Lee explains the equipment and rehearses the relevant instruction before acquisition. Mina worries that the machine will touch her. Her caregiver is available, but any presence or assistance during exposure depends on the department safety process. The exercise does not prescribe restraint or a caregiver position.

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

1. What does a practice run do?

- A. Replaces all permission requirements
- B. Establishes a diagnosis
- C. Guarantees cooperation
- D. Rehearses an instruction before acquisition

2. Which terms require distinction?

- A. Pause and brief stop
- B. Explain and clarify
- C. Assent and caregiver permission
- D. Picture and image in plain explanation

[Answers and explanations, page 124](#)

Listen for the distinction

Swap roles. Practice the real preparation choice without promising a result or caregiver position.

Include the child directly

Speak to the child rather than only about the child. A choice about explanation or rehearsal is meaningful; do not offer a false choice about a decision that has not been assessed.

F Say it / transfer to a new case

The instruction was too long

Noah forgets a three-part instruction during practice. The radiographer breaks it into one step at a time. No image has yet been acquired.

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

practice / step / taken / instruction

- 01 **Noah:** I forgot the three-part ¹ _____.
- 02 **Radiographer:** We can use one ² _____ at a time.
- 03 **Noah:** This is still ³ _____.
- 04 **Radiographer:** No image has been ⁴ _____.

CHECK THE GAPS

1. instruction / 2. step / 3. practice / 4. taken

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

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 rehearsal before the picture". Mina: "All right. Could you also tell me before asking me to move into a different position?" Lee: [missing response] Mina: "What should I do if I get frightened or do not understand the next step?" Which response belongs in the gap?

- A.** Certainly. A clear preparation sequence helps you know what happens next. I will explain before changing the instruction.
- B.** No. An age-appropriate explanation uses words that make sense to you. You can ask me to explain anything again.
- C.** We can have a practice run before the picture, so you know the sequence rather than guessing during it.
- D.** Let me give a sensory description of this equipment, then show you the part used for the picture.

[Answers and explanations, page 125](#)

Review 2 / Meaning and context

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

Case file

Revisit "Asking sensitive screening questions" and "Helping a child cooperate". 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: Unresolved information from a screening question or process. Which term fits?

- A. exposure history
- B. justification
- C. screening uncertainty
- D. teach-back

2. A colleague needs the term for this meaning: Explanation of what someone may see, hear, or feel. Which term fits?

- A. stillness
- B. sensory description
- C. qualified interpreter
- D. age-appropriate explanation

3. Rebuild the exchange from "One movement at a time". Casey: "Would a cushion or some support help, or does that need to be checked as well?" Jamie: [missing response] Casey: "I would also like you to ask before moving my arm, because unexpected movement makes me tense." Which response belongs in the gap?

- A. Any support aid must be appropriate for this examination.
- B. I will record the actual mobility limitation, not describe you as refusing every part of the examination.
- C. The requested projection is a particular view. I will check the appropriate approach when that positioning is difficult.
- D. Understood. I will keep your range of motion limitation clear when I discuss the examination with the team.

Review 2 / Meaning and context / continued

4. Rebuild the exchange from "A rehearsal before the picture". Mina: "I would like to practice with you before the picture. That feels less surprising." Lee: [missing response] Mina: "I understand. The demonstration first, then a practice, and I can tell you when I need something explained again." Which response belongs in the gap?

- A.** Yes. That is a useful bounded choice: demonstration first, then we can talk through the instructions.
- B.** Your assent matters. We also follow the required permission and safety process with your caregiver.
- C.** We need to check the protective arrangement before promising where anyone can stand during exposure.
- D.** Yes. I will explain the exposure signal used here and distinguish practice from the actual picture.

[Answers and explanations, page 148](#)

A Read the situation

LESSON 05 / COORDINATING PORTABLE IMAGING

Coordinate equipment, patient movement, and responsibilities before a bedside examination.

The bedside team stays connected

Radiographer Sam arrives for a portable chest examination. Nurse Priya identifies attached lines and monitoring equipment. Sam asks for the appropriate bedside team to coordinate any movement or equipment management. No line is disconnected, no device setting is changed, and no examination is performed until the actual preparation and safety checks are complete.

People: Sam, Radiographer; Priya, Bedside nurse.

Read the record

Choose one answer per question using the facts above.

1. What examination is requested?

- A. An independent line adjustment
- B. A device-setting change
- C. A completed diagnosis
- D. A portable chest examination

2. Who identifies attached equipment?

- A. The exercise author
- B. Priya
- C. A visitor
- D. An absent interpreter

3. What has not happened?

- A. Arrival at the bedside
- B. A line disconnection
- C. A preparation discussion
- D. A request for coordination

[Answers and explanations, page 126](#)

B Vocabulary in use

CORE TERMS

portable radiography

Radiographic imaging performed with mobile equipment at the patient's location.

coordinate portable radiography

mobile X-ray unit

Movable equipment used to acquire radiographs outside a fixed room.

position the mobile X-ray unit

attached line

Tube or connection linked to the patient's care.

identify attached lines

oxygen delivery device

Equipment providing prescribed oxygen support.

identify the oxygen delivery device

equipment clearance

Available space for positioning and moving equipment.

check equipment clearance

isolation status

Applicable infection-control designation for the patient or area.

verify isolation status

bedside examination

Examination performed where the patient is receiving bedside care.

prepare a bedside examination

detector placement

Positioning the image receptor for the intended examination.

coordinate detector placement

monitoring equipment

Devices used to observe relevant physiological information.

protect monitoring equipment

bedside coordination

Joint planning of activity around the patient's immediate care.

request bedside coordination

infection precaution

Measure intended to reduce transmission of infection.

follow infection precautions

cleaning protocol

Approved process for decontaminating equipment or surfaces.

follow the cleaning protocol

Say it in context

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

portable radiography **PORTABLE RADIOGRAPHY**

coordinate portable radiography

Keep the meaning precise: Radiographic imaging performed with mobile equipment at the patient's location.

monitoring equipment **MONITORING EQUIPMENT**

protect monitoring equipment

Keep the meaning precise: Devices used to observe relevant physiological information.

B Precision and professional shorthand

EXTEND YOUR RANGE

patient support

Assistance needed to maintain a suitable and safe position.

arrange patient support

team readiness

Confirmation that required people and preparations are in place.

confirm team readiness

handoff acknowledgment

Confirmation that a transfer of information has been received.

obtain handoff acknowledgment

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

line management

Authorized handling and protection of clinical tubing or connections.

coordinate line management

equipment adjustment

Change to a device's position or settings within authorized practice.

request authorized equipment adjustment

bedside constraint

Limitation affecting an examination at the patient's location.

communicate bedside constraints

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.

cleaning protocol CLEANING PROTOCOL

follow the cleaning protocol

Keep the meaning precise: Approved process for decontaminating equipment or surfaces.

handoff acknowledgment HANDOFF ACKNOWLEDGMENT

obtain handoff acknowledgment

Keep the meaning precise: Confirmation that a transfer of information has been received.

Phrases that move the work forward

Identify the request

I am here for the requested portable chest examination.

Name the dependency

I need the appropriate team to coordinate movement first.

Clarify responsibility

Who is authorized to manage this device?

State a limitation

The available space limits where the unit can be positioned.

Sam / in the conversation

Before positioning, can we review the bedside constraints together?

Sam / in the conversation

I will not treat the connections as objects I can simply move aside.

Sam / in the conversation

Please include the oxygen delivery device in that review.

Priya / in the conversation

We also need to confirm the precautions currently applying to this patient and room.

Ask about constraints

What attached equipment affects positioning?

Protect connections

I will not disconnect that line or change its settings.

Check preparation

Please confirm when the bedside preparation is complete.

Close the handoff

Please acknowledge the preparation plan before we proceed.

Priya / in the conversation

There are attached lines and monitoring devices, and movement needs coordination with the appropriate bedside staff.

Priya / in the conversation

I can identify them and confirm who is authorized to manage each device.

Sam / in the conversation

I will not disconnect it or change any setting.

Sam / in the conversation

I will check the isolation status and follow the required preparation for the equipment and examination.

Precision in real exchanges

Purpose: Protect connections

Useful wording: I will not disconnect that line or change its settings.

Purpose: Clarify responsibility

Useful wording: Who is authorized to manage this device?

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 request identifies a dependency?

- A.** Silence means ready.
- B.** I need authorized line management before movement.
- C.** I will remove anything in the way.
- D.** Portable imaging needs no checks.

2. What does portable describe?

- A.** Equipment and examination location
- B.** Reduced professional responsibility
- C.** Permission to alter devices
- D.** A diagnostic conclusion

3. A colleague needs the term for this meaning: Positioning the image receptor for the intended examination. Which term fits?

- A.** detector placement
- B.** equipment clearance
- C.** team readiness
- D.** patient preference

D Choose the response that fits / continued

4. Rebuild the exchange from "The bedside team stays connected". Priya: "Understood. We also need to confirm the precautions currently applying to this patient and room." Sam: [missing response] Priya: "Space is limited on the far side of the bed. Does that affect where your unit can go?" Which response belongs in the gap?

- A.** Please name who will handle line management so that nobody assumes someone else has accepted that responsibility.
- B.** Yes. I will follow the cleaning protocol and communicate any unresolved issue through the department process.
- C.** Then patient support remains an outstanding preparation. I will not describe the bedside as ready yet.
- D.** I will check the isolation status and follow the required preparation for the equipment and examination.

[Answers and explanations, page 126](#)

One useful distinction

Recognizing an attached line does not authorize disconnecting or adjusting it. Identify the responsible professional and coordinate the actual preparation.

Conversation

The bedside team stays connected

The bedside team stays connected

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

WORD AND PHRASE BANK

bedside coordination / detector placement / cleaning protocol / isolation status /
equipment clearance / oxygen delivery device / patient support / line management /
handoff acknowledgment / team readiness

- 01 **Sam:** I am here for the requested portable chest examination. Before positioning, can we review the bedside constraints together?
- 02 **Priya:** Yes. There are attached lines and monitoring devices, and movement needs coordination with the appropriate bedside staff.
- 03 **Sam:** This ¹ _____ is important. I will not treat the connections as objects I can simply move aside.
- 04 **Priya:** Thank you. I can identify them and confirm who is authorized to manage each device.
- 05 **Sam:** Please include the ² _____ in that review. I will not disconnect it or change any setting.
- 06 **Priya:** Understood. We also need to confirm the precautions currently applying to this patient and room.
- 07 **Sam:** I will check the ³ _____ and follow the required preparation for the equipment and examination.
- 08 **Priya:** Space is limited on the far side of the bed. Does that affect where your unit can go?
- 09 **Sam:** Yes. We need sufficient ⁴ _____ without interfering with care or assuming that a device can be relocated.
- 10 **Priya:** I will ask the appropriate colleague to help coordinate the movement and protect the connections.

Conversation continues on the next page.

The bedside team stays connected

CONVERSATION / CONTINUED

- 11 **Sam:** That will support ⁵ _____. We should agree on the sequence before placing anything or moving the patient.
- 12 **Priya:** The patient also needs support to maintain the position. We have not yet assessed the exact assistance.
- 13 **Sam:** Then ⁶ _____ remains an outstanding preparation. I will not describe the bedside as ready yet.
- 14 **Priya:** I will confirm the assistance and line responsibilities through our actual clinical process.
- 15 **Sam:** Please name who will handle ⁷ _____ so that nobody assumes someone else has accepted that responsibility.
- 16 **Priya:** Agreed. I will give you an explicit update when the required people and preparations are in place.
- 17 **Sam:** That confirms ⁸ _____, rather than treating an unanswered request as permission to begin.
- 18 **Priya:** Afterward, the equipment also needs the appropriate cleaning before it leaves the area.
- 19 **Sam:** Yes. I will follow the ⁹ _____ and communicate any unresolved issue through the department process.
- 20 **Priya:** We have a clear ¹⁰ _____: preparation first, explicit readiness, then the examination under the actual safety process.

CHECK THE GAPS

1. bedside coordination / **2.** oxygen delivery device / **3.** isolation status / **4.** equipment clearance / **5.** detector placement / **6.** patient support / **7.** line management / **8.** team readiness / **9.** cleaning protocol / **10.** handoff acknowledgment

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

F Check accuracy and scope

The bedside team stays connected

Return to the case

Radiographer Sam arrives for a portable chest examination. Nurse Priya identifies attached lines and monitoring equipment. Sam asks for the appropriate bedside team to coordinate any movement or equipment management. No line is disconnected, no device setting is changed, and no examination is performed until the actual preparation and safety checks are complete.

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

1. Which action is unsupported?

- A.** Coordinating detector placement
- B.** Disconnecting an attached line independently
- C.** Asking who manages the line
- D.** Checking isolation status

2. What confirms readiness?

- A.** The radiographer's arrival alone
- B.** A clear floor alone
- C.** Explicit acknowledgment from the relevant team
- D.** An unanswered request

[Answers and explanations, page 128](#)

Listen for the distinction

Swap roles. Name the responsible team without assigning yourself an unauthorized equipment task.

State the dependency directly

A polite request can still be explicit: identify the preparation needed and who is authorized to provide it. Do not treat clinical equipment as furniture.

F Say it / transfer to a new case

Readiness is not yet confirmed

The nurse has requested transfer assistance, but the assisting colleague has not arrived. The radiographer waits for the actual readiness confirmation.

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

requested / confirmed / arrived / acknowledgment

- 01 **Nurse:** Transfer assistance has been ¹ _____.
- 02 **Radiographer:** The colleague has not yet ² _____.
- 03 **Nurse:** Readiness is not yet ³ _____.
- 04 **Radiographer:** I will wait for the actual ⁴ _____.

CHECK THE GAPS

1. requested / 2. arrived / 3. confirmed / 4. acknowledgment

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

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 bedside team stays connected". Priya: "I will confirm the assistance and line responsibilities through our actual clinical process." Sam: [missing response] Priya: "Agreed. I will give you an explicit update when the required people and preparations are in place." Which response belongs in the gap?

- A.** Please name who will handle line management so that nobody assumes someone else has accepted that responsibility.
- B.** I will check the isolation status and follow the required preparation for the equipment and examination.
- C.** This bedside coordination is important. I will not treat the connections as objects I can simply move aside.
- D.** Please include the oxygen delivery device in that review. I will not disconnect it or change any setting.

[Answers and explanations, page 130](#)

A Read the situation

LESSON 06 / EXPLAINING A TECHNICAL LIMITATION

Describe image quality precisely and distinguish technical review from diagnosis.

A repeat is a reviewed decision

Radiographer Ari identifies motion affecting a chest image and asks senior radiographer Devon to review technical adequacy. The case does not supply a diagnostic interpretation or authorize an automatic repeat. The team will assess whether the image answers the clinical question and whether any additional acquisition is justified under the actual process.

People: Ari, Radiographer; Devon, Senior radiographer.

Read the record

Choose one answer per question using the facts above.

