

AI-04639 Prompt Template 2026

#prompt

Simple Inquiry

Explain, list the pillars, list 22 examples. What it means? Deep dive and provide the psychological pillars. Describe how a person typically thinks, behaves, and makes decisions. Provide 22 concrete examples demonstrating these traits in real-life situations. Then create a 22-point guidelines from the discussion.

Infographic Generation:

Generate a visual/infographic image using the information in our conversation. Use the n8n design / framework style but don't mention n8n. Insert footnote hub.gravecloud.com Rigel G Arcayan, 2026. Use light mode scheme. Use all icon based instead of human figure.

Comprehensive Research-Psychology

Deep-Dive Topic Analysis:

Analyze the topic deeply and systematically. Go beyond a basic definition—explain the underlying psychology, thought patterns, behaviors, decision-making processes, and real-world implications.

1. Core Meaning

- Clearly define what the topic means.
- Explain what it is and what it is not.
- Describe why it matters and where it commonly appears in everyday life.
- Identify related concepts, distinctions, and common misconceptions.

2. Psychological Deep Dive

Explain the psychological mechanisms behind the topic, including:

- Core psychological principles
- Motivations and underlying needs
- Beliefs, values, and assumptions
- Emotional drivers
- Cognitive patterns and biases
- Defense mechanisms, when relevant
- Social and environmental influences
- How past experiences may shape the pattern
- How the pattern can become healthy, unhealthy, adaptive, or maladaptive

3. Core Pillars

Identify and explain the major psychological and behavioral pillars of the topic.

For each pillar:

1. Give it a clear name.
2. Explain what it means.
3. Describe the psychology behind it.

4. Explain how it affects thoughts, emotions, behavior, and decisions.

5. Identify healthy vs. unhealthy expressions.

4. How a Person Typically Operates

Describe how someone exhibiting this pattern typically:

- Thinks
- Feels
- Interprets situations
- Communicates
- Behaves
- Makes decisions
- Handles uncertainty
- Handles conflict
- Responds to criticism
- Forms and maintains relationships
- Sets boundaries
- Responds to success and failure
- Deals with pressure, rejection, or loss

Distinguish between typical tendencies and absolute rules. Avoid diagnosing people based solely on these traits.

5. 22 Real-Life Examples

Provide 22 concrete, realistic examples showing how the topic manifests in everyday situations.

Cover a variety of contexts, such as:

- Relationships
- Family
- Friendships
- Workplace
- Money
- Health and fitness
- Social situations
- Conflict
- Decision-making
- Leadership
- Personal growth
- Retirement or major life transitions

For each example, explain:

Situation → Thought → Emotion → Behavior → Decision → Likely consequence

6. Healthy vs. Unhealthy Patterns

Explain how the same underlying trait or tendency can appear differently.

Compare:

- Healthy expression
- Neutral/ordinary expression

- Excessive expression
- Dysfunctional expression

Explain where the line between normal human behavior and potentially problematic behavior may appear.

7. Recognition Framework

Explain how someone can recognize this pattern in themselves or others.

Identify:

- Early signals
- Behavioral indicators
- Repeated patterns
- Warning signs
- Common rationalizations
- Situations that tend to trigger the pattern

Avoid labeling or diagnosing people based on isolated behaviors.

8. Practical Application

Explain how a person can use the knowledge constructively.

Include:

- What to do more of
- What to do less of
- What to watch for
- How to improve decision-making
- How to communicate more effectively
- How to establish healthier boundaries
- How to respond rather than react
- How to develop greater self-awareness

9. 22-Point Practical Guidelines

Based on the entire analysis, create 22 concise, actionable guidelines.

Each guideline should:

- Be practical
- Be easy to remember
- Apply to real-life situations
- Translate the psychological concepts into behavior
- Help a person make better decisions or respond more effectively

10. Final Synthesis

End with a concise synthesis answering:

What is the central idea behind this topic, why does it matter psychologically, how does it influence human behavior and decision-making, and what is the most important lesson to take away?

Use clear language, strong organization, nuanced reasoning, and concrete examples. Distinguish evidence-based psychological concepts from speculation, popular psychology, or interpretation where appropriate.

Generate Comprehensive Infographics

Create a **high-quality visual infographic** that distills the key ideas, frameworks, psychological principles, pillars, examples, and practical guidelines from our entire conversation.

Visual Direction

- Use a **clean, modular, workflow-inspired visual design system** with a structured framework aesthetic.
- **Do not mention or reference n8n** anywhere in the image.
- Use a **light-mode color scheme** with a clean, bright background and strong visual hierarchy.
- Favor a modern, technical, analytical, and highly organized appearance.
- Use cards, nodes, connectors, sections, grids, arrows, labels, and visual groupings to communicate relationships between concepts.
- Make the composition feel like a **visual knowledge map or systems framework**, rather than a conventional poster.

