

## **BÀI 38 – IELTS 8.5 MEDICAL ENGLISH**

### **THINK BEYOND FOOD POISONING**

**Đừng dừng lại ở “ngộ độc thực phẩm”**

**Lớp Tiếng Anh Y Khoa do CLB Bóng đá PCC fC tổ chức**

**Level:** IELTS 8.5-oriented Medical English

**Duration:** 25–35 minutes

**Core message:**

**Abdominal pain and vomiting may sound ordinary, but shock and high lactate are extraordinary warning signs.**

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#### **1. Clinical Warm-up**

##### **Teacher’s opening question**

When you hear the phrase “**abdominal pain and vomiting after a meal**”, what diagnosis comes to mind first?

Most people may answer:

**Food poisoning.**

But in emergency medicine, the first story is not always the final diagnosis.

Today, we will learn how to describe a high-risk clinical situation in advanced English, avoid diagnostic anchoring, and present a case with clarity, precision, and clinical maturity.

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#### **2. Advanced Learning Objectives**

By the end of this lesson, learners should be able to:

1. Present a critical case using advanced but clear medical English.
2. Use cautious diagnostic language, such as “**could suggest,**” “**raises concern for,**” “**cannot be ruled out,**” and “**should prompt further investigation.**”

3. Avoid premature diagnostic closure by using phrases such as “**we should not anchor on...**”
  4. Explain the clinical significance of **shock, high lactate, intubation, vasopressor use, and shared exposure.**
  5. Deliver a short IELTS 8.5-style clinical explanation with logical flow and accurate grammar.
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### **3. Core Dialogue – IELTS 8.5 Version**

**Doctor:** Good morning. Could you give me a concise handover?

**Nurse:** Certainly. This is a 27-year-old foreign traveler who presented with severe abdominal pain and repeated vomiting.

**Doctor:** Was this an isolated case?

**Nurse:** No. Another person staying in the same hotel room was also unwell, which raises concern for a shared exposure.

**Trainee:** Could this simply be food poisoning?

**Doctor:** It is possible, but we should not anchor on food poisoning too early.

**Trainee:** What makes the case more concerning?

**Doctor:** The patient is in shock, his lactate is markedly elevated, and he has required intubation and norepinephrine.

**Nurse:** So this is not just a gastrointestinal complaint.

**Doctor:** Exactly. We must stabilise the patient first, collect relevant samples early, and consider sepsis, toxic exposure, severe hypoperfusion, and cardiac involvement in parallel.

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### **4. Key Vocabulary with IPA**

**English**

**IPA**

**Vietnamese**

concise handover	/kən'saɪs 'hænd,ʊvər/	bàn giao ngắn gọn
foreign traveler	/'fɔːrən 'trævələ/	người nước ngoài đi du lịch/công tác
severe abdominal pain	/sə'vɪr æb'dɑːmənəl peɪn/	đau bụng dữ dội
repeated vomiting	/rɪ'piːtɪd 'vɔːmɪtɪŋ/	nôn nhiều lần
isolated case	/'aɪsələtɪd keɪs/	ca đơn lẻ
shared exposure	/ʃeɪd ɪk'spəʊʒər/	phơi nhiễm chung
anchor on	/'æŋkər ɑːn/	quy chụp, bám vào một chỗ đoán
markedly elevated	/'mɑːrkɪdli 'elɪveɪtɪd/	tăng rõ rệt
intubation	/,ɪntuː'beɪʃən/	đặt nội khí quản
norepinephrine	/,nɔːr,ɛpɪ'nefrɪn/	noradrenalin
stabilise the patient	/'steɪbəlaɪz ðə 'peɪʃənt/	ổn định người bệnh
collect relevant samples	/kə'lekt 'reləvənt 'sæmpəlz/	thu thập mẫu liên quan
severe hypoperfusion	/sə'vɪr ,haɪpəʊpər'fjuːʒən/	giảm tưới máu nặng
cardiac involvement	/'kɑːrdɪæk ɪn'vɔːlvmənt/	tổn thương/liên quan tim
in parallel	/ɪn 'pærələl/	song song

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## 5. IELTS 8.5 Grammar Focus

### Structure 1: Cautious diagnostic language

#### Basic:

Could this be food poisoning?

**Advanced:**

This presentation **could suggest** food poisoning, but toxic exposure and sepsis **cannot be ruled out**.

**Use in medicine:**

Cấu trúc này giúp bác sĩ nói thận trọng, không khẳng định quá sớm khi chưa đủ bằng chứng.

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**Structure 2: “We should not anchor on...”****Basic:**

We should not think only about food poisoning.

**Advanced:**

We should not **anchor on** food poisoning, especially when the patient is in shock and has markedly elevated lactate.

**Clinical meaning:**

Tránh “anchoring bias” – thiên kiến bám vào chẩn đoán đầu tiên.

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**Structure 3: Passive voice for emergency handover****Basic:**

Doctors intubated him.