1. What limitation is identified?

- A. Motion affecting the image
- B. A confirmed disease
- C. An incorrect diagnosis
- D. A completed repeat

2. Who reviews technical adequacy?

- A. An automated language answer
- B. Devon
- C. The patient's employer
- D. A visitor

3. What is not authorized automatically?

- A. A repeat exposure
- B. A review request
- C. Describing motion
- D. Preserving the image

[Answers and explanations, page 131](#)

B Vocabulary in use

CORE TERMS

motion artifact

Image distortion caused by movement during acquisition.

identify motion artifact

diagnostic adequacy

Whether available images sufficiently address the clinical question.

assess diagnostic adequacy

collimation

Restriction of the X-ray beam to the intended area.

assess collimation

detector exposure

Radiation reaching the image receptor during acquisition.

review detector exposure

image contrast

Difference in appearance between image regions or structures.

assess image contrast

anatomical coverage

Extent of the required anatomy included in an image.

check anatomical coverage

technical adequacy

Fitness of an image's technical features for its intended purpose.

review technical adequacy

repeat exposure

Additional radiation exposure to acquire another image.

justify a repeat exposure

exposure index

System indicator related to detector exposure under specified conditions.

interpret the exposure index

image noise

Unwanted variation affecting the visual signal in an image.

assess image noise

spatial resolution

Ability to distinguish nearby structures in an image.

describe spatial resolution

positioning error

Departure from the intended patient or anatomical position.

describe a positioning error

Say it in context

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

motion artifact MOTION ARTIFACT

identify motion artifact

Keep the meaning precise: Image distortion caused by movement during acquisition.

exposure index EXPOSURE INDEX

interpret the exposure index

Keep the meaning precise: System indicator related to detector exposure under specified conditions.

B Precision and professional shorthand

EXTEND YOUR RANGE

exposure factor

Technical parameter affecting an imaging exposure.

review exposure factors

reject analysis

Review of rejected images to identify patterns and improvement opportunities.

conduct reject analysis

technical review

Assessment of relevant acquisition and image-quality features.

request a technical review

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

image processing

Computational treatment of acquired image data.

distinguish image processing

quality assurance

Organized activities checking and improving process quality.

support quality assurance

additional acquisition

Further collection of image data after an initial acquisition.

assess additional acquisition

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.

positioning error **POSITIONING ERROR**

describe a positioning error

Keep the meaning precise: Departure from the intended patient or anatomical position.

technical review **TECHNICAL REVIEW**

request a technical review

Keep the meaning precise: Assessment of relevant acquisition and image-quality features.

Phrases that move the work forward

Describe the issue

There is visible motion affecting this image.

Avoid blame

I will document the limitation without labeling the patient.

Separate measures

The exposure index is not a direct patient-dose reading.

Clarify the purpose

We need adequate information, not merely a prettier picture.

Ari / in the conversation

Could you review its technical adequacy before we decide whether anything further is needed?

Ari / in the conversation

The motion artifact affects part of the image.

Devon / in the conversation

We need to assess the actual clinical question, not simply aim for a more attractive picture.

Devon / in the conversation

The relevant professional review determines what information is sufficient and what limitation matters.

Request review

Could you review whether the image answers the clinical question?

Avoid automatic repetition

A repeat needs the appropriate assessment and justification.

Preserve the record

I will retain the image within the approved record.

Support improvement

Let us identify what can improve the next instruction.

Devon / in the conversation

Describe the limitation specifically, and keep the original image available in the approved record.

Ari / in the conversation

I have not concluded that the whole examination is unusable.

Ari / in the conversation

So diagnostic adequacy is different from making every image look technically perfect.

Ari / in the conversation

I also checked the anatomical coverage, rather than relying only on the overall brightness of the displayed image.

Precision in real exchanges

Purpose: Avoid automatic repetition

Useful wording: A repeat needs the appropriate assessment and justification.

Purpose: Separate measures

Useful wording: The exposure index is not a direct patient-dose reading.

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 precise?

- A.** Every imperfect image must be repeated.
- B.** Motion proves disease.
- C.** Motion affects this image and needs review.
- D.** The patient ruined the study.

2. What is not a direct patient-dose reading?

- A.** A verified dose report
- B.** Exposure index
- C.** A documented patient-dose quantity
- D.** An appropriately measured dose metric

3. A colleague needs the term for this meaning: Additional radiation exposure to acquire another image. Which term fits?

- A.** reject analysis
- B.** patient preference
- C.** image contrast
- D.** repeat exposure

D Choose the response that fits / continued

4. Rebuild the exchange from "A repeat is a reviewed decision". Devon: "Exactly. The relevant professional review determines what information is sufficient and what limitation matters." Ari: [missing response] Devon: "That is useful. Display appearance and processing do not independently establish appropriate exposure or adequacy." Which response belongs in the gap?

- A.** The system shows an exposure index. I should not describe that as a direct reading of the patient's dose.
- B.** I also checked the anatomical coverage, rather than relying only on the overall brightness of the displayed image.
- C.** I will also avoid recording the patient as difficult. We have not established why the movement occurred.
- D.** The motion artifact affects part of the image. I have not concluded that the whole examination is unusable.

[Answers and explanations, page 131](#)

One useful distinction

A technical limitation is not a diagnosis. Exposure index is not a direct patient-dose reading, and a displayed image should not be judged from brightness alone.

Conversation

A repeat is a reviewed decision

A repeat is a reviewed decision

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

WORD AND PHRASE BANK

anatomical coverage / technical adequacy / exposure index / technical review /
additional acquisition / Reject analysis / repeat exposure / diagnostic adequacy /
Quality assurance / motion artifact

- 01 **Ari:** This chest image has visible motion. Could you review its technical adequacy before we decide whether anything further is needed?
- 02 **Devon:** Yes. Describe the limitation specifically, and keep the original image available in the approved record.
- 03 **Ari:** The ¹ _____ affects part of the image. I have not concluded that the whole examination is unusable.
- 04 **Devon:** Good. We need to assess the actual clinical question, not simply aim for a more attractive picture.
- 05 **Ari:** So ² _____ is different from making every image look technically perfect.
- 06 **Devon:** Exactly. The relevant professional review determines what information is sufficient and what limitation matters.
- 07 **Ari:** I also checked the ³ _____, rather than relying only on the overall brightness of the displayed image.
- 08 **Devon:** That is useful. Display appearance and processing do not independently establish appropriate exposure or adequacy.
- 09 **Ari:** The system shows an ⁴ _____. I should not describe that as a direct reading of the patient's dose.
- 10 **Devon:** Correct. Interpret the indicator according to the actual system and context, without substituting it for another quantity.

Conversation continues on the next page.

A repeat is a reviewed decision

CONVERSATION / CONTINUED

- 11 **Ari:** Does identifying the motion authorize me to acquire another image immediately?
- 12 **Devon:** No. A ⁵ _____ needs appropriate assessment and justification under our process.
- 13 **Ari:** I will also avoid recording the patient as difficult. We have not established why the movement occurred.
- 14 **Devon:** Yes. ⁶ _____ should examine the process, including whether our instructions were clear and manageable.
- 15 **Ari:** If another acquisition is authorized, the instruction may need to be explained or rehearsed differently.
- 16 **Devon:** That belongs in the ⁷ _____, alongside the actual clinical and technical constraints.
- 17 **Ari:** The original image will remain available even if the process classifies it as unsuitable.
- 18 **Devon:** Correct. ⁸ _____ depends on an accurate record, not deleting evidence of a problem.
- 19 **Ari:** I will document the limitation and the review outcome before treating an ⁹ _____ as agreed.
- 20 **Devon:** That keeps ¹⁰ _____, diagnostic interpretation, and the decision about another exposure distinct.

CHECK THE GAPS

1. motion artifact / 2. diagnostic adequacy / 3. anatomical coverage / 4. exposure index / 5. repeat exposure / 6. Quality assurance / 7. technical review / 8. Reject analysis / 9. additional acquisition / 10. technical adequacy

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

F Check accuracy and scope

A repeat is a reviewed decision

Return to the case

Radiographer Ari identifies motion affecting a chest image and asks senior radiographer Devon to review technical adequacy. The case does not supply a diagnostic interpretation or authorize an automatic repeat. The team will assess whether the image answers the clinical question and whether any additional acquisition is justified under the actual process.

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

1. Why review before repeating?

- A.** To assess adequacy and justify any additional acquisition
- B.** To hide the first image
- C.** To guarantee a normal diagnosis
- D.** To make every image identical

2. Which practice preserves integrity?

- A.** Retaining the image through the approved process
- B.** Deleting evidence of motion
- C.** Reusing an old image as new
- D.** Changing the record invisibly

[Answers and explanations, page 133](#)

Listen for the distinction

Swap roles. Explain exposure index without giving a dose estimate or selecting exposure settings.

Describe the limitation, not the blame

Use observable technical language. A patient may move because of pain, breathlessness, anxiety, or an unclear instruction; do not label the person difficult.

F Say it / transfer to a new case

A missing area needs review

A required anatomical area is not fully included. The image is preserved. The appropriate reviewer has not yet decided whether additional acquisition is needed.

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

incomplete / decided / assessment / available

- 01 **Radiographer:** The anatomical coverage is ¹ _____.
- 02 **Reviewer:** The image must remain ² _____.
- 03 **Radiographer:** Additional acquisition is not yet ³ _____.
- 04 **Reviewer:** We need the appropriate ⁴ _____.

CHECK THE GAPS

1. incomplete / 2. available / 3. decided / 4. assessment

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

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 repeat is a reviewed decision". Ari: "If another acquisition is authorized, the instruction may need to be explained or rehearsed differently." Devon: [missing response] Ari: "The original image will remain available even if the process classifies it as unsuitable." Which response belongs in the gap?

- A.** That belongs in the technical review, alongside the actual clinical and technical constraints.
- B.** Exactly. The relevant professional review determines what information is sufficient and what limitation matters.
- C.** No. A repeat exposure needs appropriate assessment and justification under our process.
- D.** That keeps technical adequacy, diagnostic interpretation, and the decision about another exposure distinct.

[Answers and explanations, page 135](#)

Review 3 / Meaning and context

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

Case file

Revisit "Coordinating portable imaging" and "Explaining a technical limitation". 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: Movable equipment used to acquire radiographs outside a fixed room. Which term fits?

- A. bedside coordination
- B. line management
- C. teach-back
- D. mobile X-ray unit

2. A colleague needs the term for this meaning: Unwanted variation affecting the visual signal in an image. Which term fits?

- A. motion artifact
- B. image noise
- C. exposure factor
- D. qualified interpreter

3. Rebuild the exchange from "A rehearsal before the picture". Mina: "Will you tell me when the practice finishes and when the real picture begins?" Lee: [missing response] Mina: "Can my caregiver stay beside me the whole time? I feel calmer when I can see them." Which response belongs in the gap?

- A. Your assent matters. We also follow the required permission and safety process with your caregiver.
- B. Yes. That is a useful bounded choice: demonstration first, then we can talk through the instructions.
- C. Yes. I will explain the exposure signal used here and distinguish practice from the actual picture.
- D. We need to check the protective arrangement before promising where anyone can stand during exposure.

Review 3 / Meaning and context / continued

4. Rebuild the exchange from "A repeat is a reviewed decision". Devon: "Correct. Reject analysis depends on an accurate record, not deleting evidence of a problem." Ari: [missing response] Devon: "That keeps technical adequacy, diagnostic interpretation, and the decision about another exposure distinct." Which response belongs in the gap?

- A.** If another acquisition is authorized, the instruction may need to be explained or rehearsed differently.
- B.** The motion artifact affects part of the image. I have not concluded that the whole examination is unusable.
- C.** I will also avoid recording the patient as difficult. We have not established why the movement occurred.
- D.** I will document the limitation and the review outcome before treating an additional acquisition as agreed.

[Answers and explanations, page 150](#)

A Read the situation

LESSON 07 / RESPONDING TO REQUESTS FOR RESULTS

Set a helpful professional boundary and give a concrete route for results.

Explain the process without interpreting the image

After an examination, patient Jules asks radiographer Ren whether a visible mark means cancer. Ren has not issued a diagnostic interpretation. The reporting clinician will interpret the images, and the referring service will explain the result through its actual process. No reporting deadline is supplied. Ren checks how Jules can contact the service rather than promising a result time.

People: Ren, Radiographer; Jules, Patient.

Read the record

Choose one answer per question using the facts above.

1. What does Jules ask about?

- A.** A confirmed cancer diagnosis
- B.** A signed report
- C.** A guaranteed deadline
- D.** Whether a mark means cancer

2. Who interprets the images?

- A.** The language learner independently
- B.** An employer
- C.** The appointment system
- D.** The reporting clinician

3. What is not supplied?

- A.** Jules's concern
- B.** A referring service
- C.** A completed examination
- D.** A reporting deadline

[Answers and explanations, page 136](#)

B Vocabulary in use

CORE TERMS

image interpretation

Professional assessment of images for clinical meaning.

arrange image interpretation

radiology report

Recorded interpretation of an imaging examination.

review the radiology report

final report

Completed authorized report under the relevant reporting process.

communicate the final report

comparison images

Earlier images used to assess relevant differences.

obtain comparison images

result communication

Process of explaining a result to the appropriate recipient.

confirm result communication

critical result

Finding requiring urgent communication through the relevant clinical pathway.

escalate a critical result

reporting clinician

Authorized professional responsible for the imaging interpretation.

identify the reporting clinician

preliminary report

Initial interpretation that may be updated after further review.

distinguish a preliminary report

incidental finding

Finding outside the main reason for the examination.

explain an incidental finding

referring service

Clinical service that requested or coordinates the examination.

contact the referring service

report turnaround

Time between the relevant examination stage and report availability.

verify report turnaround

report addendum

Additional or corrected information appended to a report.

review a report addendum

Say it in context

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

image interpretation IMAGE INTERPRETATION

arrange image interpretation

Keep the meaning precise: Professional assessment of images for clinical meaning.

incidental finding INCIDENTAL FINDING

explain an incidental finding

Keep the meaning precise: Finding outside the main reason for the examination.

B Precision and professional shorthand

EXTEND YOUR RANGE

clinical correlation

Interpretation of a finding alongside other clinical information.

explain clinical correlation

result inquiry

Request for information about an examination result.

handle a result inquiry

follow-up contact

Named person or service for subsequent communication.

provide a follow-up contact

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

patient portal

Secure system allowing a patient to access relevant health information.

explain patient-portal access

scope of practice

Duties a professional is trained and authorized to perform.

respect scope of practice

unverified impression

Initial belief not established by the appropriate interpretation.

avoid an unverified impression

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.

report addendum **REPORT ADDENDUM**

review a report addendum

Keep the meaning precise: Additional or corrected information appended to a report.

follow-up contact **FOLLOW-UP CONTACT**

provide a follow-up contact

Keep the meaning precise: Named person or service for subsequent communication.

Phrases that move the work forward

Acknowledge the concern

I can hear that the mark is worrying you.

Name the interpreter

The reporting clinician will interpret the examination.

Give a route

Let us confirm how the referring service will explain the result.

Separate access and explanation

Seeing a report online is not the same as having it explained.

Jules / in the conversation

I saw a mark on the screen.

Ren / in the conversation

I can hear that it worries you.

Jules / in the conversation

But you see these pictures every day.