Content

Prioritize the most important information from our conversation:

1. Core definition and meaning
2. Psychological foundations
3. Major pillars
4. Thought and behavior patterns
5. Decision-making patterns
6. Healthy vs. unhealthy expressions
7. Recognition signals and warning signs
8. Real-life examples
9. Practical applications
10. The 22-point guidelines
11. Final key takeaway

Condense information intelligently so the infographic remains **readable, coherent, and visually balanced**. Do not attempt to place every sentence from the conversation into the image.

Iconography

- Use **icons, symbols, diagrams, and visual metaphors exclusively**.
- **Do not use human figures, people, portraits, silhouettes, or character illustrations.**
- Choose intuitive icons that represent concepts such as psychology, thinking, emotions, decisions, relationships, boundaries, patterns, growth, risk, balance, awareness, and action.
- Keep iconography visually consistent throughout the infographic.

Layout

Create a clear visual hierarchy:

TITLE → CORE IDEA → PSYCHOLOGICAL PILLARS → HOW IT MANIFESTS → 22 EXAMPLES → PRACTICAL GUIDELINES → KEY TAKEAWAY

Use numbered sections and visual connectors where appropriate. Make the **22 examples and 22 guidelines** easy to scan without overwhelming the composition.

Typography

- Use modern, highly legible typography.
- Establish clear distinctions between title, section headings, concepts, examples, and supporting text.
- Keep text concise enough to remain readable at infographic scale.
- Avoid excessive paragraphs.

Footer

Include this exact footnote at the bottom:

hub.gravecloud.com · Rigel G Arcayan, 2026

Quality Requirements

The final image should look like a **professional knowledge-framework infographic** suitable for saving, sharing, or referencing later.

Prioritize:

clarity → hierarchy → information density → visual consistency → readability → aesthetics.

Comprehensive Prompt-Medical ChatGPT

Absolutely. The key is to make the prompt **patient-education oriented rather than diagnostic**. It should teach the patient *why the disease matters, what is failing biologically, what the treatment is trying to accomplish, and why adherence matters*, while explicitly deferring diagnosis and treatment decisions to the patient's clinician.

I'd structure it so you only change **one field at the very top**: DISEASE / CONDITION .

PATIENT DISEASE EDUCATION PROMPT

DISEASE / CONDITION TO EXPLAIN: [Heart Disease]

ROLE

Act as an expert medical educator explaining **[DISEASE / CONDITION]** to an intelligent adult who is **not medically trained**.

Your goal is **patient education and understanding**, not diagnosis or individualized treatment.

Explain the disease in a way that helps the patient understand:

What is happening → Why it is happening → What can fail → What the consequences are → What medicine and medical care are trying to prevent → What the patient can do to improve the odds of a longer, healthier life.

Use accurate medical terminology, but immediately translate important medical terms into plain English.

Do not assume the patient has medical knowledge.

1. THE BIG PICTURE

Start with a simple explanation of:

- What **[DISEASE / CONDITION]** is
- What normally happens in a healthy person
- What changes when the disease develops
- Why the disease matters
- Whether it is usually acute, chronic, progressive, episodic, or potentially reversible
- Why a person may feel normal even while the disease is causing damage

Give the patient a **one-paragraph explanation that a family member could understand.**

Then provide a simple:

NORMAL → DISEASE → DAMAGE → COMPLICATION → OUTCOME

sequence.

2. ANATOMY — WHAT PARTS OF THE BODY ARE INVOLVED?

Explain the relevant anatomy before explaining the disease mechanism.

Identify:

- Organs involved
- Major structures involved
- Blood vessels, nerves, muscles, tissues, or cells involved
- Relevant receptors, hormones, enzymes, or signaling pathways
- How these structures normally work together

Explain the anatomy using a simple mental model.

For cardiovascular disease, for example, explain the relationship among:

HEART → CORONARY ARTERIES → BLOOD FLOW → HEART MUSCLE → ELECTRICAL SYSTEM → PUMPING FUNCTION → OTHER ORGANS

Use a simple analogy when helpful, but do not let the analogy replace the actual physiology.

3. NORMAL PHYSIOLOGY

Explain how the relevant body system is supposed to work when healthy.

Answer:

- What is the normal process?
- What maintains balance?
- What does the body regulate automatically?
- What happens when demand increases?
- How does the body compensate for temporary problems?

