BÀI GIẢNG TỔNG ÔN BUỔI 1–12 Ở CẤP ĐỘ IELTS 8.0

Medical English – Clinical Communication – Academic Expression

Lớp Tiếng Anh Y khoa – CLB Bóng đá PCC fC
Chủ đề: Từ câu hỏi đúng đến chẩn đoán đúng – From Accurate Questions to Accurate Diagnosis
Cấp độ: IELTS 8.0-oriented Medical English
Đối tượng: Bác sĩ, sinh viên y khoa, điều dưỡng, nhân viên y tế có nền tảng tiếng Anh khá, định hướng giao tiếp chuyên môn, đọc bài báo, trình bày học thuật và hội nhập quốc tế
Thời lượng gợi ý: 90–120 phút
Phương pháp: Case-based learning – Role-play – Academic paraphrasing – Clinical reasoning – IELTS Speaking & Writing integration

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1. Tinh thần bài học

Ở cấp độ IELTS 8.0, học viên không chỉ cần **hỏi đúng câu** mà còn cần:

1. Diễn đạt tự nhiên, chính xác và linh hoạt.
2. Biết chuyển đổi giữa ngôn ngữ đời thường của bệnh nhân và thuật ngữ y khoa.
3. Biết dùng câu hỏi mở, câu hỏi đóng, câu hỏi làm rõ và câu hỏi định hướng chẩn đoán.
4. Biết tóm tắt bệnh sử bằng tiếng Anh học thuật.
5. Biết giải thích cho bệnh nhân bằng ngôn ngữ dễ hiểu nhưng vẫn chuyên nghiệp.
6. Biết trình bày một ca bệnh ngắn theo phong cách hội nghị quốc tế.

Thông điệp trung tâm:
At IELTS 8.0 level, Medical English is not about memorising isolated sentences; it is about using language as a clinical tool to collect information, build trust, reason diagnostically, and communicate professionally.

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2. Tên bài giảng

FROM ACCURATE QUESTIONS TO ACCURATE DIAGNOSIS

Tổng ôn 12 buổi đầu tiên của Lớp Tiếng Anh Y khoa ở cấp độ IELTS 8.0

Khẩu hiệu học tập:
Ask clearly – Listen actively – Think clinically – Speak professionally.

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3. Mục tiêu học tập cấp độ IELTS 8.0

Sau bài học, học viên có thể:

1. Thực hiện một cuộc hỏi bệnh bằng tiếng Anh với độ trôi chảy, chính xác và tự nhiên cao.
2. Sử dụng linh hoạt câu hỏi mở, câu hỏi đóng, câu hỏi thăm dò và câu hỏi làm rõ.
3. Khai thác triệu chứng theo OLDCARTS với ngôn ngữ phong phú, lịch sự và chính xác.
4. Chuyển đổi giữa **layman's terms** và **medical terminology**.
5. Tóm tắt bệnh sử hiện tại bằng tiếng Anh theo phong cách học thuật.
6. Giải thích kế hoạch khám, xét nghiệm và điều trị cho bệnh nhân bằng ngôn ngữ dễ hiểu.
7. Sử dụng chính xác các thì trong ngữ cảnh lâm sàng.
8. Thể hiện năng lực IELTS Speaking Band 8.0: fluency, coherence, lexical resource, grammatical range and accuracy, pronunciation.
9. Viết được một đoạn **clinical case summary** 120–180 từ ở mức học thuật.
10. Trình bày miệng một ca bệnh trong 1–2 phút theo phong cách hội nghị.

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4. Chuẩn đầu ra theo IELTS 8.0

4.1. Fluency and Coherence

Học viên cần nói mạch lạc, ít ngập ngừng, biết dùng từ nối và cấu trúc dẫn dắt:

- To begin with, could you tell me what brought you here today?
- Let me clarify that point.
- Just to make sure I understand correctly…
- Moving on to your past medical history…
- Based on what you have told me so far…

4.2. Lexical Resource

Học viên cần sử dụng được cả từ thông dụng và thuật ngữ chuyên môn:

Patient-friendly language	Medical terminology
pins and needles	paraesthesia
feeling sick	nausea
being short of breath	dyspnoea
passing out	syncope
heartburn	reflux symptoms
tummy pain	abdominal pain
waterworks problem	urinary symptoms
fits	seizures
swelling	oedema
coughing up blood	haemoptysis

4.3. Grammatical Range and Accuracy

Học viên cần dùng chính xác các thì để phản ánh thời gian bệnh:

- **Past Simple:** sự kiện đã xảy ra.
- **Present Perfect:** trải nghiệm hoặc vấn đề có liên quan hiện tại.
- **Present Perfect Continuous:** triệu chứng kéo dài đến hiện tại.
- **Present Simple:** thói quen, yếu tố nguy cơ, triệu chứng thường gặp.
- **Conditional Type 0:** quy luật triệu chứng.
- **Future forms:** kế hoạch khám, xét nghiệm, điều trị.