Ren / in the conversation

An unverified impression would not give you a reliable answer.

Clarify your role

My role here is to acquire the images.

Avoid speculation

I cannot identify that as a diagnosis from this conversation.

Limit timing

I need to verify the reporting arrangements rather than guess.

Offer a concrete contact

I can help identify the appropriate contact for your question.

Jules / in the conversation

Does that mean cancer, or can you tell me it is harmless?

Ren / in the conversation

My role here is to acquire images, not give their diagnostic interpretation.

Jules / in the conversation

Surely you have an idea of what that mark means.

Ren / in the conversation

I do not want to mislead you in either direction.

Precision in real exchanges

Purpose: Avoid speculation

Useful wording: I cannot identify that as a diagnosis from this conversation.

Purpose: Give a route

Useful wording: Let us confirm how the referring service will explain the result.

D Choose the response that fits

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

1. Which response is most helpful?

- A.** I cannot say; goodbye.
- B.** It is definitely harmless.
- C.** It must be cancer.
- D.** I cannot interpret that, but I can confirm the reporting route.

2. Which distinction matters?

- A.** Arrival and report completion as identical
- B.** Report access and clinical explanation
- C.** The screen color and the diagnosis
- D.** A mark and a confirmed cancer as identical

3. A colleague needs the term for this meaning: Initial interpretation that may be updated after further review. Which term fits?

- A.** patient preference
- B.** result communication
- C.** result inquiry
- D.** preliminary report

D Choose the response that fits / continued

4. Rebuild the exchange from "Explain the process without interpreting the image".

Jules: "Is a report the same thing as someone discussing what it means for my situation?" **Ren:** [missing response] **Jules:** "I sometimes see reports on my phone

before anyone has spoken to me about them." Which response belongs in the gap?

A. Let us identify the follow-up contact and the referring service's route for discussing your

result.

B. Comparison images may provide useful context. The team follows its process for obtaining

and reviewing them.

C. The reporting clinician interprets the examination, and we should confirm how your referring

service communicates the result.

D. No. Result communication includes explaining it in context, not merely creating a document

in the system.

[Answers and explanations, page 136](#)

One useful distinction

A visible feature is not an established diagnosis. Acquiring the image does not automatically authorize diagnostic interpretation.

E Conversation

Explain the process without interpreting the image

Explain the process without interpreting the image

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

WORD AND PHRASE BANK

Comparison images / report turnaround / patient portal / Clinical correlation /
result inquiry / Result communication / scope of practice / follow-up contact /
unverified impression / reporting clinician

- 01 **Jules:** I saw a mark on the screen. Does that mean cancer, or can you tell me it is harmless?
- 02 **Ren:** I can hear that it worries you. My role here is to acquire images, not give their diagnostic interpretation.
- 03 **Jules:** But you see these pictures every day. Surely you have an idea of what that mark means.
- 04 **Ren:** An ¹ _____ would not give you a reliable answer. I do not want to mislead you in either direction.
- 05 **Jules:** Then who can answer the question properly, and how will the information get back to me?
- 06 **Ren:** The ² _____ interprets the examination, and we should confirm how your referring service communicates the result.
- 07 **Jules:** Is a report the same thing as someone discussing what it means for my situation?
- 08 **Ren:** No. ³ _____ includes explaining it in context, not merely creating a document in the system.
- 09 **Jules:** I sometimes see reports on my phone before anyone has spoken to me about them.
- 10 **Ren:** A ⁴ _____ can provide access, but seeing the words is not the same as discussing their meaning with the appropriate clinician.

Conversation continues on the next page.

Explain the process without interpreting the image

CONVERSATION / CONTINUED

- 11 **Jules:** If it says correlate clinically, does that mean the picture did not work?
- 12 **Ren:** ⁵ _____ means considering the finding with other clinical information. It is not automatically a statement that acquisition failed.
- 13 **Jules:** Could an earlier examination help the person who is preparing the report?
- 14 **Ren:** ⁶ _____ may provide useful context. The team follows its process for obtaining and reviewing them.
- 15 **Jules:** Can you promise that someone will call tomorrow? Waiting without a contact is the hardest part.
- 16 **Ren:** I need to verify the ⁷ _____ arrangements rather than guess. No definite reporting time has been established in this conversation.
- 17 **Jules:** I understand the limit, but I would still appreciate knowing whom to contact with the question.
- 18 **Ren:** Let us identify the ⁸ _____ and the referring service's route for discussing your result.
- 19 **Jules:** That is more useful than a guess. I can ask about the report through that route.
- 20 **Ren:** Yes. Respecting ⁹ _____ still allows a helpful handoff for your
¹⁰ _____.

CHECK THE GAPS

1. unverified impression / 2. reporting clinician / 3. Result communication / 4. patient portal / 5. Clinical correlation / 6. Comparison images / 7. report turnaround / 8. follow-up contact / 9. scope of practice / 10. result inquiry

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

F Check accuracy and scope

Explain the process without interpreting the image

Return to the case

After an examination, patient Jules asks radiographer Ren whether a visible mark means cancer. Ren has not issued a diagnostic interpretation. The reporting clinician will interpret the images, and the referring service will explain the result through its actual process. No reporting deadline is supplied. Ren checks how Jules can contact the service rather than promising a result time.

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

1. What timing claim is unsupported?

- A.** No deadline is supplied here.
- B.** The service can clarify its process.
- C.** The result will definitely be ready tomorrow.
- D.** I will check the arrangements.

2. What does clinical correlation mean?

- A.** Guaranteeing a benign finding
- B.** Interpreting a finding with other clinical information
- C.** Matching the report's colors
- D.** Deleting an uncertain image

[Answers and explanations, page 138](#)

Listen for the distinction

Swap roles. Respond to the request for certainty without supplying a diagnosis or a deadline.

A boundary should include a next step

A bare I cannot say may feel dismissive. Acknowledge the concern, explain your role, and identify the person or service responsible for interpretation and communication.

F Say it / transfer to a new case

An online report has appeared

Pat can see a report online but has not discussed it with the referring clinician. No interpretation or follow-up decision 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

here / contact / portal / explanation

- 01 **Pat:** The report is visible in the ¹ _____.
- 02 **Radiographer:** Access is not the same as clinical ² _____.
- 03 **Pat:** I need the appropriate ³ _____.
- 04 **Radiographer:** No follow-up decision is supplied ⁴ _____.

CHECK THE GAPS

1. portal / 2. explanation / 3. contact / 4. here

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

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 "Explain the process without interpreting the image".

Jules: "Can you promise that someone will call tomorrow? Waiting without a contact is the hardest part." **Ren:** [missing response] **Jules:** "I understand the limit, but I would still appreciate knowing whom to contact with the question." Which response belongs in the gap?

- A.** I can hear that it worries you. My role here is to acquire images, not give their diagnostic interpretation.
- B.** A patient portal can provide access, but seeing the words is not the same as discussing their meaning with the appropriate clinician.
- C.** An unverified impression would not give you a reliable answer. I do not want to mislead you in either direction.
- D.** I need to verify the report turnaround arrangements rather than guess. No definite reporting time has been established in this conversation.

[Answers and explanations, page 140](#)

A Read the situation

LESSON 08 / REPORTING A LABELING NEAR MISS

Describe a discrepancy factually and request an authorized correction with an audit trail.

Correct the record without hiding the history

Radiographer Kim notices that an image label may not match the verified examination details. Kim stops further release and contacts supervisor Noor through the department process. The original record is preserved. The team has not established how the mismatch arose or whether any incorrect information reached another service. This is a communication case, not an instruction for editing clinical images.

People: Kim, Radiographer; Noor, Supervisor.

Read the record

Choose one answer per question using the facts above.

1. What does Kim notice?

- A.** A normal diagnostic report
- B.** A possible label mismatch
- C.** A proven cause
- D.** A confirmed external disclosure

2. What happens to the original record?

- A.** It is replaced without history
- B.** It is reused for another patient
- C.** It is preserved
- D.** It is secretly deleted

3. What remains unestablished?

- A.** How the mismatch arose
- B.** That Kim contacted Noor
- C.** That release was paused
- D.** That a concern exists

[Answers and explanations, page 141](#)

B Vocabulary in use

CORE TERMS

label discrepancy

Conflict between an image label and verified examination information.

report a label discrepancy

incident report

Formal record of an event through the applicable reporting system.

submit an incident report

record integrity

Accuracy and trustworthiness of a maintained record.

protect record integrity

release hold

Temporary prevention of further distribution pending review.

apply an authorized release hold

root cause

Underlying factor established through appropriate investigation.

investigate the root cause

event chronology

Ordered account of what happened and when.

document the event chronology

near miss

Event caught before the relevant potential harm occurs.

report a potential near miss

audit trail

Traceable history of actions and changes in a record.

preserve the audit trail

data correction

Authorized amendment of inaccurate recorded information.

request a data correction

downstream recipient

Person or system receiving information later in the workflow.

identify downstream recipients

contributing factor

Circumstance that may have influenced an event.

identify contributing factors

verified detail

Information checked against an appropriate source.

distinguish verified details

Say it in context

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

label discrepancy LABEL DISCREPANCY

report a label discrepancy

Keep the meaning precise: Conflict between an image label and verified examination information.

data correction DATA CORRECTION

request a data correction

Keep the meaning precise: Authorized amendment of inaccurate recorded information.

B Precision and professional shorthand

EXTEND YOUR RANGE

unconfirmed impact

Possible consequence not yet established by review.

state unconfirmed impact

correction authorization

Approval required to amend a relevant record.

obtain correction authorization

system reconciliation

Process of aligning related records across relevant systems.

coordinate system reconciliation

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

notification route

Approved path for informing the relevant people.

follow the notification route

preserved original

Original information retained through the approved process.

maintain the preserved original

learning review

Structured review intended to improve future practice.

support a learning review

teach-back

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

use teach-back without blame

clinical handoff

Transfer of relevant care information and responsibility between professionals.

confirm the clinical handoff

source attribution

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

preserve source attribution

Say it in context

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

verified detail VERIFIED DETAIL

distinguish verified details

Keep the meaning precise: Information checked against an appropriate source.

system reconciliation SYSTEM RECONCILIATION

coordinate system reconciliation

Keep the meaning precise: Process of aligning related records across relevant systems.

Phrases that move the work forward

Lead with the discrepancy

The label may not match the verified examination details.

Preserve uncertainty

The cause and downstream impact are not yet established.

Request authorization

Please confirm the approved correction route.

Check linked records

We need to verify which systems and recipients are affected.

Kim / in the conversation

I have noticed a possible mismatch between the image label and the verified examination details.

Kim / in the conversation

I have not established how it arose or whether another service received it.

Kim / in the conversation

I have applied the authorized release hold through our process, rather than making an undocumented change to the image.

Kim / in the conversation

I will give an event chronology using verified times and actions, marking anything I have not confirmed.

State the containment

Further release is paused through our process.

Keep the original

I have preserved the original record.

Separate action and investigation

The immediate containment does not settle the root cause.

Close factually

I will record the confirmed actions and outstanding questions.

Noor / in the conversation

Preserve the original record and state exactly what you have verified so far.

Noor / in the conversation

Keep the event description separate from any assumption about who or what caused it.

Noor / in the conversation

We need the approved correction route and an account of what happened in order.

Noor / in the conversation

Include the point at which you noticed the issue and the people contacted afterward.

Precision in real exchanges

Purpose: Keep the original

Useful wording: I have preserved the original record.

Purpose: Request authorization

Useful wording: Please confirm the approved correction route.

D Choose the response that fits

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

1. Which opening is factual?

- A.** I erased it, so it no longer matters.
- B.** The label may not match verified details.
- C.** I know who caused this without review.
- D.** Nothing happened anywhere.

2. What must remain traceable?

- A.** The original record and authorized changes
- B.** Only the final screenshot
- C.** A guessed explanation
- D.** An informal memory

3. A colleague needs the term for this meaning: Traceable history of actions and changes in a record. Which term fits?

- A.** correction authorization
- B.** patient preference
- C.** audit trail
- D.** root cause

D Choose the response that fits / continued

4. Rebuild the exchange from "Correct the record without hiding the history". Noor: "We need the approved correction route and an account of what happened in order." Kim: [missing response] Noor: "Include the point at which you noticed the issue and the people contacted afterward." Which response belongs in the gap?

- A.** Once the immediate issue is contained, the investigation can examine contributing factors without guessing at blame.
- B.** I have applied the authorized release hold through our process, rather than making an undocumented change to the image.
- C.** The label discrepancy is the concern. I have not established how it arose or whether another service received it.
- D.** I will give an event chronology using verified times and actions, marking anything I have not confirmed.

[Answers and explanations, page 141](#)

One useful distinction

A possible mismatch is not an established root cause. A near miss can be confirmed only when the relevant facts support that classification.

E Conversation

Correct the record without hiding the history

Correct the record without hiding the history

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

WORD AND PHRASE BANK

record integrity / correction authorization / Unconfirmed impact / root cause /
label discrepancy / event chronology / release hold / audit trail / downstream recipient /
preserved original

- 01 **Kim:** I have noticed a possible mismatch between the image label and the verified examination details. Further release is paused.
- 02 **Noor:** Thank you for escalating it. Preserve the original record and state exactly what you have verified so far.
- 03 **Kim:** The ¹ _____ is the concern. I have not established how it arose or whether another service received it.
- 04 **Noor:** Good. Keep the event description separate from any assumption about who or what caused it.
- 05 **Kim:** I have applied the authorized ² _____ through our process, rather than making an undocumented change to the image.
- 06 **Noor:** We need the approved correction route and an account of what happened in order.
- 07 **Kim:** I will give an ³ _____ using verified times and actions, marking anything I have not confirmed.
- 08 **Noor:** Include the point at which you noticed the issue and the people contacted afterward.
- 09 **Kim:** The ⁴ _____ remains available. I have not deleted it or substituted an earlier image.
- 10 **Noor:** That protects the record while the appropriate people determine the correction and notification requirements.

Conversation continues on the next page.

Correct the record without hiding the history

CONVERSATION / CONTINUED

- 11 **Kim:** Should I call this a near miss now, or wait until the impact is known?
- 12 **Noor:** Use the appropriate classification after review. ⁵ _____ is not the same as proof that no one received incorrect information.
- 13 **Kim:** We need to identify every relevant ⁶ _____ through the authorized investigation rather than assume the local screen is the only record.
- 14 **Noor:** Correct. Fixing one display does not prove that all related records are aligned.
- 15 **Kim:** I will request ⁷ _____ and keep the actions visible in the approved system.
- 16 **Noor:** We also need the ⁸ _____, including what was changed, by whom, and through which process.
- 17 **Kim:** Once the immediate issue is contained, the investigation can examine contributing factors without guessing at blame.
- 18 **Noor:** Yes. Establishing a ⁹ _____ requires investigation; it is not settled by the first report.
- 19 **Kim:** I will complete the required report and flag the unresolved system and recipient questions.
- 20 **Noor:** That supports ¹⁰ _____ and a useful learning review while the actual correction process continues.