The goal is to establish a **baseline of normal function** before explaining what goes wrong.

4. PATHOPHYSIOLOGY — WHAT GOES WRONG?

Explain the disease mechanism step by step.

Use this sequence whenever applicable:

CAUSE / RISK FACTORS

↓

INITIAL BIOLOGICAL CHANGE

↓

CELLULAR / TISSUE RESPONSE

↓

STRUCTURAL CHANGE

↓

FUNCTIONAL IMPAIRMENT

↓

COMPENSATION

↓

PROGRESSIVE DAMAGE

↓

CLINICAL DISEASE

↓

COMPLICATIONS

Explain the biological mechanisms in enough detail that the patient understands **why the disease behaves the way it does**.

Distinguish between:

- Causes
- Risk factors
- Triggers
- Disease mechanisms
- Consequences

Do not imply that a risk factor guarantees disease.

5. MECHANISM OF FAILURE

Explain specifically:

What eventually fails?

Identify the critical biological function that the disease threatens.

Then explain:

1. What normally keeps the system functioning
2. What the disease disrupts
3. How the body initially compensates
4. Why compensation eventually becomes insufficient

5. What happens when compensation fails
6. Which organs or systems become affected
7. What the final serious complications can be

Use the concept:

STRESS → DAMAGE → COMPENSATION → LOSS OF RESERVE → FAILURE

Explain that many chronic diseases can progress silently because the body has substantial **physiological reserve**.

6. WHY CAN SOMEONE FEEL FINE?

Explain whether the disease can progress without obvious symptoms.

Discuss:

- Silent progression
- Physiological reserve
- Compensation
- Adaptation
- Why symptoms may appear late
- Why absence of symptoms does not necessarily mean absence of disease

This section should correct the common misconception:

"I feel fine, therefore nothing is wrong."

7. DISEASE PROGRESSION

Describe the typical progression from:

RISK → EARLY DISEASE → ESTABLISHED DISEASE → ADVANCED DISEASE → COMPLICATIONS

Explain which stages may be:

- Preventable
- Modifiable
- Detectable
- Reversible
- Partially reversible
- Difficult or impossible to reverse

Clearly distinguish what medical science knows from what remains uncertain.

8. MAJOR COMPLICATIONS

List the major complications of **[DISEASE / CONDITION]**.

For each complication explain:

What happens → Why it happens → Why it is dangerous → How clinicians try to prevent it

Prioritize complications according to their clinical importance rather than simply listing rare possibilities.

9. MEDICATION — WHAT IS THE MEDICINE ACTUALLY DOING?

For commonly used medications for this condition, explain the **purpose**, not merely the drug name.

For each major medication class explain:

MEDICATION

→ **TARGET**

→ **BIOLOGICAL EFFECT**

→ **CLINICAL EFFECT**

→ **WHAT COMPLICATION IT HELPS PREVENT**

Explain:

- What the medication changes inside the body
- Why the medication was prescribed
- What happens if it is stopped
- Why some medications must be taken consistently
- Why some medications work primarily by reducing future risk rather than making the patient immediately feel better

Do **not** tell the patient to start, stop, increase, decrease, or substitute medication.

Instead state:

Medication changes should be discussed with the prescribing clinician. Do not stop prescribed medication simply because you feel better.

10. ADHERENCE — WHY FOLLOWING THE MEDICAL PLAN MATTERS

Explain the relationship:

DISEASE MECHANISM

→ **TREATMENT TARGET**

→ **RISK REDUCTION**

→ **LONG-TERM OUTCOME**

Explain why adherence matters even when:

- The patient feels normal
- Laboratory results improve
- Blood pressure improves
- Symptoms disappear
- The disease becomes less noticeable

Explain the difference between:

"I feel better"

and

"My underlying risk has been reduced."

Also explain why stopping medication without medical guidance can sometimes allow the underlying biological process to return or worsen.

Avoid guilt, fearmongering, or shame.

Use a rational explanation based on physiology and risk reduction.

11. LIFESTYLE — WHAT CAN THE PATIENT CONTROL?

Separate recommendations into:

HIGH IMPACT

Things that can meaningfully affect disease progression or cardiovascular risk.

MODERATE IMPACT

Helpful behaviors that contribute to overall risk reduction.

SUPPORTIVE

Behaviors that improve general health, resilience, function, or quality of life.

Discuss relevant areas such as:

- Physical activity
- Nutrition
- Weight management
- Sleep
- Stress management
- Smoking
- Alcohol
- Blood pressure
- Cholesterol
- Blood glucose
- Medication adherence
- Regular medical follow-up
- Recommended testing and monitoring

Do not prescribe a personalized exercise, medication, or diet program.

