Problem 2.3.1
A New Patient

A plan a family can actually follow, said in words they can actually hear. Build the plan of care, then write the script. Two audiences, the same facts, and only one of them has a medical vocabulary.

DATE	PORTAL DAY	LESSON	TURN IN
Thursday 2026-11-10	**Recommendation CER**	**Lesson 2.3 New to the Practice**	**CER**

Where this sits. Day 3 of 3. Portal calendar label for today: Recommendation CER.

01 Why today matters

You have a diagnosis and a full record.

Today you turn them into a plan with dates, referrals and a monitoring timeline, and then you write the sentences you would say to a mother who gave birth two days ago and does not know any of this yet.

02 What you already know

- Everything in Unit 2 arrives here. Reference ranges, monitoring, remote monitoring and telehealth, inheritance patterns, referrals, the privacy rule, and the family conversation you drafted in Activity 2.2.3.
- Look back at that script; the technique you built there is the technique you need today.

WHAT THIS SHEET WILL NOT TELL YOU

- No diagnosis is named on this sheet. The plan you build is built on your own analysis.

03 Vocabulary

TERM	WHAT IT MEANS, PLAINLY
Plan of care	The written strategy for one patient: the conditions, the prioritized goals, the treatments, the monitoring timeline, the referrals and the education for the family.
Monitoring timeline	When each thing gets rechecked, and by whom. A plan without dates is a wish.
Retesting	Repeating a test at a set interval to see whether something has changed. Different from confirming a result, which happens once and soon.
Specialist referral	Sending the patient to a named specialty with the reason stated. The reason is what makes it useful to the person receiving it.
Early intervention	Services provided in the first years of life when they do the most good. Often the highest value item in a newborn's plan and often the one students leave out.
Support services	The non-medical help around a condition: therapy, counseling, family support organizations, financial and educational support.

Health literacy	How well a person can take in and use health information. Assume nothing, and check by asking them to say it back rather than by asking whether they understood.
Teach-back	Asking a family to explain the plan in their own words, so you find out what actually landed. Asking do you have any questions almost always produces no.
Empathy in delivery	Pace, order and word choice that account for what the listener is going through. It is a technique, not a personality trait, and it can be practiced.
Technical writing	Writing that is clear, ordered and checkable. A care plan is technical writing. The script to the family is not.

Every term on this list is flagged for the illustrated glossary, scoped to this activity only. Terms are not shared forward or backward between activities, because a definition from a later activity can hand you an answer you were supposed to derive.

04 How to do the work

Two documents today, written for two different readers. Do not let either one contaminate the other.

1. Reread the rubric and the problem checklist, then list every required element. You are going to tick these off, so make the list checkable.
2. Write the condition overview for the plan of care, including the inheritance pattern you found yesterday. Say plainly whether this arose in this child or was passed down, and say what evidence supports that.
3. Write what to expect across the child's life. Split it: now, the first years, school age, adulthood. A single paragraph covering a lifetime tells a parent nothing they can act on.
4. Write the recommendations for maintaining health and managing the condition. Each one names who does it and how often.
5. Write the treatment plan: treatments, medicines, therapies. For each, what it is for and what would tell you it is working.
6. Write the monitoring plan with actual intervals. Include remote monitoring or telehealth where it genuinely helps this family, and say why it helps. Do not include it because it is in the checklist.
7. Write the referrals. Each one names the specialty and the reason. A referral without a reason wastes an appointment.
8. List education resources and support services for the family, and check that each one exists and is reachable rather than being a plausible-sounding name.
9. Now switch documents. Write the script for the mother. It has four parts: how her baby is doing overall, what was found and what it means, the plan, and the extra help you recommend for her.
10. Read the script out loud. Cut every term that came from your notes. Genotype, inheritance pattern, reference range, panel and referral are all words you can say a different way.
11. Check the order. Overall condition first, then the finding, then the plan. A diagnosis delivered in the first sentence is the only thing anybody hears and everything after it is lost.
12. Add a teach-back line at the end: how you would ask her to say the plan back to you in her own words. Do you have any questions is not teach-back.
13. Read the script to a partner. Ask them to note every point where they stopped following. Revise, then read it again.
14. Tick your rubric list. Anything unticked is either missing or in the wrong document.

TWO DOCUMENTS, TWO READERS, DO NOT BLEND THEM

- The plan of care is technical writing for the record and for other professionals. It is precise, ordered, dated and complete. Use the exact terms. Somebody will act on this in five years without you in the room.
- The script is for one exhausted person who has just given birth and has no medical training. It is short, ordered for how a person receives news, and free of every word she would have to ask you to define.
- The most common failure on this problem is one document doing both jobs. It ends up too vague to act on and too technical to hear.

05 Where students get stuck

- A plan with no dates. Recommend monitoring and the plan is unfinished. Recommend monitoring at named intervals, by a named role, and it is a plan. Every monitoring line needs a when.
- Referrals with no reason. The specialist reading it needs to know what question you are asking. A referral that just names a specialty makes them start over.
- Leading the script with the diagnosis. Start with how the baby is doing. Then what was found. Then what happens next. A name in sentence one stops the listener hearing sentence two, and everything you prepared is wasted.
- Leaving your own vocabulary in the script. If you would have to define a word, it does not go in. Read it aloud. The sentences you stumble over are the ones a parent will not follow either.
- Asking whether they have questions. Almost nobody says yes, especially when they are overwhelmed and want to appear to be coping. Ask them to tell you the plan back in their own words. That is the only way to find out what landed.
- Promising a prognosis the evidence does not carry. Say what is known, what varies between people, and what the next appointment will tell you. False reassurance is a debt that comes due at the follow-up.
- Ticking checklist items with placeholder content. A support service that does not exist, a resource nobody can reach, a treatment with no indication. The checklist is the floor, not the target.

06 What you turn in

CER

The completed Patient History Report for the newborn, including the full plan of care, plus a claim, evidence, reasoning response for the record. Claim: your diagnosis and your recommended plan. Evidence: the specific exam findings and laboratory results, with units and ranges, that support it, plus your cited research. Reasoning: why these findings support this conclusion rather than the alternatives you considered, why each element of the plan follows from it, and what would change the plan. Attach the family script, and note the two changes you made after your partner read it.

07 Check yourself

- [ ] Your plan says the baby should be monitored regularly. Rewrite that as a line that belongs in a real care plan. (Vocabulary, monitoring timeline, and Where students get stuck)
- [ ] Name the four parts of the family script in the order you would say them, and give the reason for that order. (How to do the work, steps 9 to 11)

- [ ] Why is asking a parent to explain the plan back to you better than asking whether they have questions? (Vocabulary, teach-back)