CHECK THE GAPS

1. label discrepancy / 2. release hold / 3. event chronology / 4. preserved original / 5. Unconfirmed impact / 6. downstream recipient / 7. correction authorization / 8. audit trail / 9. root cause / 10. record integrity

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

F Check accuracy and scope

Correct the record without hiding the history

Return to the case

Radiographer Kim notices that an image label may not match the verified examination details. Kim stops further release and contacts supervisor Noor through the department process. The original record is preserved. The team has not established how the mismatch arose or whether any incorrect information reached another service. This is a communication case, not an instruction for editing clinical images.

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

1. Which conclusion is premature?

- A. The supervisor was contacted.
- B. The original is preserved.
- C. No downstream recipient was affected.
- D. Impact is not established.

2. What is system reconciliation for?

- A. Replacing investigation with a guess
- B. Automatically changing every record
- C. Aligning related records across affected systems
- D. Hiding the first version

[Answers and explanations, page 144](#)

Listen for the distinction

Swap roles. Practice requesting a traceable correction without specifying an unauthorized editing method.

A correction should remain traceable

Report what is known promptly, identify what remains unverified, and preserve the record. Do not turn a suspected mismatch into a proven cause or quietly erase its history.

F Say it / transfer to a new case

One linked system is still unchecked

An authorized correction is complete in the local record. A linked system has not yet been checked. The original and change history are retained.

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

retained / unchecked / complete / confirmed

- 01 **Reporter:** The local correction is ¹ _____.
- 02 **Supervisor:** The linked system remains ² _____.
- 03 **Reporter:** The original and history are ³ _____.
- 04 **Supervisor:** Full reconciliation is not yet ⁴ _____.

CHECK THE GAPS

1. complete / 2. unchecked / 3. retained / 4. confirmed

[Why these answers fit, page 144](#)

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 "Correct the record without hiding the history". Noor: "Correct. Fixing one display does not prove that all related records are aligned." Kim: [missing response] Noor: "We also need the audit trail, including what was changed, by whom, and through which process." Which response belongs in the gap?

- A.** I will complete the required report and flag the unresolved system and recipient questions.
- B.** Should I call this a near miss now, or wait until the impact is known?
- C.** The preserved original remains available. I have not deleted it or substituted an earlier image.
- D.** I will request correction authorization and keep the actions visible in the approved system.

[Answers and explanations, page 145](#)

Review 4 / Meaning and context

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

Case file

Revisit "Responding to requests for results" and "Reporting a labeling near miss". 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: Recorded interpretation of an imaging examination. Which term fits?

- A. patient portal
- B. radiology report
- C. teach-back
- D. referring service

2. A colleague needs the term for this meaning: Person or system receiving information later in the workflow. Which term fits?

- A. label discrepancy
- B. qualified interpreter
- C. unconfirmed impact
- D. downstream recipient

3. Rebuild the exchange from "A repeat is a reviewed decision". Ari: "Does identifying the motion authorize me to acquire another image immediately?" Devon: [missing response] Ari: "I will also avoid recording the patient as difficult. We have not established why the movement occurred." Which response belongs in the gap?

- A. That belongs in the technical review, alongside the actual clinical and technical constraints.
- B. Exactly. The relevant professional review determines what information is sufficient and what limitation matters.
- C. No. A repeat exposure needs appropriate assessment and justification under our process.
- D. That keeps technical adequacy, diagnostic interpretation, and the decision about another exposure distinct.

Review 4 / Meaning and context / continued

4. Rebuild the exchange from "Correct the record without hiding the history". Kim: "Once the immediate issue is contained, the investigation can examine contributing factors without guessing at blame." Noor: [missing response] Kim: "I will complete the required report and flag the unresolved system and recipient questions." Which response belongs in the gap?

- A.** We need the approved correction route and an account of what happened in order.
- B.** Yes. Establishing a root cause requires investigation; it is not settled by the first report.
- C.** Good. Keep the event description separate from any assumption about who or what caused it.
- D.** That supports record integrity and a useful learning review while the actual correction process continues.

[Answers and explanations, page 152](#)

Language for the next case

Positioning instructions through an interpreter

single-step instruction

A single-step instruction asks for one action at a time and allows the patient to understand and respond before another action is added.

Ari: I will use a single-step instruction rather than combine turning, lifting, and breathing into one long sentence.

understanding check

An understanding check asks the patient to demonstrate or restate the meaning and verifies the explanation rather than the interpreter's knowledge.

Sol: That understanding check should be directed to Hana, not to me as though I were the patient.

informed agreement

Informed agreement requires the relevant understanding and authorization rather than being inferred solely from silence or a nod during interpretation.

Sol: Nor should silence be treated as informed agreement without the actual required process.

patient response

The patient response communicates the person's understanding, ability, or concern and must be interpreted rather than supplied by the interpreter.

Ari: We should preserve the patient response exactly, especially if an instruction causes pain or confusion.

pause signal

A pause signal provides a clear way for the patient to communicate a need to stop or clarify within the actual examination process.

Sol: A pause signal can be explained and checked before the procedure begins.

role boundaries

Role boundaries keep clinical assessment and authorization with the appropriate professionals while the interpreter supports accurate communication.

Sol: That preserves role boundaries while making the instructions accessible to Hana.

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

Conversation

Positioning instructions through an interpreter

Radiographer Ari and qualified interpreter Sol prepare an examination for patient Hana. The script shows coordination before speaking with Hana. The actual examination and patient ability determine the instructions. No positioning technique or permission to proceed is supplied by this language case.

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

WORD AND PHRASE BANK

single-step instruction / pause signal / understanding check / informed agreement /
role boundaries / patient response

- 01 **Ari:** I want Hana to understand each instruction before moving. Let us agree on short segments and a clear pause.
- 02 **Sol:** Please speak directly to Hana and let me interpret the complete instruction before adding another movement.
- 03 **Ari:** I will use a ¹ _____ rather than combine turning, lifting, and breathing into one long sentence.
- 04 **Sol:** That will help. If a term is unclear, I will request clarification rather than choose a movement by guesswork.
- 05 **Ari:** I also need to check what Hana can comfortably do before describing any position as agreed.
- 06 **Sol:** I can interpret the question and response without replacing the patient's account with my own assessment.

Conversation / continued

- 07 **Ari:** We should preserve the ² _____ exactly, especially if an instruction causes pain or confusion.
- 08 **Sol:** Yes. An interpreter's fluent answer must not be mistaken for the patient's agreement or ability to move.
- 09 **Ari:** Hana's companion has offered to show the movement, but the actual ability and safe approach still need assessment.
- 10 **Sol:** Qualified interpretation supports communication; it does not authorize a companion to move the patient or make clinical decisions.

Conversation continues on the next page.

Positioning instructions through an interpreter

CONVERSATION / CONTINUED

- 11 **Ari:** I will ask Hana to explain the instruction back before any actual acquisition, when appropriate.
- 12 **Sol:** That ³ _____ should be directed to Hana, not to me as though I were the patient.
- 13 **Ari:** If the instruction needs revision, I will say so clearly rather than change it halfway through your interpretation.
- 14 **Sol:** Please do. A transparent correction prevents the patient from receiving two incompatible instructions without knowing which is current.
- 15 **Ari:** We also need an agreed way for Hana to request a pause during the preparation.
- 16 **Sol:** A ⁴ _____ can be explained and checked before the procedure begins.
- 17 **Ari:** I will not assume that a nod means every safety question has been answered.
- 18 **Sol:** Nor should silence be treated as ⁵ _____ without the actual required process.
- 19 **Ari:** Once the explanation is clear, we will proceed only under the real examination checks and authorized plan.
- 20 **Sol:** That preserves ⁶ _____ while making the instructions accessible to Hana.

CHECK THE GAPS

1. single-step instruction / 2. patient response / 3. understanding check / 4. pause signal / 5. informed agreement / 6. role boundaries

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

Two movements were combined

The radiographer gives two movement instructions together. The interpreter requests separate instructions before the patient moves. The patient has not yet agreed to the movement.

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

WORD AND PHRASE BANK

instructions / movement / agreed / proceeding

- 01 **Interpreter:** Please separate the two ¹ _____.
- 02 **Radiographer:** I will give one ² _____ at a time.
- 03 **Interpreter:** The patient has not yet ³ _____.
- 04 **Radiographer:** We will check understanding before ⁴ _____.

CHECK THE GAPS

1. instructions / 2. movement / 3. agreed / 4. proceeding

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

Keep the distinction audible

Coordinate interpreted movement instructions without relying on a companion to guess the meaning.

Language for the next case

The imaging worklist is unavailable

system outage

A system outage is loss of access or function in the relevant system and requires the approved continuity process rather than informal workarounds.

Ren: We need to confirm whether this is a system outage affecting the worklist rather than assume every system is unavailable.

downtime procedure

The downtime procedure is the approved process for continuing appropriate work during a system interruption and must not be invented in a language exercise.

Dev: Follow the actual downtime procedure, including the authorized documentation and verification steps for this service.

reconciliation ownership

Reconciliation ownership identifies who will verify and align the downtime records with the restored systems instead of leaving the task unassigned.

Dev: Assign reconciliation ownership and follow the actual review process.

patient matching

Patient matching links the correct person with the correct request and record and must remain reliable during downtime.

Dev: That protects patient matching and avoids introducing a second identity problem while addressing the first.

acquisition record

An acquisition record documents the actual examination data and timing and is needed for accurate later reconciliation.

Dev: Yes. Preserve the required acquisition record under the approved process rather than relying on memory after the system returns.

Duplicate prevention

Duplicate prevention avoids creating multiple conflicting records for the same examination and remains important both during downtime and after restoration.

Dev: Exactly. Duplicate prevention is part of maintaining a trustworthy record.

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

Conversation

The imaging worklist is unavailable

The imaging worklist is unavailable. Radiographer Ren contacts lead technologist Dev. They use the approved downtime process for identity, request verification, acquisition records, and later reconciliation. No substitute identifiers, device operation instructions, or authorization to bypass checks are supplied.

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

WORD AND PHRASE BANK

patient matching / reconciliation ownership / acquisition record / downtime procedure /
Duplicate prevention / system outage

- 01 **Ren:** The worklist is unavailable. I can see an appointment message, but I do not want to treat it as a verified order.
- 02 **Dev:** Use the approved downtime process. The outage does not remove identity or examination-verification requirements.
- 03 **Ren:** We need to confirm whether this is a ¹ _____ affecting the worklist rather than assume every system is unavailable.
- 04 **Dev:** Correct. State what is affected and what remains accessible without guessing about the technical cause.
- 05 **Ren:** I will not create a new record from a remembered name or use another patient's examination as a placeholder.
- 06 **Dev:** That protects ² _____ and avoids introducing a second identity problem while addressing the first.

Conversation / continued

- 07 **Ren:** What should we use for recording the examination if the normal electronic workflow cannot be completed?
- 08 **Dev:** Follow the actual ³ _____, including the authorized documentation and verification steps for this service.
- 09 **Ren:** We also need a clear record of what was acquired and when, so the information can be reconciled later.
- 10 **Dev:** Yes. Preserve the required ⁴ _____ under the approved process rather than relying on memory after the system returns.

Conversation continues on the next page.

The imaging worklist is unavailable

CONVERSATION / CONTINUED

- 11 **Ren:** Could entering the same request again create a duplicate if the original reappears?
- 12 **Dev:** It could create a discrepancy. Do not improvise another order or identifier outside the authorized process.
- 13 **Ren:** I will tell the team which examinations remain incomplete in the electronic workflow.
- 14 **Dev:** A clear status prevents an unfinished electronic step from being mistaken for an examination that never occurred.
- 15 **Ren:** When the system is restored, someone needs to check that the records match rather than assume the outage fixed itself.
- 16 **Dev:** Assign ⁵ _____ and follow the actual review process.
- 17 **Ren:** That review should also check for duplicate entries and any information still missing.
- 18 **Dev:** Exactly. ⁶ _____ is part of maintaining a trustworthy record.
- 19 **Ren:** I will report the affected workflow, use the approved process, and keep unresolved items visible.
- 20 **Dev:** Good. Restoration of system access is not proof that every examination record has been correctly reconciled.

CHECK THE GAPS

1. system outage / **2.** patient matching / **3.** downtime procedure / **4.** acquisition record / **5.** reconciliation ownership / **6.** Duplicate prevention

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

Access is restored, reconciliation is not complete

The worklist becomes available again. Two downtime records still need verification against the restored system. No duplicates have been ruled out yet.

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

WORD AND PHRASE BANK

verification / complete / restored / unchecked

- 01 **Technologist:** System access is ¹ _____.
- 02 **Lead:** Two records still need ² _____.
- 03 **Technologist:** Reconciliation is not ³ _____.
- 04 **Lead:** Possible duplicates remain ⁴ _____.

CHECK THE GAPS

1. restored / 2. verification / 3. complete / 4. unchecked

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

Keep the distinction audible

Use the approved downtime process without creating duplicate or guessed patient records.

Language for the next case

A patient asks to stop the examination

request to stop

A request to stop communicates that the person wants the current activity paused and must not be ignored as automatic consent to continue.

Kim: Entering the room is not unlimited permission. Your request to stop needs to be heard and handled through the actual clinical process.

physical contact

Physical contact includes hands-on assistance and requires appropriate explanation, agreement, and professional judgment rather than being assumed.

Kim: Yes. I will explain and seek the appropriate agreement before any proposed physical contact rather than surprise you with another movement.

support arrangement

A support arrangement identifies appropriate practical or interpersonal help within the examination's real safety and privacy requirements.

Kim: We can discuss the actual support arrangement and the relevant safety and privacy requirements.

positioning intolerance

Positioning intolerance describes difficulty tolerating a particular position and is not necessarily refusal of every possible examination or care option.

Kim: That distinction matters. A positioning intolerance is not automatically refusal of all care.

clinical review

Clinical review assesses the actual situation and suitable next step rather than authorizing an improvised alternative from this conversation.

Kim: We need the appropriate clinical review and authorized approach, not an improvised alternative that I assume will be suitable.

revised agreement

A revised agreement concerns the next proposed step after explanation and review and must not be inferred from the earlier preparation alone.

Kim: Correct. A revised agreement would need the actual discussion; it has not been assumed here.

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

Conversation

A patient asks to stop the examination

During preparation, patient Jo asks radiographer Kim to stop because the position is painful and a previous experience was distressing. Kim stops the preparation and seeks the appropriate clinical review. No emergency exception, restraint authorization, or alternative examination decision is supplied.

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

WORD AND PHRASE BANK

support arrangement / positioning intolerance / clinical review / request to stop /
physical contact / revised agreement

- 01 **Jo:** Please stop. That position hurts, and I am remembering a previous examination that was very distressing.
- 02 **Kim:** I am stopping the preparation. Thank you for telling me; we need to understand what is difficult before proceeding.
- 03 **Jo:** I was afraid that once I entered the room I would have no say about what happened next.
- 04 **Kim:** Entering the room is not unlimited permission. Your ¹ _____ needs to be heard and handled through the actual clinical process.
- 05 **Jo:** I still want help with the problem that brought me here, but I cannot tolerate this position now.
- 06 **Kim:** That distinction matters. A ² _____ is not automatically refusal of all care.
- 07 **Jo:** Could you explain what you are going to do before touching my arm again?
- 08 **Kim:** Yes. I will explain and seek the appropriate agreement before any proposed ³ _____ rather than surprise you with another movement.
- 09 **Jo:** I do not want to describe every detail of the previous experience in order to be believed.
- 10 **Kim:** You do not need to disclose unnecessary personal detail to have the current pain and request acknowledged.

