

Observe GP - terminology bank

Acute Condition comes on quickly and often lasts a short time. e.g. heart attack, the flu or an asthma attack.

Autonomy The right of patients to make decisions about their healthcare.

Benign Not seriously harmful. e.g. a cyst or tumour which is non-cancerous (doesn't spread or invade other tissues). The opposite of this is malignant (cancerous).

Capacity The ability to use and understand information to make a decision, and communicate any decision made.

Chronic Persisting for a long time or reoccurring e.g. high blood pressure, diabetes or arthritis.

Compassion A strong feeling of sympathy for people who are suffering and a desire to help them.

Demographic A particular sector of a population e.g. age, gender, sexual orientation, income.

Deteriorate Become progressively worse.

Diagnosis Judgement about what could be causing a patient's symptoms or signs, usually made after hearing the patient's story, physical examination and tests.

Empathy The ability to understand another person's feelings and experience.

End of life care Supporting a person in the last months of their life, to live as well as possible, allowing them to die with dignity, planning their care according to their wishes and preferences.

Health literacy Individuals having enough knowledge, understanding, skills and confidence to use health information. This includes computer and numerical literacy and the ability to interpret graphs. It affects people's ability to engage with self-care, share medical history, navigate the health care system, fill in forms, understand probability and risk and evaluate the quality of information online.

Holistic care Considering all the physical, psychological and social factors potentially impacting a person's health.

ICE A technique used during a consultation to aid a clinician in their approach - identifying the patients Ideas, Concerns and Expectations.

Infection control Policies and procedures used to minimize the risk of spreading infections.

Long term condition management Conditions that cannot, at present, be cured, but can be controlled by medication and other therapies e.g. asthma, diabetes, coronary heart disease, and epilepsy.

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Multiple conditions The simultaneous occurrence of two or more conditions which may or may not be related.

Multi-disciplinary Involving several different disciplines or types of professional in approach to patient care. e.g. GPs, nurses, palliative care specialists, psychologists.

Non-maleficence Doing no harm to the patient: including not inflicting harm and not imposing risks of harm.

Opportunistic healthcare Taking the opportunity to promote a healthy lifestyle or encourage self care in patients during a consultation which may be primarily about something else.

Palliative care The management of pain or other symptoms when a person has an illness which cannot be cured. This can include psychological, social and spiritual support for a person and their family or carers. Patients can receive palliative care while they are still receiving other therapies to treat a condition not just at the end of life.

GP Partner A GP partner effectively “owns” all or part of the practice as a business. Partners take a share in the profits and losses of a practice, as well as a share in the ownership of the decisions which shape the practice's future. Partners are responsible for all aspects of the contractual liabilities of the practice, including staff and buildings.

Placating Communicating or acting in a way to make someone less angry.

Person-centred care Care which focuses on what matters to the patient, what is working and not working for them, their expectations and shared decision making.

Primary care First point of contact services within the NHS including general practice, dentists, optometrists and community pharmacy.

Prognosis Doctors' judgement about the likely or expected development of a disease.

Rapport A close and harmonious relationship in which the people or groups concerned understand each other's feelings or ideas and communicate well.

Reassure Say or do something to remove or lessen someone's doubts or fears.

Red flags Indicators of possible serious condition. e.g. blood in faeces or unexplained weight loss are “red flags” for bowel cancer.

Referral Directing a patient to a medical specialist.

Risk Management An organised effort to identify, assess, and reduce, where appropriate, risk to patients or others. Risks of certain actions are considered and weighed up based on their likelihood and impact e.g. to prescribe medication with possible side effects or to wait and allow the body to deal with a condition.

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Safety-netting Explaining to patients when and how they should seek further medical help in order to reduce their risk of coming to harm. A technique GPs often use to manage the inherent uncertainty in medicine e.g. "If the pain doesn't settle down as I expect, or you start to feel more breathless, please come back and see us again."

Safeguarding Protecting peoples' health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect.

Secondary care Care often provided in a hospital, includes specialisms such as: cardiology, rehabilitation, dietician.

Self-care / self-management Duty that doctors have to encourage their patients to maintain good health through healthy lifestyle choices and to educate them how to maintain and improve their health.

Social determinants of health The social and economic circumstances which can influence your health. These can include your education, where you live e.g. living on a busy polluted road, what you eat, or how much you earn.

Sign Evidence of a medical problem detected by a doctor, usually picked up by examining the patient.

Social prescribing Refer patients to a local, non-clinical service.

Symptom Evidence of a medical problem experienced by the patient, usually picked up by listening to the patient's story.

'The patient presented with' Phrasing used by clinicians to describe the main symptoms a patient is experiencing.

Triage Sorting patients based on need of medical treatment.

Uncertainty Despite the scientific basis for much of modern medicine, healthcare is full of uncertainty – for example it is often hard to be completely certain about a patient's diagnosis, the best tests to do, how an illness might unfold, or how best to treat it. Increasingly doctors try to address this uncertainty in care by acknowledging it openly, communicating about it with patients, or by minimising risks without doing lots of unnecessary and potentially harmful tests or treatments.