4.4. Pronunciation

Học viên cần phát âm rõ các từ y khoa hay nhầm:

Word	Pronunciation	Note
breath	/breθ/	danh từ: hơi thở
breathe	/briːð/	động từ: thở
blood pressure	/blʌd ˈpreʃə(r)/	huyết áp
pulse	/pʌls/	mạch
nausea	/ˈnɔː.zi.ə/ or /ˈnɔː.si.ə/	buồn nôn
dyspnoea	/dɪspˈniːə/	khó thở
paraesthesia	/ˌpær.əsˈθiː.zi.ə/	dị cảm
examine	/ɪgˈzæmɪn/	thăm khám

diagnosis	/ˌdaɪəgˈnəʊsɪs/	chẩn đoán
prognosis	/prɒgˈnəʊsɪs/	tiên lượng

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5. Cấu trúc buổi học 120 phút

Thời gian	Nội dung	Kỹ năng IELTS tích hợp
10 phút	Warm-up: Why clinical questions matter	Speaking Part 3-style reasoning
15 phút	Framework of clinical consultation	Coherence, signposting
20 phút	OLDCARTS at Band 8.0 level	Lexical resource, questioning skills
15 phút	Layman's terms vs medical terminology	Paraphrasing, precision
15 phút	Grammar for clinical timelines	Grammatical accuracy
15 phút	Doctor–patient role-play	Fluency, pronunciation
15 phút	Clinical case presentation	Academic speaking
10 phút	Writing a case summary	IELTS Writing Task 2-style clarity
5 phút	Feedback and KVH reflection	Self-assessment

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6. Warm-up: Medical English as Clinical Thinking

6.1. Câu hỏi khởi động

Giảng viên hỏi học viên:

1. Why is history-taking often considered the most important part of clinical diagnosis?
2. What makes a medical question effective?
3. How can language affect a patient's trust in a doctor?
4. Why should doctors avoid using too many technical terms with patients?

6.2. Câu trả lời mẫu cấp độ IELTS 8.0

Question: Why is history-taking important in medicine?

Model answer:
History-taking is essential because it allows doctors to understand not only the patient's symptoms but also the context in which those symptoms occur. A well-structured consultation can reveal patterns, risk factors, red flags, and psychosocial issues that may not be immediately apparent on examination. In many cases, an accurate diagnosis begins with asking the right question in the right way.

6.3. Cấu trúc trả lời IELTS 8.0

Point → Explanation → Example → Clinical implication

Ví dụ:

- **Point:** History-taking is central to diagnosis.
- **Explanation:** It helps identify the onset, pattern, severity and associated features of symptoms.
- **Example:** Chest pain that occurs on exertion and improves with rest may suggest angina.
- **Clinical implication:** Therefore, precise questioning can directly influence clinical decision-making.

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7. Consultation Framework at IELTS 8.0 Level

7.1. Basic framework

Greet → Confirm → Open question → Explore → Clarify → Summarise → Examine → Explain → Safety-net

7.2. High-level signposting phrases

At Band 8.0, the doctor should guide the conversation clearly:

- I'd like to start by asking what brought you in today.
- I'm going to ask a few questions to understand your symptoms better.
- I'd like to explore the pain in a little more detail.
- I'll now ask about your past medical history.
- I'd also like to ask about lifestyle factors, such as smoking and alcohol.
- Let me summarise what you've told me so far.
- I'd like to examine you now, if that's alright.

- After the examination, we may need to arrange some tests.

7.3. Band 8.0 opening dialogue

Doctor: Good morning, Mr Green. My name is Dr Lan, and I'll be looking after you today. Before we begin, could you please confirm your full name and date of birth?
Patient: My name is John Green. I was born on 12 March 1965.
Doctor: Thank you. I'd like to start by asking what brought you to the clinic today, and then I'll ask some more detailed questions to understand the problem better. Is that alright?
Patient: Yes, doctor.
Doctor: So, what's brought you along today?