Conversation continues on the next page.

A patient asks to stop the examination

CONVERSATION / CONTINUED

- 11 **Jo:** What happens if the original position is not possible for me today?
- 12 **Kim:** We need the appropriate ⁴ _____ and authorized approach, not an improvised alternative that I assume will be suitable.
- 13 **Jo:** Will the record say I was difficult, or will it explain what I actually said?
- 14 **Kim:** I will document the pain, the position, and your request factually, avoiding a judgment about your character.
- 15 **Jo:** I would like a support person involved if that can be arranged appropriately.
- 16 **Kim:** We can discuss the actual ⁵ _____ and the relevant safety and privacy requirements.
- 17 **Jo:** I appreciate knowing that stopping does not mean I will be abandoned without an explanation.
- 18 **Kim:** We should provide a clear next step and contact, while keeping the decision about the examination with the appropriate clinical process.
- 19 **Jo:** Then we can pause, review the options, and avoid pretending that I already agreed to another attempt.
- 20 **Kim:** Correct. A ⁶ _____ would need the actual discussion; it has not been assumed here.

CHECK THE GAPS

1. request to stop / 2. positioning intolerance / 3. physical contact / 4. clinical review / 5. support arrangement / 6. revised agreement

[Why these answers fit, page 158](#)

The patient agrees to discussion, not movement

A patient agrees to discuss an alternative approach after a pause. The patient has not agreed to another positioning attempt. The clinical review is pending.

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

WORD AND PHRASE BANK

agreed / step / discussion / pending

- 01 **Patient:** I agree to a ¹ _____.
- 02 **Radiographer:** Another movement is not yet ² _____.
- 03 **Patient:** The review remains ³ _____.
- 04 **Radiographer:** We will explain the proposed next ⁴ _____.

CHECK THE GAPS

1. discussion / 2. agreed / 3. pending / 4. step

[Why these answers fit, page 158](#)

Keep the distinction audible

Respond to a request to stop without interpreting distress as permission to continue.

01 / Answers and explanations

A / Read the situation

A1. Which side appears on the request?

B. Left

The written request names the left wrist in the supplied case.

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

A2. What does Morgan describe?

B. A right-wrist injury

Morgan describes the right wrist, which conflicts with the request.

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

A3. What happens before acquisition?

C. Verification through the department process

The discrepancy must be resolved through the authorized process before acquisition.

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

D / Response choices

D1. Which question avoids leading?

D. Please tell me which wrist was injured.

The open factual question does not suggest the desired side to the patient.

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

D2. What does an accession number identify?

C. A particular examination

The accession number identifies the examination record, not every patient or clinical detail.

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

01 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Anatomical location intended for the examination. Which term fits?

C. examination site

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. anatomical landmark: Identifiable body feature used to orient an examination. The usual combination is "identify an anatomical landmark".

C Correct. examination site: Anatomical location intended for the examination. The usual combination is "verify the examination site".

D Not here. accession number: Identifier assigned to a particular imaging examination. The usual combination is "verify the accession number".

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

D4. Rebuild the exchange from "The request says left; the patient says right".

Morgan: "Does that mean you think I have given you the wrong information about my injury?" Alex: [missing response] Morgan: "Thank you. Who can clarify what examination was actually intended when the request was made?" Which response belongs in the gap?

A. No. This verification pause checks the information from both sources. It is not a criticism of your account.

A Correct. This is Alex's response in turn 7. It connects Morgan's preceding point with Morgan's follow-up. A verification pause is a temporary stop to resolve conflicting information before the examination proceeds.

B Not here. This line belongs to turn 11, after Morgan says: "I have a number on my appointment message. Would that settle which wrist you should examine?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 5, after Morgan says: "Can you just change it to right? That is definitely where I hurt myself yesterday." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 3, after Morgan says: "My right wrist. The receptionist mentioned the left, so I wondered whether something had been entered incorrectly." It addresses that point, not the missing turn in the supplied exchange.

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

E / Conversation

1. imaging request

Turn 3. The imaging request is the authorized examination instruction and currently conflicts with the patient's reported side.

01 / Answers and explanations / continued

2. laterality

Turn 5. Laterality means the specified side and must be verified through the appropriate process rather than silently changed.

3. verification pause

Turn 7. A verification pause is a temporary stop to resolve conflicting information before the examination proceeds.

4. requesting clinician

Turn 9. The requesting clinician initiated the examination and is an appropriate contact for clarifying its intended scope.

5. accession number

Turn 11. An accession number identifies the examination record but cannot independently resolve the clinical side discrepancy.

6. patient identifier

Turn 13. A patient identifier is an approved identifying detail used to verify the person rather than infer identity from the appointment alone.

7. clinical indication

Turn 15. The clinical indication is the reason or question for imaging and helps the authorized team clarify the intended examination.

8. request amendment

Turn 17. A request amendment is a documented authorized change, not an informal substitution made without the required process.

9. Acquisition

Turn 19. Acquisition is obtaining the images and is paused here until the relevant discrepancy has been appropriately resolved.

10. resolved discrepancy

Turn 20. A resolved discrepancy means the conflict has been appropriately clarified and documented before the intended examination proceeds.

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

01 / Answers and explanations / continued

F / Accuracy and scope

F1. Which action exceeds the supplied authorization?

A. Silently changing the request

The case does not authorize an undocumented independent change to the requested examination.

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

F2. Which wording preserves both sources?

D. The request says left; the patient reports right.

Naming both sources preserves the conflict until the appropriate verification resolves it.

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

F / Guided speaking

1. left

Jo: My injured ankle is the left one.

Turn 1. Jo reports a left-ankle injury in the supplied scenario.

2. omits

Radiographer: The request currently omits the side.

Turn 2. The missing laterality is the discrepancy requiring clarification before acquisition.

3. clarify

Jo: The team will clarify the request.

Turn 3. The authorized team is being contacted to clarify the incomplete request.

4. acquired

Radiographer: No images have been acquired.

Turn 4. The scenario explicitly states that acquisition has not yet begun.

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

01 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "The request says left; the patient says right". Morgan: "What will you tell the team when you ask them to look at the request?" Alex: [missing response] Morgan: "And if they need to change the order, will that change be recorded somewhere?" Which response belongs in the gap?

A. I will state the request's side, your account, and the relevant clinical indication without inventing a new reason for imaging.

A Correct. This is Alex's response in turn 15. It connects Morgan's preceding point with Morgan's follow-up. The clinical indication is the reason or question for imaging and helps the authorized team clarify the intended examination.

B Not here. This line belongs to turn 7, after Morgan says: "Does that mean you think I have given you the wrong information about my injury?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 3, after Morgan says: "My right wrist. The receptionist mentioned the left, so I wondered whether something had been entered incorrectly." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 11, after Morgan says: "I have a number on my appointment message. Would that settle which wrist you should examine?" 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 is difficult?

A. Raising the left shoulder

The case identifies one painful shoulder movement, not a general refusal.

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

A2. What does Jamie do first?

D. Stops the attempted movement

Jamie stops the movement and checks the reported limitation.

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

A3. What is not supplied?

D. An authorized alternative projection

The exercise does not prescribe the technical alternative for the examination.

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

D / Response choices

D1. Which record is most accurate?

A. Casey reports pain when raising the left shoulder.

The precise report describes the supplied movement limitation without inventing intent or examination findings.

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

D2. Which instruction respects the limitation?

D. Stop there; do not force the movement.

Stopping acknowledges the reported difficulty while the appropriate approach is reviewed.

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

02 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Restriction affecting a person's movement. Which term fits?

D. mobility limitation

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. physical assistance: Hands-on support provided with appropriate agreement and competence. The usual combination is "ask before physical assistance".

C Not here. supine position: Position lying on the back. The usual combination is "describe the supine position".

D Correct. mobility limitation: Restriction affecting a person's movement. The usual combination is "accommodate a mobility limitation".

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

D4. Rebuild the exchange from "One movement at a time". Casey: "Thank you. It is easier when I know exactly which movement you are asking me to try." Jamie: [missing response] Casey: "Could you explain what the position is intended to show without asking me to force it?" Which response belongs in the gap?

C. I can give a shorter movement cue and pause between steps. We can check what is comfortable before proceeding.

A Not here. This line belongs to turn 3, after Casey says: "Raising this left shoulder hurts. I can turn a little, but I cannot lift the arm that high." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 17, after Casey says: "Does changing the way I sit automatically mean you can take a different view instead?" It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Jamie's response in turn 7. It connects Casey's preceding point with Casey's follow-up. A movement cue directs one specific action and allows the patient's response to be checked before another instruction.

D Not here. This line belongs to turn 9, after Casey says: "Could you explain what the position is intended to show without asking me to force it?" It addresses that point, not the missing turn in the supplied exchange.

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

E / Conversation

1. pain-limited movement

Turn 3. Pain-limited movement accurately records the reported reason for stopping rather than assuming refusal or poor cooperation.

02 / Answers and explanations / continued

2. mobility limitation

Turn 5. A mobility limitation describes restricted movement without assigning the patient a negative motive or a blanket refusal.

3. movement cue

Turn 7. A movement cue directs one specific action and allows the patient's response to be checked before another instruction.

4. projection

Turn 9. A projection is an imaging view defined by beam direction and its intended purpose should be distinguished from an improvised alternative.

5. support aid

Turn 11. A support aid helps maintain a position but must be appropriate to the actual examination and the person's needs.

6. Physical assistance

Turn 13. Physical assistance is hands-on support and requires appropriate agreement, assessment, and competence rather than surprise movement.

7. range of motion

Turn 15. Range of motion describes the movement available at the joint and the reported limitation must remain part of the positioning discussion.

8. adapted technique

Turn 17. An adapted technique is an appropriate modification based on the actual clinical and technical situation, not an automatic substitution.

9. breath-hold instruction

Turn 19. A breath-hold instruction can be rehearsed when appropriate so the patient understands the sequence before acquisition.

10. positioning

Turn 20. Positioning arranges the body for the intended image, and the instructions should respect the person's actual movement ability.

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

02 / Answers and explanations / continued

F / Accuracy and scope

F1. What should precede hands-on help?

D. Appropriate agreement and assessment

Assistance requires appropriate agreement and competence, not an unexpected physical intervention.

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

F2. What is a projection?

B. A view defined by beam direction

Projection names an imaging view and does not itself authorize a technical change.

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

F / Guided speaking

1. difficult

Drew: Standing from this chair is difficult.

Turn 1. Drew reports a specific difficulty with standing from the chair.

2. assessment

Radiographer: The transfer needs assessment.

Turn 2. The assistance required has not yet been assessed in this case.

3. refused

Drew: I have not refused the examination.

Turn 3. A movement limitation is not equivalent to refusing imaging.

4. assistance

Radiographer: I will request appropriate assistance.

Turn 4. The scenario calls for help from the appropriate team rather than an improvised transfer.

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

02 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "One movement at a time". Casey: "Yes, supporting it is comfortable. Please do not lift it farther without checking with me first." Jamie: [missing response] Casey: "Does changing the way I sit automatically mean you can take a different view instead?" Which response belongs in the gap?

D. Understood. I will keep your range of motion limitation clear when I discuss the examination with the team.

A Not here. This line belongs to turn 5, after Casey says: "I do want the examination. I am worried you will think I am refusing to cooperate." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 3, after Casey says: "Raising this left shoulder hurts. I can turn a little, but I cannot lift the arm that high." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 9, after Casey says: "Could you explain what the position is intended to show without asking me to force it?" It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Jamie's response in turn 15. It connects Casey's preceding point with Casey's follow-up. Range of motion describes the movement available at the joint and the reported limitation must remain part of the positioning discussion.

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

03 / Answers and explanations

A / Read the situation

A1. What does Rowan request?

D. Privacy from a companion

Rowan specifically asks to answer the screening question privately.

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

A2. What answer is supplied?

A. Uncertainty

Rowan is unsure, and that uncertainty must remain visible.

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

A3. What decision is not supplied?

A. Whether to perform or cancel the examination

The language case does not determine the clinical examination decision.

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

D / Response choices

D1. Which entry matches Rowan's response?

A. Unsure

Uncertainty is the supplied answer and must not be silently converted into a negative.

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

D2. Which statement overpromises?

B. There is absolutely no risk in every case.

A universal zero-risk statement is not supported by the individualized assessment.

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03 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Discussion held away from people not authorized to hear it. Which term fits?

A. private conversation

A Correct. private conversation: Discussion held away from people not authorized to hear it. The usual combination is "offer a private conversation".

B Not here. reproductive history: Relevant history concerning pregnancy and reproduction. The usual combination is "ask about reproductive history".

C Not here. optimization: Adjusting imaging practice to achieve its purpose with appropriate exposure. The usual combination is "explain optimization".

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

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

D4. Rebuild the exchange from "A private answer before the examination". Rowan: "Does being unsure automatically mean that every kind of X-ray has to be canceled?" Taylor: [missing response] Rowan: "I would like someone to explain the possible benefit and risk of this particular examination." Which response belongs in the gap?

D. No blanket conclusion follows. The examination protocol and clinical circumstances guide the appropriate review.

A Not here. This line belongs to turn 15, after Rowan says: "Could the reason the examination is needed also matter to that discussion?" It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 17, after Rowan says: "And I would like my companion included only after we agree what can be discussed with them." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 13, after Rowan says: "Will my uncertain answer still be visible when the person reviewing the examination reads the record?" It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Taylor's response in turn 7. It connects Rowan's preceding point with Rowan's follow-up. The examination protocol governs this procedure, not every imaging situation universally.

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

E / Conversation

1. private conversation

Turn 3. A private conversation respects the request to answer without the companion.

2. Screening uncertainty

Turn 5. Screening uncertainty must remain unresolved rather than being recorded as no.

03 / Answers and explanations / continued

3. examination protocol

Turn 7. The examination protocol governs this procedure, not every imaging situation universally.

4. benefit-risk discussion

Turn 9. A benefit-risk discussion weighs this examination's expected benefit and possible harm.

5. ionizing radiation

Turn 11. Ionizing radiation describes the radiation type, not a personal risk estimate.

6. screening response

Turn 13. The screening response records what the patient actually answered, including uncertainty, so the review is based on accurate information.

7. Justification

Turn 15. Justification considers whether the expected benefit warrants the examination in the actual clinical circumstances.

8. privacy preference

Turn 17. A privacy preference identifies the patient's wishes about who hears personal information and should be handled within the applicable rules.

9. radiologist review

Turn 19. Radiologist review is assessment by the imaging physician when required by the relevant process, not a decision supplied by this language exercise.

10. review outcome

Turn 20. The review outcome is the decision or findings after assessment and must not be presented as settled before that review occurs.

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

F / Accuracy and scope

F1. What should guide the next step?

B. The actual protocol and clinical review

The relevant examination and clinical circumstances require the appropriate professional process.