**Advanced:**

He **was intubated** and **was started on norepinephrine** before being transferred to our center.

**Clinical use:**

Câu bị động rất phù hợp trong bàn giao vì trọng tâm là người bệnh và xử trí, không phải người thực hiện.

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**Structure 4: Contrast with “Although...”**

**Example:**

Although the initial symptoms resembled food poisoning, the presence of shock and severe lactic acidosis suggested a much more serious condition.

**Why IELTS 8.5?**

Câu có mệnh đề nhượng bộ, lập luận tương phản rõ, từ vựng học thuật và y khoa chính xác.

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**Structure 5: Parallel diagnostic reasoning****Example:**

We need to consider sepsis, toxic exposure, severe hypoperfusion, and cardiac involvement in parallel.

**Clinical value:**

Trong cấp cứu, không nên suy nghĩ tuyến tính. Phải vừa hồi sức, vừa tìm nguyên nhân.

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**6. IELTS 8.5 Speaking Practice****Speaking Part 2-style Task**

Describe a clinical situation in which a common symptom turned out to be potentially serious.

You should say:

- what the initial symptom was;
- why it seemed common at first;
- what warning signs changed your thinking;
- and what lesson you learned from the case.

**Model Answer**

A memorable clinical situation involved a young foreign traveler who initially presented with severe abdominal pain and vomiting. At first glance, the case could

easily have been interpreted as food poisoning, particularly because the symptoms appeared after meals and another person in the same room was also unwell.

However, several red flags made the situation much more serious. The patient developed shock, required intubation, and needed norepinephrine to maintain blood pressure. His lactate level was markedly elevated, which suggested severe tissue hypoperfusion or impaired metabolism rather than a simple gastrointestinal illness.

The key lesson from this case is that clinicians should avoid premature diagnostic closure. Although food poisoning may be a reasonable initial consideration, the presence of shock and high lactate should immediately broaden the differential diagnosis to include sepsis, toxic exposure, cardiac involvement, and other life-threatening conditions.

In short, a good clinician listens to the first story, but a better clinician keeps looking for the hidden danger.

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## **7. IELTS 8.5 Writing Practice**

### **Task**

Write a 120–150 word clinical summary of the case using formal medical English.

### **Model Clinical Summary**

A 27-year-old foreign traveler presented with severe abdominal pain and repeated vomiting. The initial history appeared compatible with food poisoning, particularly as another person staying in the same hotel room was also reported to be unwell. However, the patient's subsequent clinical deterioration raised concern for a more serious underlying condition.

On arrival, he was critically ill, with shock, tachycardia, respiratory failure requiring intubation, and the need for norepinephrine support. His markedly elevated lactate suggested severe hypoperfusion or impaired metabolic clearance.

Therefore, the case should not be interpreted as simple food poisoning. A broader differential diagnosis is required, including sepsis, toxic exposure, severe dehydration, and cardiac involvement.

The immediate priorities are airway and circulatory stabilisation, early sample collection, appropriate antimicrobial therapy when indicated, toxicological assessment, and continuous reassessment.

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## **8. Advanced Sentence Bank**

### **For handover**

- This is a critically ill foreign traveler presenting with severe abdominal pain and repeated vomiting.
- The clinical picture is complicated by shock and markedly elevated lactate.
- He has required intubation, mechanical ventilation, and vasopressor support.

### **For diagnostic reasoning**

- Food poisoning remains possible, but it does not fully explain the severity of the presentation.
- The presence of shock should prompt a broader differential diagnosis.
- A shared exposure should be considered because another person was also unwell.
- Toxic exposure, sepsis, and cardiac involvement need to be evaluated in parallel.

### **For clinical decision-making**

- The immediate priority is to stabilise the patient.
  - We should collect samples early before key evidence is lost.
  - We should not delay resuscitation while waiting for a definitive diagnosis.
  - Reassessment is essential because the clinical picture may evolve rapidly.
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## 9. Pronunciation Drill

Repeat these phrases three times:

1. **concise handover**
  2. **severe abdominal pain**
  3. **shared exposure**
  4. **markedly elevated lactate**
  5. **required intubation**
  6. **started on norepinephrine**
  7. **broader differential diagnosis**
  8. **think beyond food poisoning**
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## 10. Mini Role-play

### Roles

**Doctor:** Lead the emergency assessment.

**Nurse:** Provide the handover.

**Trainee:** Ask diagnostic questions.

### Mission

In 90 seconds, the group must include these five ideas:

1. The patient is a young foreign traveler.
  2. He has severe abdominal pain and vomiting.
  3. Another person was also unwell.
  4. He is in shock with high lactate.
  5. The team should not anchor on food poisoning.
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## 11. Take-home Message

**Do not let a familiar symptom lead to a premature diagnosis.**

**A simple story may hide a dangerous disease.**

**Think clearly. Speak precisely. Act early.**

**Nghĩ rõ – Nói chuẩn – Hành động sớm.**