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8. OLDCARTS at IELTS 8.0 Level

8.1. From simple questions to advanced clinical questions

Clinical aim	Basic question	IELTS 8.0 version
Onset	When did it start?	When did you first notice the pain, and what were you doing at the time?
Location	Where is the pain?	Could you show me exactly where the pain is most intense?
Duration	How long does it last?	How long does each episode usually last, and has this changed over time?
Character	What is it like?	How would you describe the pain: sharp, dull, burning, crushing, or throbbing?
Aggravating factors	What makes it worse?	Have you noticed whether exertion, movement, meals, coughing or breathing makes it worse?
Relieving factors	What makes it better?	Does anything relieve it, such as rest, medication, changing position or lying down?
Radiation	Does it spread?	Does the pain radiate to your arm, neck, jaw, back or leg?
Timing	When does it happen?	Does it occur at a particular time of day, or is it related to activity or rest?
Severity	How bad is it?	On a scale from 0 to 10, with 10 being the worst pain imaginable, how severe is it?

8.2. Advanced questioning bank

Onset

- When did you first become aware of the symptom?
- Did it come on suddenly or gradually?
- Was there any obvious trigger, such as physical exertion, injury, stress, a meal, or infection?

Location

- Could you point with one finger to the area where the pain is worst?
- Is the pain superficial, or does it feel deep inside?
- Is it localised or more widespread?

Duration and progression

- How long has this been going on?
- Has it been getting better, worse, or staying about the same?
- Are the episodes becoming more frequent or more severe?

Character

- How would you describe the sensation in your own words?
- Is it more like pressure, tightness, burning, stabbing, cramping, or throbbing?
- Do you experience numbness, tingling, weakness, or loss of sensation?

Aggravating and relieving factors

- What tends to bring it on?
- What do you usually do when it happens?
- Does rest, medication, posture, breathing, or food intake make any difference?

Radiation

- Does the pain stay in one place, or does it travel anywhere?
- Does it radiate to your left arm, jaw, back, abdomen, groin, or leg?

Associated symptoms

- Have you noticed any fever, weight loss, night sweats, cough, shortness of breath, nausea, vomiting, weakness, numbness, rash, or urinary symptoms?

Severity and impact

- How severe is the symptom at its worst?
- How does it affect your sleep, work, mobility, or daily activities?
- Has it stopped you from doing anything you would normally do?

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9. Clinical Red Flags – Advanced Medical English

At IELTS 8.0 level, learners should be able to ask about red flags clearly and sensitively.

9.1. Red flags in chest pain

- Do you feel short of breath?
- Have you been sweating unusually?
- Do you feel nauseous or light-headed?
- Does the pain spread to your jaw, neck, left arm, or back?
- Does it come on with exertion and improve with rest?

9.2. Red flags in back pain

- Have you noticed any weakness in your legs?
- Do you have numbness around your buttocks or inner thighs?
- Have you had any problems passing urine?
- Have you lost control of your bladder or bowels?
- Have you had fever, unexplained weight loss, or a history of cancer?

9.3. Red flags in headache

- Did the headache come on suddenly, like a thunderclap?
- Is this the worst headache you have ever had?
- Do you have neck stiffness, fever, confusion, weakness, or visual disturbance?
- Did it start after a head injury?

9.4. Red flags in abdominal pain

- Is the pain severe and constant?
- Have you vomited blood or passed black stools?
- Have you had persistent vomiting?
- Have you noticed yellowing of your eyes or skin?
- Have you had unintentional weight loss?

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10. Layman's Terms and Medical Terminology

10.1. Why this matters

Patients often describe symptoms using everyday language. Doctors must understand these expressions and translate them into professional clinical terms.

10.2. Conversion table

Patient says	Doctor understands	Clinical term
I feel pins and needles.	Abnormal sensation	Paraesthesia
My leg feels weak.	Reduced power	Motor weakness
I feel dizzy.	Could mean vertigo, presyncope, imbalance	Dizziness
I blacked out.	Temporary loss of consciousness	Syncope/loss of consciousness
I feel sick.	Feeling of wanting to vomit	Nausea
I was sick.	Vomited	Vomiting
I can't catch my breath.	Difficulty breathing	Dyspnoea
My heart is racing.	Awareness of fast heartbeat	Palpitations
My ankles are swollen.	Fluid accumulation	Peripheral oedema
I'm coughing up blood.	Blood in sputum	Haemoptysis

10.3. Practice: paraphrasing

Task

Convert these patient statements into clinical summaries.