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

03 / Answers and explanations / continued

F2. Which phrase supports privacy?

B. We can discuss this without your companion present.

Offering a private conversation respects the patient's stated preference and sensitive information.

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

F / Guided speaking

1. answer

Companion: Can you share the screening answer?

Turn 1. The companion asks for the content of the screening response.

2. authorized

Radiographer: Sharing has not been authorized.

Turn 2. Rowan has not authorized disclosure of the private answer.

3. pending

Companion: The review is still pending?

Turn 3. The clinical review has not yet reached an outcome.

4. privacy

Radiographer: I need to respect the requested privacy.

Turn 4. The scenario explicitly requires respecting Rowan's request for privacy.

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03 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "A private answer before the examination". Rowan: "Could the reason the examination is needed also matter to that discussion?" Taylor: [missing response] Rowan: "And I would like my companion included only after we agree what can be discussed with them." Which response belongs in the gap?

C. Yes. Justification concerns whether the expected benefit warrants the examination in its clinical context.

A Not here. This line belongs to turn 13, after Rowan says: "Will my uncertain answer still be visible when the person reviewing the examination reads the record?" It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 17, after Rowan says: "And I would like my companion included only after we agree what can be discussed with them." It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Taylor's response in turn 15. It connects Rowan's preceding point with Rowan's follow-up. Justification considers whether the expected benefit warrants the examination in the actual clinical circumstances.

D Not here. This line belongs to turn 7, after Rowan says: "Does being unsure automatically mean that every kind of X-ray has to be canceled?" It addresses that point, not the missing turn in the supplied exchange.

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

04 / Answers and explanations

A / Read the situation

A1. What worries Mina?

A. Whether the machine will touch her

Mina asks about the equipment and whether it will touch her.

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

A2. What happens before acquisition?

C. Explanation and rehearsal

Lee explains the equipment and rehearses the instruction before acquisition.

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

A3. What controls caregiver assistance?

D. The department safety process

Presence or assistance during exposure follows the actual safety process.

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

D / Response choices

D1. Which choice is genuine here?

B. Explanation first or demonstration first

The available choice concerns preparation order, not technical safety or diagnostic outcomes.

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

D2. Which reassurance is honest?

B. I will explain before we change position.

Explaining the sequence is a commitment within the speaker's control rather than an unsupported guarantee.

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04 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Specialist support helping children cope with healthcare experiences. Which term fits?

B. child-life support

A Not here. distress cue: Sign suggesting anxiety, discomfort, or difficulty coping. The usual combination is "notice a distress cue".

B Correct. child-life support: Specialist support helping children cope with healthcare experiences. The usual combination is "request child-life support".

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

D Not here. reassurance: Supportive explanation that does not promise an unsupported outcome. The usual combination is "give honest reassurance".

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

D4. Rebuild the exchange from "A rehearsal before the picture". Mina: "Do I have to understand every long word before we can do the examination?" Lee: [missing response] Mina: "I heard someone say stay still. I am worried that I will forget what to do." Which response belongs in the gap?

C. No. An age-appropriate explanation uses words that make sense to you. You can ask me to explain anything again.

A Not here. This line belongs to turn 15, after Mina says: "All right. Could you also tell me before asking me to move into a different position?" It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 3, after Mina says: "The big machine looks as though it might move toward me. I do not know what it does." It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Lee's response in turn 7. It connects Mina's preceding point with Mina's follow-up. An age-appropriate explanation adapts the language to the child's understanding without withholding necessary information or speaking only to adults.

D Not here. This line belongs to turn 9, after Mina says: "I heard someone say stay still. I am worried that I will forget what to do." It addresses that point, not the missing turn in the supplied exchange.

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

E / Conversation

1. sensory description

Turn 3. A sensory description explains what the child may see, hear, or feel rather than relying on technical labels alone.

04 / Answers and explanations / continued

2. bounded choice

Turn 5. A bounded choice offers a real limited option, here the order of explanation and demonstration, within the available safe process.

3. age-appropriate explanation

Turn 7. An age-appropriate explanation adapts the language to the child's understanding without withholding necessary information or speaking only to adults.

4. practice run

Turn 9. A practice run rehearses the instruction before the actual image is acquired so uncertainty can be addressed beforehand.

5. exposure signal

Turn 11. The exposure signal is the cue associated with the actual acquisition and should be distinguished from a rehearsal.

6. protective arrangement

Turn 13. A protective arrangement is the approved safety setup and determines where another person can appropriately be during the examination.

7. preparation sequence

Turn 15. A preparation sequence tells the child what comes next and reduces surprise without making promises about every sensation or outcome.

8. stop signal

Turn 17. A stop signal gives the child a clear way to communicate a need for a pause and should be explained within the actual procedure.

9. assent

Turn 19. Assent is the child's affirmative agreement appropriate to the circumstances and does not replace any legally required caregiver permission.

10. demonstration

Turn 20. A demonstration shows the action before the child is asked to perform it and makes the instruction more concrete.

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

04 / Answers and explanations / continued

F / Accuracy and scope

F1. What does a practice run do?

D. Rehearses an instruction before acquisition

Rehearsal supports understanding but does not settle consent, diagnosis, or every response.

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

F2. Which terms require distinction?

C. Assent and caregiver permission

Child assent and legally required caregiver permission serve different roles in the actual setting.

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

F / Guided speaking

1. instruction

Noah: I forgot the three-part instruction.

Turn 1. Noah reports difficulty remembering the instruction during the practice.

2. step

Radiographer: We can use one step at a time.

Turn 2. The supplied adaptation is a single step at a time.

3. practice

Noah: This is still practice.

Turn 3. The scenario states that acquisition has not yet begun.

4. taken

Radiographer: No image has been taken.

Turn 4. The rehearsal occurs before the actual image is acquired.

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04 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "A rehearsal before the picture". Mina: "All right. Could you also tell me before asking me to move into a different position?" Lee: [missing response] Mina: "What should I do if I get frightened or do not understand the next step?" Which response belongs in the gap?

A. Certainly. A clear preparation sequence helps you know what happens next. I will explain before changing the instruction.

A Correct. This is Lee's response in turn 15. It connects Mina's preceding point with Mina's follow-up. A preparation sequence tells the child what comes next and reduces surprise without making promises about every sensation or outcome.

B Not here. This line belongs to turn 7, after Mina says: "Do I have to understand every long word before we can do the examination?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 9, after Mina says: "I heard someone say stay still. I am worried that I will forget what to do." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 3, after Mina says: "The big machine looks as though it might move toward me. I do not know what it does." It addresses that point, not the missing turn in the supplied exchange.

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

05 / Answers and explanations

A / Read the situation

A1. What examination is requested?

D. A portable chest examination

The brief specifies a portable chest examination at the bedside.

[Return to the exercise, page 48](#)

A2. Who identifies attached equipment?

B. Priya

Priya is the bedside nurse identifying lines and monitoring equipment.

[Return to the exercise, page 48](#)

A3. What has not happened?

B. A line disconnection

The case explicitly states that no line has been disconnected.

[Return to the exercise, page 48](#)

D / Response choices

D1. Which request identifies a dependency?

B. I need authorized line management before movement.

The statement names the required preparation and does not assume authority to perform it.

[Return to the exercise, page 52](#)

D2. What does portable describe?

A. Equipment and examination location

Portable describes how imaging reaches the patient, not a waiver of safeguards.

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05 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Positioning the image receptor for the intended examination. Which term fits?

A. detector placement

A Correct. detector placement: Positioning the image receptor for the intended examination. The usual combination is "coordinate detector placement".

B Not here. equipment clearance: Available space for positioning and moving equipment. The usual combination is "check equipment clearance".

C Not here. team readiness: Confirmation that required people and preparations are in place. The usual combination is "confirm team readiness".

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

[Return to the exercise, page 52](#)

D4. Rebuild the exchange from "The bedside team stays connected". Priya: "Understood. We also need to confirm the precautions currently applying to this patient and room." Sam: [missing response] Priya: "Space is limited on the far side of the bed. Does that affect where your unit can go?" Which response belongs in the gap?

D. I will check the isolation status and follow the required preparation for the equipment and examination.

A Not here. This line belongs to turn 15, after Priya says: "I will confirm the assistance and line responsibilities through our actual clinical process." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 19, after Priya says: "Afterward, the equipment also needs the appropriate cleaning before it leaves the area." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 13, after Priya says: "The patient also needs support to maintain the position. We have not yet assessed the exact assistance." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Sam's response in turn 7. It connects Priya's preceding point with Priya's follow-up. Isolation status identifies the actual infection-control requirements, not an assumed precaution.

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E / Conversation

1. bedside coordination

Turn 3. Bedside coordination prepares movement and equipment management with the relevant staff.

2. oxygen delivery device

Turn 5. An oxygen delivery device requires appropriately authorized handling; it is not furniture.

05 / Answers and explanations / continued

3. isolation status

Turn 7. Isolation status identifies the actual infection-control requirements, not an assumed precaution.

4. equipment clearance

Turn 9. Equipment clearance means the space required for appropriate positioning and movement.

5. detector placement

Turn 11. Detector placement may require coordinated patient support and protection of attached equipment.

6. patient support

Turn 13. Patient support is the assistance required for the position and must be assessed rather than assumed from the imaging request.

7. line management

Turn 15. Line management involves authorized protection and handling of clinical tubing or connections rather than independent adjustment by anyone present.

8. team readiness

Turn 17. Team readiness means the required staff and preparations are actually in place, not merely that the radiographer has arrived.

9. cleaning protocol

Turn 19. The cleaning protocol is the approved decontamination process appropriate to the equipment and infection-control requirements.

10. handoff acknowledgment

Turn 20. Handoff acknowledgment confirms receipt of the preparation plan and responsibilities instead of leaving them as an unconfirmed message.

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F / Accuracy and scope

F1. Which action is unsupported?

B. Disconnecting an attached line independently

No independent disconnection is authorized in the supplied case.

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05 / Answers and explanations / continued

F2. What confirms readiness?

C. Explicit acknowledgment from the relevant team

Readiness requires the actual preparations and team acknowledgment, not a single convenient cue.

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F / Guided speaking

1. requested

Nurse: Transfer assistance has been requested.

Turn 1. A request has been made but is not proof that assistance is present.

2. arrived

Radiographer: The colleague has not yet arrived.

Turn 2. The scenario explicitly says the assisting colleague has not arrived.

3. confirmed

Nurse: Readiness is not yet confirmed.

Turn 3. The required assistance remains outstanding, so readiness is not established.

4. acknowledgment

Radiographer: I will wait for the actual acknowledgment.

Turn 4. Explicit confirmation is required before treating the preparation as complete.

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05 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "The bedside team stays connected". Priya: "I will confirm the assistance and line responsibilities through our actual clinical process." Sam: [missing response] Priya: "Agreed. I will give you an explicit update when the required people and preparations are in place." Which response belongs in the gap?

A. Please name who will handle line management so that nobody assumes someone else has accepted that responsibility.

A Correct. This is Sam's response in turn 15. It connects Priya's preceding point with Priya's follow-up. Line management involves authorized protection and handling of clinical tubing or connections rather than independent adjustment by anyone present.

B Not here. This line belongs to turn 7, after Priya says: "Understood. We also need to confirm the precautions currently applying to this patient and room." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 3, after Priya says: "Yes. There are attached lines and monitoring devices, and movement needs coordination with the appropriate bedside staff." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 5, after Priya says: "Thank you. I can identify them and confirm who is authorized to manage each device." 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 limitation is identified?

A. Motion affecting the image

The supplied technical concern is motion affecting the chest image.

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A2. Who reviews technical adequacy?

B. Devon

Devon is the senior radiographer reviewing the technical concern.

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A3. What is not authorized automatically?

A. A repeat exposure

The case requires assessment rather than an automatic additional acquisition.

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D / Response choices

D1. Which statement is precise?

C. Motion affects this image and needs review.

Describing the image's motion limitation identifies the review need without blame or an unsupported diagnosis.

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D2. What is not a direct patient-dose reading?

B. Exposure index

Exposure index concerns detector exposure under specified conditions rather than directly reporting individual patient dose.

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06 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Additional radiation exposure to acquire another image. Which term fits?

D. repeat exposure

A Not here. reject analysis: Review of rejected images to identify patterns and improvement opportunities. The usual combination is "conduct reject analysis".

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. image contrast: Difference in appearance between image regions or structures. The usual combination is "assess image contrast".

D Correct. repeat exposure: Additional radiation exposure to acquire another image. The usual combination is "justify a repeat exposure".

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D4. Rebuild the exchange from "A repeat is a reviewed decision". Devon: "Exactly. The relevant professional review determines what information is sufficient and what limitation matters." Ari: [missing response] Devon: "That is useful. Display appearance and processing do not independently establish appropriate exposure or adequacy." Which response belongs in the gap?

B. I also checked the anatomical coverage, rather than relying only on the overall brightness of the displayed image.

A Not here. This line belongs to turn 9, after Devon says: "That is useful. Display appearance and processing do not independently establish appropriate exposure or adequacy." It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Ari's response in turn 7. It connects Devon's preceding point with Devon's follow-up. Anatomical coverage identifies whether the required body area is included.

C Not here. This line belongs to turn 13, after Devon says: "No. A repeat exposure needs appropriate assessment and justification under our process." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 3, after Devon says: "Yes. Describe the limitation specifically, and keep the original image available in the approved record." It addresses that point, not the missing turn in the supplied exchange.

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E / Conversation

1. motion artifact

Turn 3. Motion artifact describes movement-related distortion, without assigning blame or a diagnosis.

2. diagnostic adequacy

Turn 5. Diagnostic adequacy concerns the clinical question, not a visually perfect picture.

06 / Answers and explanations / continued

3. anatomical coverage

Turn 7. Anatomical coverage identifies whether the required body area is included.

4. exposure index

Turn 9. Exposure index concerns detector exposure, not a direct patient-dose measurement.

5. repeat exposure

Turn 12. A repeat exposure needs appropriate review and justification, not automatic repetition.

6. Quality assurance

Turn 14. Quality assurance checks and improves the process and should use accurate observations rather than unsupported judgments about the patient.

7. technical review

Turn 16. Technical review assesses acquisition and image-quality features and can identify improvements without turning them into a diagnosis.

8. Reject analysis

Turn 18. Reject analysis reviews rejected images for improvement and depends on an accurate retained record rather than concealed evidence.

9. additional acquisition

Turn 19. An additional acquisition collects further image data and must be based on the appropriate reviewed decision rather than assumed permission.

10. technical adequacy

Turn 20. Technical adequacy concerns the image's technical fitness for purpose and must be distinguished from a diagnostic interpretation.

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F / Accuracy and scope

F1. Why review before repeating?

A. To assess adequacy and justify any additional acquisition

Review connects the additional exposure decision to clinical purpose and appropriate justification.

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06 / Answers and explanations / continued

F2. Which practice preserves integrity?

A. Retaining the image through the approved process

Preserving the image and approved record supports review and accurate quality improvement.

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F / Guided speaking

1. incomplete

Radiographer: The anatomical coverage is incomplete.

Turn 1. The required area is not fully included in the supplied image.