Explain **why** each recommendation matters biologically.

12. WHAT THE DOCTOR IS TRYING TO ACCOMPLISH

Translate medical treatment into simple objectives.

For example:

GOAL 1: Reduce the underlying disease process

GOAL 2: Reduce physiological stress

GOAL 3: Protect organs

GOAL 4: Prevent complications

GOAL 5: Preserve function

GOAL 6: Extend healthy lifespan

Explain that medical treatment is often about **preventing future damage**, not simply treating today's symptoms.

13. MONITORING — HOW DOCTORS KNOW WHETHER THE PLAN IS WORKING

Explain the purpose of relevant:

- Blood tests
- Imaging
- Vital signs
- Functional tests
- Biomarkers
- Physical examinations
- Home monitoring
- Follow-up appointments

For each, explain:

WHAT IS MEASURED → WHY IT MATTERS → WHAT IT TELLS THE CLINICIAN

Do not interpret the patient's personal test results unless those results are specifically provided and the interpretation is appropriate.

14. RED FLAGS

Explain important symptoms or situations that may require urgent medical evaluation.

Separate them into:

CALL YOUR DOCTOR SOON

and

SEEK URGENT / EMERGENCY MEDICAL CARE

Keep this section condition-specific.

Do not overwhelm the patient with an enormous list of unlikely emergencies.

15. LONGEVITY — HOW DOES THIS AFFECT THE FUTURE?

Explain the relationship between the disease and:

LIFESPAN

and

HEALTHSPAN

Discuss:

- What determines long-term risk
- Which risk factors are modifiable
- Which complications clinicians are trying to prevent
- How early treatment can change the trajectory
- Why controlling several modest risks can produce a substantial cumulative benefit
- Why consistency over years matters more than occasional perfection

Do not predict the patient's individual lifespan.

Instead explain the **general principles that influence long-term outcomes**.

16. THE "IF YOU DO NOTHING" VS. "IF YOU MANAGE IT" MODEL

Where medically appropriate, compare two conceptual pathways:

POORLY CONTROLLED DISEASE

Disease activity

↓

Progressive damage

↓

Loss of physiological reserve

↓

Complications

↓

Reduced function / increased morbidity

WELL-MANAGED DISEASE

Risk reduction

↓

Disease control

↓

Less damage

↓

Preserved physiological reserve

↓

Lower complication risk

↓

Better healthspan

Make clear that this is a **conceptual model**, not a prediction of an individual's future.

17. THE MOST IMPORTANT 10 THINGS FOR THE PATIENT TO UNDERSTAND

Give exactly **10 points**.

Prioritize the things that would most improve:

- Understanding
- Medication adherence
- Appropriate lifestyle behavior
- Medical follow-up
- Risk awareness
- Long-term health

Make each point short and memorable.

18. COMMON MISCONCEPTIONS

List **5–10 common misconceptions** about **[DISEASE / CONDITION]**.

Use this format:

MYTH:

...

REALITY:

...

Focus on misconceptions that could cause a patient to:

- Ignore the disease
 - Stop medication
 - Skip follow-up
 - Misinterpret symptoms
 - Assume feeling well means being disease-free
 - Rely on unproven treatments
-

19. PATIENT'S MENTAL MODEL

Finish by giving the patient one simple framework they can remember.

Use:

**UNDERSTAND THE DISEASE → UNDERSTAND THE RISK → UNDERSTAND THE TREATMENT → FOLLOW THE PLAN
→ MONITOR → ADJUST WITH YOUR DOCTOR → PROTECT THE FUTURE**

Explain each step in one sentence.

20. QUESTIONS TO ASK THE DOCTOR

Provide **10 intelligent questions** the patient can bring to the next appointment.

Prioritize questions such as:

- What exactly is happening in my body?

- What is causing or driving my condition?
- How severe is it?
- What complications are we trying to prevent?
- What is each medication doing?
- How long will I likely need the treatment?
- What happens if treatment is interrupted?
- What numbers or tests should I monitor?
- What lifestyle changes would have the greatest impact?
- What would indicate that my condition is getting better or worse?

Do not answer questions that require the patient's actual medical records.

21. FINAL EXPLANATION — TALK TO ME LIKE A PATIENT

End with a concise explanation using this structure:

WHAT IS HAPPENING?

...

WHY DOES IT MATTER?

...

WHAT CAN GO WRONG?

...

WHAT IS THE MEDICAL TEAM TRYING TO PREVENT?

...

WHAT CAN I CONTROL?

...

WHY DOES ADHERENCE MATTER?

...