1. “I feel pins and needles in my foot.”
2. “I can’t catch my breath when I climb the stairs.”
3. “My heart suddenly starts racing.”
4. “I blacked out for a few seconds.”
5. “I feel sick whenever the pain comes.”

Suggested answers

1. The patient reports paraesthesia in the foot.
2. The patient experiences exertional dyspnoea.
3. The patient describes episodes of palpitations.
4. The patient had a brief episode of loss of consciousness, possibly syncope.
5. The pain is associated with nausea.

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11. Grammar for Clinical Timelines

11.1. Past Simple

Clinical use

Use Past Simple for completed events in the past.

Examples

- When did the pain start?
- What were you doing when it happened?
- I had appendicitis when I was eight.
- The pain started after I lifted a heavy box.

11.2. Present Perfect

Clinical use

Use Present Perfect for life experience, recent events, or past events with present relevance.

Examples

- Have you ever been admitted to hospital?
- Have you had this problem before?

- Have you noticed any weight loss recently?
- I've had this pain for three days.

11.3. Present Perfect Continuous

Clinical use

Use Present Perfect Continuous to emphasise duration and continuity.

Examples

- How long have you been having this pain?
- How long have you been feeling short of breath?
- How long have you been smoking?
- The symptoms have been getting worse over the last few weeks.

11.4. Present Simple

Clinical use

Use Present Simple for habits, routines and repeated patterns.

Examples

- Do you smoke?
- Do you drink alcohol?
- The pain usually gets worse when I walk.
- It improves when I rest.

11.5. Conditional Type 0

Clinical use

Use this structure to describe predictable symptom patterns.

Examples

- If I walk upstairs, the pain gets worse.
- If I lie down, the dizziness improves.
- If I eat spicy food, the burning sensation comes back.

11.6. Future forms

Will

Use **will** for immediate decisions.

- I'll check your blood pressure now.
- I'll examine your abdomen.

Be going to

Use **be going to** for planned next steps.

- I'm going to arrange an ECG.
- We're going to run some blood tests.

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12. IELTS 8.0 Speaking Integration

12.1. Speaking Part 1-style questions

1. Do you think communication is important in medicine?
2. How often do doctors need to explain complicated information to patients?
3. What makes a good doctor-patient conversation?

12.2. Speaking Part 2-style task

Cue card

Describe a situation in which a doctor needs to communicate carefully with a patient.

You should say:

- what the situation is;
- what the doctor needs to explain;
- why communication is important;
- and how good communication can affect the patient's outcome.

Model answer

One situation in which careful communication is particularly important is when a patient presents with chest pain. The doctor needs to ask detailed questions about

the onset, location, character, severity and radiation of the pain, while also checking for associated symptoms such as shortness of breath, sweating or nausea. At the same time, the doctor must avoid alarming the patient unnecessarily. Clear communication helps the patient feel safe, encourages them to provide accurate information, and allows the doctor to identify potentially serious conditions such as angina or myocardial infarction. In this context, language is not just a communication tool; it directly supports clinical reasoning and patient safety.

12.3. Speaking Part 3-style discussion

Question 1

Why do some doctors find it difficult to communicate with patients?

Model answer

Some doctors may struggle because medical training often emphasises technical knowledge more than communication skills. In a busy clinical environment, they may also feel pressured by time, which can make their explanations brief or overly technical. Another challenge is that patients vary widely in their educational background, emotional state and health literacy. Therefore, an effective doctor needs to adapt their language, check understanding and create space for patients to ask questions.

Question 2

Should medical students receive formal training in communication skills?

Model answer

Absolutely. Communication skills should be treated as a core clinical competency rather than a soft skill. A medical student who can take a clear history, explain procedures, obtain informed consent and respond empathetically to patients is likely to provide safer and more patient-centred care. Formal training, especially through role-play and simulated consultations, can help students develop these skills systematically.