2. available

Reviewer: The image must remain available.

Turn 2. The scenario explicitly preserves the image for appropriate review.

3. decided

Radiographer: Additional acquisition is not yet decided.

Turn 3. The reviewer has not yet made the additional-acquisition decision.

4. assessment

Reviewer: We need the appropriate assessment.

Turn 4. The decision requires the actual assessment rather than an automatic repeat.

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06 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "A repeat is a reviewed decision". Ari: "If another acquisition is authorized, the instruction may need to be explained or rehearsed differently." Devon: [missing response] Ari: "The original image will remain available even if the process classifies it as unsuitable." Which response belongs in the gap?

A. That belongs in the technical review, alongside the actual clinical and technical constraints.

A Correct. This is Devon's response in turn 16. It connects Ari's preceding point with Ari's follow-up. Technical review assesses acquisition and image-quality features and can identify improvements without turning them into a diagnosis.

B Not here. This line belongs to turn 6, after Ari says: "So diagnostic adequacy is different from making every image look technically perfect." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 12, after Ari says: "Does identifying the motion authorize me to acquire another image immediately?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 20, after Ari says: "I will document the limitation and the review outcome before treating an additional acquisition as agreed." 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 Jules ask about?

D. Whether a mark means cancer

Jules asks an anxious question but no diagnostic interpretation is supplied.

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A2. Who interprets the images?

D. The reporting clinician

The reporting clinician is responsible for the diagnostic interpretation in this case.

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A3. What is not supplied?

D. A reporting deadline

No deadline is given, so Ren must not invent a result time.

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D / Response choices

D1. Which response is most helpful?

D. I cannot interpret that, but I can confirm the reporting route.

The response combines an accurate professional boundary with a concrete next step.

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D2. Which distinction matters?

B. Report access and clinical explanation

A patient may access a report before its meaning has been explained in context.

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07 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Initial interpretation that may be updated after further review. Which term fits?

D. preliminary report

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. result communication: Process of explaining a result to the appropriate recipient. The usual combination is "confirm result communication".

C Not here. result inquiry: Request for information about an examination result. The usual combination is "handle a result inquiry".

D Correct. preliminary report: Initial interpretation that may be updated after further review. The usual combination is "distinguish a preliminary report".

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D4. Rebuild the exchange from "Explain the process without interpreting the image". Jules: "Is a report the same thing as someone discussing what it means for my situation?" Ren: [missing response] Jules: "I sometimes see reports on my phone before anyone has spoken to me about them." Which response belongs in the gap?

D. No. Result communication includes explaining it in context, not merely creating a document in the system.

A Not here. This line belongs to turn 18, after Jules says: "I understand the limit, but I would still appreciate knowing whom to contact with the question." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 14, after Jules says: "Could an earlier examination help the person who is preparing the report?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 6, after Jules says: "Then who can answer the question properly, and how will the information get back to me?" It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Ren's response in turn 8. It connects Jules's preceding point with Jules's follow-up. Result communication includes explanation, not merely a report existing in the system.

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E / Conversation

1. unverified impression

Turn 4. An unverified impression is not a reliable diagnosis or reassurance.

2. reporting clinician

Turn 6. The reporting clinician interprets images; acquiring them is a different responsibility.

07 / Answers and explanations / continued

3. Result communication

Turn 8. Result communication includes explanation, not merely a report existing in the system.

4. patient portal

Turn 10. Patient-portal access does not establish that the report has been clinically explained.

5. Clinical correlation

Turn 12. Clinical correlation interprets imaging alongside the patient's other relevant clinical information.

6. Comparison images

Turn 14. Comparison images are earlier examinations used to assess differences and may provide context for the reporting clinician.

7. report turnaround

Turn 16. Report turnaround is the actual time to report availability and cannot be invented as a guaranteed deadline in this case.

8. follow-up contact

Turn 18. A follow-up contact gives the patient a concrete person or service for subsequent communication rather than a vague instruction to wait.

9. scope of practice

Turn 20. Scope of practice defines the duties a professional is authorized and competent to perform, including the boundary around diagnostic interpretation.

10. result inquiry

Turn 20. A result inquiry is a request about examination findings and deserves an appropriate communication route rather than unsupported speculation.

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F / Accuracy and scope

F1. What timing claim is unsupported?

C. The result will definitely be ready tomorrow.

The case provides no reporting deadline, so tomorrow would be an invented promise.

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07 / Answers and explanations / continued

F2. What does clinical correlation mean?

B. Interpreting a finding with other clinical information

Clinical correlation places the image finding within the wider clinical evidence.

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F / Guided speaking

1. portal

Pat: The report is visible in the portal.

Turn 1. The report is available through the online patient portal.

2. explanation

Radiographer: Access is not the same as clinical explanation.

Turn 2. Seeing the report does not mean its significance has been discussed.

3. contact

Pat: I need the appropriate contact.

Turn 3. The next communication step is identifying the relevant clinician or service.

4. here

Radiographer: No follow-up decision is supplied here.

Turn 4. The exercise provides access information but no clinical follow-up decision.

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07 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "Explain the process without interpreting the image".
Jules: "Can you promise that someone will call tomorrow? Waiting without a contact is the hardest part." **Ren:** [missing response] **Jules:** "I understand the limit, but I would still appreciate knowing whom to contact with the question." Which response belongs in the gap?

D. I need to verify the report turnaround arrangements rather than guess. No definite reporting time has been established in this conversation.

A Not here. This line belongs to turn 2, after Jules says: "I saw a mark on the screen. Does that mean cancer, or can you tell me it is harmless?" It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 10, after Jules says: "I sometimes see reports on my phone before anyone has spoken to me about them." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 4, after Jules says: "But you see these pictures every day. Surely you have an idea of what that mark means." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Ren's response in turn 16. It connects Jules's preceding point with Jules's follow-up. Report turnaround is the actual time to report availability and cannot be invented as a guaranteed deadline in this case.

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08 / Answers and explanations

A / Read the situation

A1. What does Kim notice?

B. A possible label mismatch

The case supplies a possible mismatch without establishing cause or downstream impact.

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A2. What happens to the original record?

C. It is preserved

Preserving the original record supports the authorized review and correction process.

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A3. What remains unestablished?

A. How the mismatch arose

The cause and any downstream impact have not yet been established.

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D / Response choices

D1. Which opening is factual?

B. The label may not match verified details.

The wording reports the observed concern without inventing cause or impact.

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D2. What must remain traceable?

A. The original record and authorized changes

An audit trail preserves the history needed to understand and verify a correction.

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08 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Traceable history of actions and changes in a record. Which term fits?

C. audit trail

A Not here. correction authorization: Approval required to amend a relevant record. The usual combination is "obtain correction authorization".

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

C Correct. audit trail: Traceable history of actions and changes in a record. The usual combination is "preserve the audit trail".

D Not here. root cause: Underlying factor established through appropriate investigation. The usual combination is "investigate the root cause".

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D4. Rebuild the exchange from "Correct the record without hiding the history". Noor: "We need the approved correction route and an account of what happened in order." Kim: [missing response] Noor: "Include the point at which you noticed the issue and the people contacted afterward." Which response belongs in the gap?

D. I will give an event chronology using verified times and actions, marking anything I have not confirmed.

A Not here. This line belongs to turn 17, after Noor says: "We also need the audit trail, including what was changed, by whom, and through which process." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 5, after Noor says: "Good. Keep the event description separate from any assumption about who or what caused it." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 3, after Noor says: "Thank you for escalating it. Preserve the original record and state exactly what you have verified so far." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Kim's response in turn 7. It connects Noor's preceding point with Noor's follow-up. An event chronology records the sequence and timing of known actions, which helps review without turning guesses into facts.

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E / Conversation

1. label discrepancy

Turn 3. A label discrepancy is a conflict between the image label and verified examination information and should be described before its cause is assumed.

08 / Answers and explanations / continued

2. release hold

Turn 5. A release hold temporarily prevents further distribution while the relevant concern is reviewed through the approved process.

3. event chronology

Turn 7. An event chronology records the sequence and timing of known actions, which helps review without turning guesses into facts.

4. preserved original

Turn 9. A preserved original retains the initial information through the approved process so the review and any correction remain traceable.

5. Unconfirmed impact

Turn 12. Unconfirmed impact means possible consequences have not yet been established and cannot be described as definitely absent.

6. downstream recipient

Turn 13. A downstream recipient is a later person or system receiving the information and may require appropriate notification or correction.

7. correction authorization

Turn 15. Correction authorization is the required approval for amending the relevant record rather than an informal independent alteration.

8. audit trail

Turn 16. An audit trail preserves the history of actions and changes so a correction can be understood and verified later.

9. root cause

Turn 18. A root cause is an underlying factor supported by investigation, not an assumption made from the first visible discrepancy.

10. record integrity

Turn 20. Record integrity is the accuracy and trustworthiness of the maintained record, including traceable corrections and unresolved facts.

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08 / Answers and explanations / continued

F / Accuracy and scope

F1. Which conclusion is premature?

C. No downstream recipient was affected.

The case explicitly leaves downstream impact unverified, so absence of impact cannot be asserted.

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F2. What is system reconciliation for?

C. Aligning related records across affected systems

Reconciliation checks related records so a local correction is not mistaken for complete resolution.

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F / Guided speaking

1. complete

Reporter: The local correction is complete.

Turn 1. The supplied facts confirm completion only in the local record.

2. unchecked

Supervisor: The linked system remains unchecked.

Turn 2. The scenario explicitly leaves the linked system unverified.

3. retained

Reporter: The original and history are retained.

Turn 3. The record and change history remain available for traceability.

4. confirmed

Supervisor: Full reconciliation is not yet confirmed.

Turn 4. One unchecked linked system prevents claiming that reconciliation is complete.

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08 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "Correct the record without hiding the history". Noor: "Correct. Fixing one display does not prove that all related records are aligned." Kim: [missing response] Noor: "We also need the audit trail, including what was changed, by whom, and through which process." Which response belongs in the gap?

D. I will request correction authorization and keep the actions visible in the approved system.

A Not here. This line belongs to turn 19, after Noor says: "Yes. Establishing a root cause requires investigation; it is not settled by the first report." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 11, after Noor says: "That protects the record while the appropriate people determine the correction and notification requirements." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 9, after Noor says: "Include the point at which you noticed the issue and the people contacted afterward." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Kim's response in turn 15. It connects Noor's preceding point with Noor's follow-up. Correction authorization is the required approval for amending the relevant record rather than an informal independent alteration.

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Review 1 / Explanations

Cumulative review

1. A colleague needs the term for this meaning: Approved identifying detail used to verify a person's identity. Which term fits?

A. patient identifier

A Correct. patient identifier: Approved identifying detail used to verify a person's identity. The usual combination is "confirm patient identifiers".

B Not here. teach-back: Checking an explanation by inviting the listener to restate its meaning. The usual combination is "use teach-back without blame".

C Not here. acquisition: Process of obtaining the imaging data. The usual combination is "pause image acquisition".

D Not here. worklist: Electronic list of scheduled or requested imaging examinations. The usual combination is "review the worklist".

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2. A colleague needs the term for this meaning: Position with the upper body vertical. Which term fits?

A. upright position

A Correct. upright position: Position with the upper body vertical. The usual combination is "explain an upright position".

B Not here. immobilization: Restriction of movement using an appropriate method. The usual combination is "explain proposed immobilization".

C Not here. positioning: Arranging the patient's body for the intended image. The usual combination is "explain the positioning".

D Not here. qualified interpreter: Trained language professional supporting accurate communication between speakers. The usual combination is "request a qualified interpreter".

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Review 1 / Explanations / continued

3. Rebuild the exchange from "The request says left; the patient says right". Morgan: "I have a number on my appointment message. Would that settle which wrist you should examine?" Alex: [missing response] Morgan: "I understand. You will still check that the record belongs to me before doing anything else?" Which response belongs in the gap?

A. The accession number identifies the examination record. It does not resolve the side conflict on its own.

A Correct. This is Alex's response in turn 11. It connects Morgan's preceding point with Morgan's follow-up. An accession number identifies the examination record but cannot independently resolve the clinical side discrepancy.

B Not here. This line belongs to turn 3, after Morgan says: "My right wrist. The receptionist mentioned the left, so I wondered whether something had been entered incorrectly." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 5, after Morgan says: "Can you just change it to right? That is definitely where I hurt myself yesterday." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 7, after Morgan says: "Does that mean you think I have given you the wrong information about my injury?" It addresses that point, not the missing turn in the supplied exchange.

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4. Rebuild the exchange from "One movement at a time". Casey: "Once that is settled, could we practice any breathing instruction before the image is taken?" Jamie: [missing response] Casey: "Clear positioning instructions and a pause give me a chance to tell you what I can actually do." Which response belongs in the gap?

A. Yes, if a breath-hold instruction is appropriate, we can rehearse it and check that the wording is manageable for you.

A Correct. This is Jamie's response in turn 19. It connects Casey's preceding point with Casey's follow-up. A breath-hold instruction can be rehearsed when appropriate so the patient understands the sequence before acquisition.

B Not here. This line belongs to turn 3, after Casey says: "Raising this left shoulder hurts. I can turn a little, but I cannot lift the arm that high." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 7, after Casey says: "Thank you. It is easier when I know exactly which movement you are asking me to try." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 13, after Casey says: "I would also like you to ask before moving my arm, because unexpected movement makes me tense." It addresses that point, not the missing turn in the supplied exchange.

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Review 2 / Explanations

Cumulative review

1. A colleague needs the term for this meaning: Unresolved information from a screening question or process. Which term fits?

C. screening uncertainty

A Not here. exposure history: Account of relevant prior radiation exposure. The usual combination is "clarify the exposure history".

B Not here. justification: Assessment that an examination's expected benefit warrants its use. The usual combination is "review examination justification".

C Correct. screening uncertainty: Unresolved information from a screening question or process. The usual combination is "preserve screening uncertainty".

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: Explanation of what someone may see, hear, or feel. Which term fits?

B. sensory description

A Not here. stillness: Absence of movement during the relevant acquisition interval. The usual combination is "explain brief stillness".

B Correct. sensory description: Explanation of what someone may see, hear, or feel. The usual combination is "provide a sensory description".

C Not here. qualified interpreter: Trained language professional supporting accurate communication between speakers. The usual combination is "request a qualified interpreter".

D Not here. age-appropriate explanation: Explanation adapted to the child's understanding and communication needs. The usual combination is "give an age-appropriate explanation".

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Review 2 / Explanations / continued

3. Rebuild the exchange from "One movement at a time". Casey: "Would a cushion or some support help, or does that need to be checked as well?" Jamie: [missing response] Casey: "I would also like you to ask before moving my arm, because unexpected movement makes me tense." Which response belongs in the gap?

A. Any support aid must be appropriate for this examination.

A Correct. This is Jamie's response in turn 11. It connects Casey's preceding point with Casey's follow-up. A support aid helps maintain a position but must be appropriate to the actual examination and the person's needs.