WHAT SHOULD I DISCUSS WITH MY DOCTOR?

...

End with this principle:

The purpose of understanding a disease is not to replace your doctor. It is to understand why your doctor's recommendations matter, so you can participate intelligently in your own care.

SAFETY / MEDICAL ACCURACY RULES

- This is an educational explanation, not a diagnosis.
- Do not claim that the patient has the disease merely because they entered its name.

- Do not provide individualized treatment decisions without appropriate clinical information.
- Do not instruct the patient to stop, start, increase, decrease, or substitute prescription medications.
- Distinguish established medical evidence from hypotheses or uncertainty.
- Use reputable medical sources and current clinical guidelines when available.
- Prefer major medical organizations, peer-reviewed literature, government health agencies, and recognized clinical guidelines.
- If recommendations differ among guidelines, explain the difference.
- Clearly identify when an issue requires discussion with the patient's physician.
- Avoid unnecessary medical jargon.
- Never use fear as a substitute for explanation.
- The objective is **understanding** → **adherence** → **appropriate action** → **prevention** → **healthspan**.

OUTPUT STYLE

Use:

- Clear headings
- Short paragraphs
- Tables where useful
- Flow diagrams using arrows
- Cause-and-effect chains
- Plain-English explanations
- Medical terminology followed by plain-English translation
- Concrete examples
- Analogies only when they improve understanding

Make the explanation **deep enough to teach the patient how the disease works, but understandable enough that a non-medical person can follow it.**

Always finish with a brief reminder:

This information is for education. Your physician or qualified healthcare professional should make decisions about your individual diagnosis and treatment.

Comprehensive Medical Prompt-CoPilot

Here's a clean, reusable **medical-education prompt template** designed for *non-medical patients* who want to understand a disease in a structured, empowering way. It keeps the **modifiable item at the top**, and the rest is a consistent framework that produces pathophysiology, anatomy, mechanism of failure, mitigation, and longevity guidance — all in patient-friendly language.

This template is written so **you can copy/paste it into any AI** and simply change the disease name at the top.



Reusable Patient-Education Medical Prompt Template

(Change only the disease name in the first line)

Disease: *[Insert Cardiovascular Disease or any other condition]*

Instruction: Provide a clear, patient-friendly explanation of the disease using the following structure. Avoid medical jargon unless necessary, and explain all terms simply. The goal is to help a non-medical patient understand what is

happening in their body, why treatment matters, and how following medical guidance improves longevity and quality of life.

Sections to Include:

1. Pathophysiology

- Explain what is happening inside the body at the cellular and organ level.
- Describe how the disease develops over time.
- Use analogies (e.g., "like clogged plumbing," "like a weakened pump") to make concepts relatable.

2. Relevant Anatomy

- Describe the organs, tissues, and systems involved.
- Explain their normal function in everyday life.
- Show how the disease disrupts these structures.

3. Mechanism of Failure

- Describe what goes wrong and why.
- Explain symptoms in terms of underlying malfunction.
- Clarify how the disease progresses if untreated.

4. Mitigation Strategies

- Explain lifestyle changes that directly improve the disease (diet, exercise, sleep, stress).
- Explain how medications work in simple terms (e.g., "this lowers pressure on the heart," "this helps blood flow easier").
- Include what happens if the patient does *not* adhere to treatment.

5. Longevity & Prognosis

- Explain how adherence improves lifespan and quality of life.
- Describe realistic expectations with and without treatment.
- Reinforce the importance of following medical advice.

6. Patient Empowerment Summary

- Provide a motivational, supportive summary.
- Emphasize that the patient has control over many aspects of the disease.
- Reinforce that following the MD's plan is the fastest path to stability and long-term health.

★ Example of How It Works (Cardiovascular Disease)

(This is just a demonstration — the template above is what you'll reuse.)

Disease: Cardiovascular Disease **Pathophysiology:** Plaque builds up in arteries, narrowing them and reducing blood flow.

Anatomy: Heart, arteries, veins — the body's plumbing and pump system. **Mechanism of Failure:** Restricted blood flow leads to chest pain, shortness of breath, and risk of heart attack. **Mitigation:** Medications reduce pressure, improve blood flow, and stabilize plaque. Lifestyle changes strengthen the heart. **Longevity:** Adherence dramatically reduces risk of heart attack and stroke. **Empowerment:** "You can protect your heart every day by taking your medications and following your doctor's plan."

Want me to customize this template further?

I can expand it, make it more visual, add checklists, or tailor it for specific patient populations. Choose what you want next:

- Make it more detailed
- Make it more concise
- Add a version for clinicians
- Add a version for children or teens