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13. IELTS 8.0 Writing Integration

13.1. Task: Write a clinical case summary

Requirements

Write 120–180 words summarising the following patient encounter:

- 52-year-old man
- Chest pain for 3 days
- Worse on exertion
- Relieved by rest
- Radiates to left arm
- Associated with shortness of breath and sweating
- History of hypertension and smoking
- Needs ECG and blood tests

13.2. Model answer

A 52-year-old man presented with a three-day history of chest pain. The pain was described as a tight sensation in the centre of the chest, brought on by exertion and relieved by rest. It occasionally radiated to the left arm and was associated with shortness of breath and sweating. He had a history of hypertension and was a long-term smoker, both of which are significant cardiovascular risk factors. The pattern of exertional chest pain with relief at rest raises concern for angina, although acute coronary syndrome should also be considered. Initial assessment should include vital signs, cardiovascular and respiratory examination, a 12-lead ECG and relevant blood tests, including cardiac biomarkers. The patient should be advised to seek urgent medical attention if the pain becomes more severe, occurs at rest or is associated with worsening breathlessness, fainting or persistent sweating.

13.3. Useful academic phrases

- The patient presented with…
- The pain was described as…
- It was associated with…
- The symptoms were aggravated by…
- The symptoms were relieved by…
- The clinical picture raises concern for…
- Initial assessment should include…
- The patient should be advised to…

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14. Clinical Case Presentation – 1 Minute Format

14.1. Structure

1. Patient demographics
2. Chief complaint
3. History of present illness
4. Relevant past medical/social history
5. Key red flags or negatives
6. Initial impression
7. Suggested next steps

14.2. Template

This is a [age]-year-old [man/woman] who presented with [chief complaint]. The symptom started [time] and was described as [character]. It was located in [location] and radiated to [radiation]. It was aggravated by [factor] and relieved by [factor]. Associated symptoms included [symptoms]. His/her relevant past medical history includes [history]. The main concern is [possible diagnosis], and the next steps would be [examination/tests/management].

14.3. Model presentation

This is a 52-year-old man who presented with a three-day history of exertional chest pain. The pain was described as a tight central chest sensation that radiated to the left arm and improved with rest. It was associated with shortness of breath and sweating. His relevant history includes hypertension and long-term smoking. The clinical pattern is concerning for angina or possible acute coronary syndrome. The next steps would be to assess his vital signs, perform a cardiovascular and respiratory examination, arrange a 12-lead ECG and check cardiac biomarkers.

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15. Advanced Doctor–Patient Role-play

Scenario 1: Back pain with neurological symptoms

Patient prompt

You have had lower back pain for one week. The pain goes down your left leg. You feel pins and needles in your left foot. It gets worse when you bend or lift heavy objects. You are worried because it keeps you awake at night.

Doctor tasks

Ask about:

1. Onset
2. Location
3. Radiation
4. Character
5. Severity
6. Neurological symptoms
7. Bladder/bowel symptoms
8. Fever/weight loss/history of cancer
9. Impact on sleep and daily activities
10. Medication already taken

Band 8.0 doctor language

- I'd like to explore your back pain in more detail.
- Could you describe exactly where the pain starts and where it travels?
- When you say "pins and needles," do you mean a tingling sensation or numbness?
- Have you noticed any weakness in the leg, or any difficulty controlling your bladder or bowels?
- I understand this is affecting your sleep, so we'll take it seriously and assess it carefully.

Scenario 2: Chest pain on exertion

Patient prompt

You develop chest tightness when walking upstairs. The pain improves when you rest. Sometimes it spreads to your left arm. You have high blood pressure and you smoke.

Doctor tasks

Ask about:

1. Onset
2. Exertional pattern
3. Radiation
4. Breathlessness
5. Sweating
6. Nausea
7. Risk factors
8. Medication
9. Family history
10. Urgency/red flags

Band 8.0 doctor language

- I'd like to ask some focused questions because chest pain can have several possible causes.
- Does the discomfort feel like pressure, tightness, burning or stabbing pain?
- Does it consistently come on with exertion and settle with rest?
- Given your symptoms and risk factors, I think we should arrange an ECG and blood tests today.

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16. Error Correction at IELTS 8.0 Level

16.1. Correct the sentence and explain why

1. Incorrect

When the pain first come on?

Correct

When did the pain first come on?

Explanation

Use **did + base verb** for Past Simple questions.

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2. Incorrect

How many days a weeks do you drink?

Correct

How many days a week do you drink?

Explanation

Use singular **week** after **a**.

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3. Incorrect

Do you have ever smoked?

Correct

Have you ever smoked?

Explanation

Use Present Perfect for life experience: **Have you ever + past participle?**

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4. Incorrect

I will be able to check a few tests.