B Not here. This line belongs to turn 5, after Casey says: "I do want the examination. I am worried you will think I am refusing to cooperate." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 9, after Casey says: "Could you explain what the position is intended to show without asking me to force it?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 15, after Casey says: "Yes, supporting it is comfortable. Please do not lift it farther without checking with me first." It addresses that point, not the missing turn in the supplied exchange.

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4. Rebuild the exchange from "A rehearsal before the picture". Mina: "I would like to practice with you before the picture. That feels less surprising." Lee: [missing response] Mina: "I understand. The demonstration first, then a practice, and I can tell you when I need something explained again." Which response belongs in the gap?

B. Your assent matters. We also follow the required permission and safety process with your caregiver.

A Not here. This line belongs to turn 5, after Mina says: "Could you show me first? It is easier when I can see what you mean." It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Lee's response in turn 19. It connects Mina's preceding point with Mina's follow-up. Assent is the child's affirmative agreement appropriate to the circumstances and does not replace any legally required caregiver permission.

C Not here. This line belongs to turn 13, after Mina says: "Can my caregiver stay beside me the whole time? I feel calmer when I can see them." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 11, after Mina says: "Will you tell me when the practice finishes and when the real picture begins?" It addresses that point, not the missing turn in the supplied exchange.

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Review 3 / Explanations

Cumulative review

1. A colleague needs the term for this meaning: Movable equipment used to acquire radiographs outside a fixed room. Which term fits?

D. mobile X-ray unit

A Not here. bedside coordination: Joint planning of activity around the patient's immediate care. The usual combination is "request bedside coordination".

B Not here. line management: Authorized handling and protection of clinical tubing or connections. The usual combination is "coordinate line management".

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 Correct. mobile X-ray unit: Movable equipment used to acquire radiographs outside a fixed room. The usual combination is "position the mobile X-ray unit".

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2. A colleague needs the term for this meaning: Unwanted variation affecting the visual signal in an image. Which term fits?

B. image noise

A Not here. motion artifact: Image distortion caused by movement during acquisition. The usual combination is "identify motion artifact".

B Correct. image noise: Unwanted variation affecting the visual signal in an image. The usual combination is "assess image noise".

C Not here. exposure factor: Technical parameter affecting an imaging exposure. The usual combination is "review exposure factors".

D Not here. qualified interpreter: Trained language professional supporting accurate communication between speakers. The usual combination is "request a qualified interpreter".

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Review 3 / Explanations / continued

3. Rebuild the exchange from "A rehearsal before the picture". Mina: "Will you tell me when the practice finishes and when the real picture begins?" Lee: [missing response] Mina: "Can my caregiver stay beside me the whole time? I feel calmer when I can see them." Which response belongs in the gap?

C. Yes. I will explain the exposure signal used here and distinguish practice from the actual picture.

A Not here. This line belongs to turn 19, after Mina says: "I would like to practice with you before the picture. That feels less surprising." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 5, after Mina says: "Could you show me first? It is easier when I can see what you mean." It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Lee's response in turn 11. It connects Mina's preceding point with Mina's follow-up. The exposure signal is the cue associated with the actual acquisition and should be distinguished from a rehearsal.

D Not here. This line belongs to turn 13, after Mina says: "Can my caregiver stay beside me the whole time? I feel calmer when I can see them." It addresses that point, not the missing turn in the supplied exchange.

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4. Rebuild the exchange from "A repeat is a reviewed decision". Devon: "Correct. Reject analysis depends on an accurate record, not deleting evidence of a problem." Ari: [missing response] Devon: "That keeps technical adequacy, diagnostic interpretation, and the decision about another exposure distinct." Which response belongs in the gap?

D. I will document the limitation and the review outcome before treating an additional acquisition as agreed.

A Not here. This line belongs to turn 15, after Devon says: "Yes. Quality assurance should examine the process, including whether our instructions were clear and manageable." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 3, after Devon says: "Yes. Describe the limitation specifically, and keep the original image available in the approved record." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 13, after Devon says: "No. A repeat exposure needs appropriate assessment and justification under our process." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Ari's response in turn 19. It connects Devon's preceding point with Devon's follow-up. An additional acquisition collects further image data and must be based on the appropriate reviewed decision rather than assumed permission.

[Return to the exercise, page 68](#)

Review 4 / Explanations

Cumulative review

1. A colleague needs the term for this meaning: Recorded interpretation of an imaging examination. Which term fits?

B. radiology report

A Not here. patient portal: Secure system allowing a patient to access relevant health information. The usual combination is "explain patient-portal access".

B Correct. radiology report: Recorded interpretation of an imaging examination. The usual combination is "review the radiology report".

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. referring service: Clinical service that requested or coordinates the examination. The usual combination is "contact the referring service".

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2. A colleague needs the term for this meaning: Person or system receiving information later in the workflow. Which term fits?

D. downstream recipient

A Not here. label discrepancy: Conflict between an image label and verified examination information. The usual combination is "report a label discrepancy".

B Not here. qualified interpreter: Trained language professional supporting accurate communication between speakers. The usual combination is "request a qualified interpreter".

C Not here. unconfirmed impact: Possible consequence not yet established by review. The usual combination is "state unconfirmed impact".

D Correct. downstream recipient: Person or system receiving information later in the workflow. The usual combination is "identify downstream recipients".

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Review 4 / Explanations / continued

3. Rebuild the exchange from "A repeat is a reviewed decision". Ari: "Does identifying the motion authorize me to acquire another image immediately?" Devon: [missing response] Ari: "I will also avoid recording the patient as difficult. We have not established why the movement occurred." Which response belongs in the gap?

C. No. A repeat exposure needs appropriate assessment and justification under our process.

A Not here. This line belongs to turn 16, after Ari says: "If another acquisition is authorized, the instruction may need to be explained or rehearsed differently." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 6, after Ari says: "So diagnostic adequacy is different from making every image look technically perfect." It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Devon's response in turn 12. It connects Ari's preceding point with Ari's follow-up. A repeat exposure needs appropriate review and justification, not automatic repetition.

D Not here. This line belongs to turn 20, after Ari says: "I will document the limitation and the review outcome before treating an additional acquisition as agreed." It addresses that point, not the missing turn in the supplied exchange.

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4. Rebuild the exchange from "Correct the record without hiding the history". Kim: "Once the immediate issue is contained, the investigation can examine contributing factors without guessing at blame." Noor: [missing response] Kim: "I will complete the required report and flag the unresolved system and recipient questions." Which response belongs in the gap?

B. Yes. Establishing a root cause requires investigation; it is not settled by the first report.

A Not here. This line belongs to turn 6, after Kim says: "I have applied the authorized release hold through our process, rather than making an undocumented change to the image." It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Noor's response in turn 18. It connects Kim's preceding point with Kim's follow-up. A root cause is an underlying factor supported by investigation, not an assumption made from the first visible discrepancy.

C Not here. This line belongs to turn 4, after Kim says: "The label discrepancy is the concern. I have not established how it arose or whether another service received it." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 20, after Kim says: "I will complete the required report and flag the unresolved system and recipient questions." It addresses that point, not the missing turn in the supplied exchange.

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Additional case 1 / Explanations

Extended conversation

1. single-step instruction

Turn 3. A single-step instruction asks for one action at a time and allows the patient to understand and respond before another action is added.

2. patient response

Turn 7. The patient response communicates the person's understanding, ability, or concern and must be interpreted rather than supplied by the interpreter.

3. understanding check

Turn 12. An understanding check asks the patient to demonstrate or restate the meaning and verifies the explanation rather than the interpreter's knowledge.

4. pause signal

Turn 16. A pause signal provides a clear way for the patient to communicate a need to stop or clarify within the actual examination process.

5. informed agreement

Turn 18. Informed agreement requires the relevant understanding and authorization rather than being inferred solely from silence or a nod during interpretation.

6. role boundaries

Turn 20. Role boundaries keep clinical assessment and authorization with the appropriate professionals while the interpreter supports accurate communication.

[Return to the conversation, page 93](#)

Transfer exchange

1. instructions

Interpreter: Please separate the two instructions.

Turn 1. The interpreter asks for the combined movement directions to be given separately.

Additional case 1 / Explanations / continued

2. movement

Radiographer: I will give one movement at a time.

Turn 2. Each instruction will now address one movement rather than two together.

3. agreed

Interpreter: The patient has not yet agreed.

Turn 3. The scenario states that agreement to the movement is not yet established.

4. proceeding

Radiographer: We will check understanding before proceeding.

Turn 4. The preparation requires a clear explanation and understanding before proceeding.

[Return to the conversation, page 96](#)

Additional case 2 / Explanations

Extended conversation

1. system outage

Turn 3. A system outage is loss of access or function in the relevant system and requires the approved continuity process rather than informal workarounds.

2. patient matching

Turn 6. Patient matching links the correct person with the correct request and record and must remain reliable during downtime.

3. downtime procedure

Turn 8. The downtime procedure is the approved process for continuing appropriate work during a system interruption and must not be invented in a language exercise.

4. acquisition record

Turn 10. An acquisition record documents the actual examination data and timing and is needed for accurate later reconciliation.

5. reconciliation ownership

Turn 16. Reconciliation ownership identifies who will verify and align the downtime records with the restored systems instead of leaving the task unassigned.

6. Duplicate prevention

Turn 18. Duplicate prevention avoids creating multiple conflicting records for the same examination and remains important both during downtime and after restoration.

[Return to the conversation, page 98](#)

Transfer exchange

1. restored

Technologist: System access is restored.

Turn 1. The worklist is available again in the supplied update.

Additional case 2 / Explanations / continued

2. verification

Lead: Two records still need verification.

Turn 2. Two downtime records have not yet been checked against the restored system.

3. complete

Technologist: Reconciliation is not complete.

Turn 3. Restored access does not establish that all records have been reconciled.

4. unchecked

Lead: Possible duplicates remain unchecked.

Turn 4. The scenario states that duplicate records have not yet been ruled out.

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Additional case 3 / Explanations

Extended conversation

1. request to stop

Turn 4. A request to stop communicates that the person wants the current activity paused and must not be ignored as automatic consent to continue.

2. positioning intolerance

Turn 6. Positioning intolerance describes difficulty tolerating a particular position and is not necessarily refusal of every possible examination or care option.

3. physical contact

Turn 8. Physical contact includes hands-on assistance and requires appropriate explanation, agreement, and professional judgment rather than being assumed.

4. clinical review

Turn 12. Clinical review assesses the actual situation and suitable next step rather than authorizing an improvised alternative from this conversation.

5. support arrangement

Turn 16. A support arrangement identifies appropriate practical or interpersonal help within the examination's real safety and privacy requirements.

6. revised agreement

Turn 20. A revised agreement concerns the next proposed step after explanation and review and must not be inferred from the earlier preparation alone.

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Transfer exchange

1. discussion

Patient: I agree to a discussion.

Turn 1. The patient agrees to discussing an alternative, not to performing it.

Additional case 3 / Explanations / continued

2. agreed

Radiographer: Another movement is not yet agreed.

Turn 2. Agreement to conversation does not authorize a positioning attempt.

3. pending

Patient: The review remains pending.

Turn 3. The appropriate clinical review has not yet concluded.

4. step

Radiographer: We will explain the proposed next step.

Turn 4. The next proposed action requires explanation after the relevant review.

[Return to the conversation, page 105](#)

Find a phrase by purpose

Resolving a request discrepancy

Invite the account: Please tell me which wrist was injured.

Identify the conflict: The request names the left side, while you describe the right.

Explain the pause: I need to clarify this before taking the images.

[Full phrase bank, page 7](#)

Adapting positioning instructions

Give one step: Please turn slightly toward me, then stop.

Invite a limit: Tell me before moving if that is painful or difficult.

Stop clearly: Stop there; do not force that movement.

[Full phrase bank, page 17](#)

Asking sensitive screening questions

Give the reason: This question is part of our examination-screening process.

Offer privacy: Would you prefer to discuss this without your companion present?

Allow uncertainty: It is all right to say that you are unsure.

[Full phrase bank, page 29](#)

Helping a child cooperate

Address the child: Mina, I will explain what happens before we start.

Describe honestly: I can show you which part makes the picture.

Offer a real choice: Would you like me to explain first or demonstrate first?

[Full phrase bank, page 39](#)

Find a phrase by purpose / continued

Coordinating portable imaging

Identify the request: I am here for the requested portable chest examination.

Ask about constraints: What attached equipment affects positioning?

Name the dependency: I need the appropriate team to coordinate movement first.

[Full phrase bank, page 51](#)

Explaining a technical limitation

Describe the issue: There is visible motion affecting this image.

Request review: Could you review whether the image answers the clinical question?

Avoid blame: I will document the limitation without labeling the patient.

[Full phrase bank, page 61](#)

Responding to requests for results

Acknowledge the concern: I can hear that the mark is worrying you.

Clarify your role: My role here is to acquire the images.

Name the interpreter: The reporting clinician will interpret the examination.

[Full phrase bank, page 73](#)

Reporting a labeling near miss

Lead with the discrepancy: The label may not match the verified examination details.

State the containment: Further release is paused through our process.

Preserve uncertainty: The cause and downstream impact are not yet established.

[Full phrase bank, page 83](#)

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References and publication notes

All cases, organizations, figures, and conversations are fictional teaching material, not transcripts. Communication practice does not replace qualified advice or current workplace procedures.

[1] AHRQ. Use the Teach-Back Method: Tool 5.

Supports checking the clarity of an explanation without treating the patient as the problem. The original conversations are language practice, not copied clinical scripts. Source checked 10 October 2026.

<https://www.ahrq.gov/health-literacy/improve/precautions/tool5.html>

[2] RadiologyInfo. Chest X-ray.

Background for plain radiography, positioning, image acquisition, and interpretation responsibilities. Source checked 10 October 2026.

<https://www.radiologyinfo.org/en/info/chestrad>

[3] ASRT. Practice Standards for Medical Imaging and Radiation Therapy.

Professional context; actual duties depend on law, competence, authorization, and setting. Source checked 10 October 2026.

<https://www.asrt.org/main/standards-and-regulations/professional-practice/practice-standards-online>

[4] ASRT. Position Statements.

Context for professional responsibilities, patient communication, image integrity, and appropriate escalation. Source checked 10 October 2026.

<https://www.asrt.org/main/standards-and-regulations/professional-practice/position-statements-online>

Companion course

The website offers the eight-lesson course and related practice. This book can be used independently. No audio access or external account is needed for its exercises.

<https://englishladder.com/efsp-x-ray-technicians.html>

Verify the request. Guide the patient. Close the handoff.

Eight imaging encounters practice verification, stepwise instructions, sensitive questions, child-friendly language, bedside coordination, technical explanations, scope boundaries, and accurate incident reporting.

Resolving a request discrepancy

The patient account identifies a conflict; it does not independently authorize a different examination. Verification and request amendment are different actions.

Adapting positioning instructions

Cannot comfortably move is different from refuses imaging. Record the actual limitation and avoid labeling the patient uncooperative.

Asking sensitive screening questions

Unsure is not no. Screening information supports the appropriate review; it does not create a universal instruction to cancel or proceed.

Helping a child cooperate

Assent and caregiver permission are not interchangeable. Requirements depend on age, capacity, law, and setting; involve the child appropriately without inventing a legal rule.

Phil Stilwell

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