Correct

I'll arrange a few tests.
Or: I'll be able to make a diagnosis after the tests.

Explanation

Doctors **arrange/order/request tests**, but they do not usually **check tests** in this context.

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5. Incorrect

Can you tell me where is the pain?

Correct

Can you tell me where the pain is?

Explanation

In an indirect question, use statement word order: **where the pain is**, not **where is the pain**.

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17. Pronunciation Drill

17.1. Minimal contrast

- breath /breθ/ – breathe /briːð/
- pain /peɪn/ – pane /peɪn/
- pulse /pʌls/ – pills /pɪlz/
- heart /hɑːt/ – hurt /hɜːt/
- nausea /ˈnɔːˌziːə/ – noisy /ˈnɔɪˌzi/

17.2. Sentence practice

1. I’d like to listen to your heart and lungs.
2. Could you take a deep breath in and out?
3. Do you feel short of breath when you walk upstairs?
4. Does the pain radiate to your left arm or jaw?
5. Have you noticed any numbness, tingling or weakness?

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18. Mini Test – IELTS 8.0 Medical English

Part A: Paraphrasing

Rewrite the following in a more professional style:

1. My heart is racing.

2. I feel pins and needles in my foot.
3. I can’t catch my breath.
4. I blacked out.
5. My tummy hurts.

Suggested answers

1. The patient reports palpitations.
2. The patient reports paraesthesia in the foot.
3. The patient reports shortness of breath/dyspnoea.
4. The patient had a transient loss of consciousness.
5. The patient reports abdominal pain.

Part B: Clinical questioning

Write one advanced question for each aim:

1. Onset
2. Radiation
3. Severity
4. Associated symptoms
5. Red flags

Suggested answers

1. When did you first notice the symptom, and what were you doing at the time?
2. Does the pain stay in one place, or does it radiate anywhere else?
3. On a scale from 0 to 10, how severe is the pain at its worst?
4. Have you noticed any associated symptoms, such as fever, nausea, sweating or shortness of breath?
5. Have you had any weakness, numbness, loss of bladder control, fever or unexplained weight loss?

Part C: Case summary writing

Write a 120-word summary of a patient with lower back pain radiating to the left leg, associated with pins and needles in the foot, worse on bending and lifting, partially relieved by rest.

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19. Assessment Rubric – IELTS 8.0 Medical English

Criterion	Band 6.5	Band 7.0	Band 8.0
Fluency	Speaks with pauses and repetition	Generally fluent with some hesitation	Fluent, well-organised, natural
Coherence	Ideas partly connected	Clear structure	Excellent signposting and logical flow
Lexical resource	Basic medical vocabulary	Good range of clinical terms	Flexible use of lay and medical terms
Grammar	Some errors affect clarity	Mostly accurate	Wide range, rare errors
Clinical questioning	Asks basic questions	Uses structured framework	Adapts questions to diagnosis and red flags
Patient-centredness	Limited empathy	Polite and clear	Reassuring, sensitive, professional
Pronunciation	Understandable	Clear	Natural rhythm, accurate stress and intonation

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20. Bài tập về nhà cấp độ IELTS 8.0

Task 1 – Speaking

Record a 2-minute doctor–patient consultation for one of the following symptoms:

1. Chest pain
2. Back pain radiating to the leg
3. Headache
4. Abdominal pain
5. Shortness of breath

Yêu cầu:

- Dùng ít nhất 5 câu hỏi OLDCARTS.
- Dùng ít nhất 2 câu hỏi về red flags.
- Dùng ít nhất 2 signposting phrases.
- Kết thúc bằng tóm tắt và hướng xử trí.

Task 2 – Writing

Write a 150-word clinical case summary using the following structure:

1. Patient demographics
2. Chief complaint
3. History of present illness
4. Relevant past/social history
5. Initial impression
6. Suggested next steps

Task 3 – Vocabulary

Create a two-column table with 10 patient expressions and their medical equivalents.

Example:

Patient expression	Medical equivalent
I feel pins and needles	Paraesthesia
I can't catch my breath	Dyspnoea

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21. Gợi ý điểm KVH cho bài IELTS 8.0

Hoạt động	Điểm KVH
Tham gia đúng giờ	+1
Trả lời câu hỏi warm-up bằng tiếng Anh	+1
Thực hành role-play bác sĩ/bệnh nhân	+1
Dùng được 3 signposting phrases	+1
Chuyển đổi đúng 5 layman's terms sang medical terms	+1
Viết case summary 120–180 từ	+1
Gửi ghi âm 2 phút	+1
Góp ý xây dựng cho bạn học bằng tiếng Anh	+1
Giới thiệu thêm học viên phù hợp	+1

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22. Phiên bản rút gọn gửi nhóm Zalo

LỚP TIẾNG ANH Y KHOA – TỔNG ÔN BUỔI 1–12 CẤP ĐỘ IELTS 8.0

Chủ đề: **From Accurate Questions to Accurate Diagnosis**
Tạm dịch: **Từ câu hỏi đúng đến chẩn đoán đúng**

Nội dung chính:

1. Cấu trúc một cuộc hỏi bệnh chuyên nghiệp.
2. Khai thác triệu chứng theo OLDCARTS ở cấp độ nâng cao.
3. Chuyển đổi ngôn ngữ bệnh nhân sang thuật ngữ y khoa.
4. Hỏi red flags trong đau ngực, đau lưng, đau đầu, đau bụng.
5. Ôn ngữ pháp theo dòng thời gian lâm sàng.
6. Luyện IELTS Speaking qua tình huống y khoa.
7. Viết clinical case summary 120–180 từ.
8. Thực hành role-play bác sĩ – bệnh nhân.

Thông điệp:

At IELTS 8.0 level, Medical English is not only about speaking English well. It is about asking precisely, listening actively, thinking clinically and communicating professionally.

Tinh thần lớp học:

Thiết yếu – Thực hành – Nghiên cứu – Khỏe Vui Hạnh phúc.

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23. Lời kết truyền cảm hứng

Học Tiếng Anh Y khoa ở cấp độ IELTS 8.0 không phải để nói cho "sang", mà để làm nghề tốt hơn trong một thế giới hội nhập.

Một bác sĩ có tiếng Anh tốt sẽ đọc được nhiều hơn, học được nhanh hơn, trình bày tự tin hơn và kết nối rộng hơn. Nhưng trên hết, một bác sĩ giao tiếp tốt sẽ giúp người bệnh cảm thấy được lắng nghe, được tôn trọng và được chăm sóc một cách an toàn hơn.

Mỗi câu hỏi rõ hơn là một bước gần hơn tới chẩn đoán đúng.
Mỗi cách diễn đạt chuẩn hơn là một bước gần hơn tới y học quốc tế.
Mỗi buổi luyện tập nghiêm túc hơn là một bước gần hơn tới phiên bản tốt hơn của chính mình.

Ask clearly. Think clinically. Speak globally. Serve compassionately.

Đó là tinh thần của Lớp Tiếng Anh Y khoa:

Khỏe – Vui – Hạnh phúc.

Đã suy nghĩ trong 1m 56s

Đã nâng bài giảng trên canvas lên cấp độ **IELTS 8.0 – Medical English**.

Bản mới đã bổ sung các phần quan trọng:

- **Chuẩn đầu ra IELTS 8.0**: fluency, coherence, lexical resource, grammar range, pronunciation.
- Nâng cấp câu hỏi y khoa từ mức cơ bản lên mức học thuật, ví dụ:
  Basic: When did it start?
  IELTS 8.0: When did you first notice the pain, and what were you doing at the time?
- Bổ sung phần **layman's terms → medical terminology**, ví dụ:
  "pins and needles" → **paraesthesia**
  "can't catch my breath" → **dyspnoea**
  "blacked out" → **syncope / transient loss of consciousness**
- Bổ sung **red flags** trong đau ngực, đau lưng, đau đầu, đau bụng.
- Tích hợp **IELTS Speaking Part 1, 2, 3** theo chủ đề giao tiếp y khoa.
- Bổ sung bài viết **clinical case summary 120–180 từ**.
- Có mẫu trình bày ca bệnh 1 phút theo phong cách hội nghị quốc tế.
- Có rubric đánh giá riêng: **IELTS 8.0 Medical English Assessment Rubric**.
- Có bài tập về nhà: ghi âm 2 phút, viết case summary, lập bảng từ vựng bệnh nhân – thuật ngữ y khoa.

Nội dung vẫn dựa trên tài liệu tổng ôn 1–12 ban đầu về hỏi bệnh, khám bệnh, ngữ pháp và từ vựng y khoa, nhưng đã được nâng lên cấp độ diễn đạt học thuật và giao tiếp chuyên nghiệp hơn.