

BÀI GIẢNG 31 – IELTS 8.5 LEVEL

Epigastric Pain & Peptic Ulcer Disease

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

Core skill: Taking a focused HPI for epigastric pain

Level: Advanced Medical English – IELTS 8.5

Teaching spirit: *Ask precisely – Think clinically – Speak naturally*

1. Learning Objectives – Mục tiêu cấp IELTS 8.5

Sau bài học, học viên cần đạt 5 năng lực:

1. Clinical questioning fluency

Hỏi bệnh tự nhiên, không rời rạc, biết nối câu hỏi theo logic lâm sàng.

2. Symptom characterization

Mô tả đau thượng vị bằng từ vựng chính xác: *burning, gnawing, dull, constant, intermittent, radiating, nocturnal pain.*

3. Clinical reasoning in English

Giải thích được vì sao **đau giảm khi ăn và đau về đêm** gợi ý **duodenal ulcer**, nhưng không kết luận vội.

4. Red flag screening

Tầm soát biến chứng bằng tiếng Anh: *melena, hematemesis, coffee-ground vomiting, weight loss, persistent vomiting, anemia.*

5. Doctor–patient communication

Dùng ngôn ngữ chuyên nghiệp, đồng cảm, rõ ràng, phù hợp giao tiếp lâm sàng.

2. Core Dialogue – Hội thoại gốc

Đoạn hội thoại trong slide tập trung vào khai thác **HPI – History of Present Illness** ở bệnh nhân đau thượng vị.

Doctor: Can you point to where the pain is?

Patient: It's right here in the middle.

Doctor: How would you describe the pain? Is it burning, gnawing, or dull?

Patient: It's a constant gnawing ache.

Doctor: Does eating make the pain better or worse?

Patient: Actually, it feels better when I eat, but it wakes me up at night.

Doctor: Have you noticed any black, tarry stools or vomited any coffee-ground material?

Patient: No, my stool looks normal.

3. IELTS 8.5 Version – Advanced Clinical Dialogue

Scenario

A 42-year-old man presents with recurrent epigastric pain over the past three weeks.

Doctor: Good morning. I'm Dr. _____. I understand you've been experiencing some abdominal discomfort. Could you tell me more about it?

Patient: Yes, doctor. I've been having pain in the upper part of my abdomen for about three weeks.

Doctor: Could you point with one finger to where the pain is most intense?

Patient: It's right here, in the middle, just below my breastbone.

Doctor: Thank you. How would you describe the pain? Is it burning, gnawing, cramping, sharp, or more of a dull ache?

Patient: It feels like a constant gnawing ache. Sometimes it burns as well.

Doctor: Does the pain stay in one place, or does it travel anywhere, such as to your back, chest, or right shoulder?

Patient: It mostly stays in the same place. It doesn't really spread.

Doctor: On a scale from zero to ten, where zero means no pain and ten means the worst pain imaginable, how severe is it?

Patient: Around six out of ten when it gets bad.

Doctor: Have you noticed whether eating makes the pain better or worse?

Patient: Actually, it tends to improve after I eat, but then it comes back a few hours later.

Doctor: Does it ever wake you up at night?

Patient: Yes. It sometimes wakes me up around two or three in the morning.

Doctor: That's important to know. Have you noticed any nausea, vomiting, bloating, early fullness, or loss of appetite?

Patient: I feel bloated sometimes, but I haven't lost my appetite.

Doctor: Have you vomited any blood or anything that looked like coffee grounds?

Patient: No, I haven't.

Doctor: Have your stools ever looked black, sticky, or tarry?

Patient: No, they look normal.

Doctor: Do you take any painkillers such as aspirin, ibuprofen, naproxen, or diclofenac?

Patient: I take ibuprofen occasionally for headaches.

Doctor: How often would you say you take it?

Patient: Maybe two or three times a week.

Doctor: Have you ever been tested or treated for *Helicobacter pylori*, a common stomach infection associated with ulcers?

Patient: No, I don't think so.

Doctor: Thank you. Based on what you've told me, one possibility is peptic ulcer disease, particularly a duodenal ulcer. However, we'll need to assess you properly and consider tests such as an H. pylori test, blood tests, and possibly an upper endoscopy depending on your risk factors and symptoms.

Patient: I see. Is it serious?

Doctor: It can usually be treated effectively, especially if we identify the cause.

The most important thing is to check for warning signs and avoid medications that may worsen the ulcer, such as NSAIDs, unless advised by your doctor.

4. Clinical Reasoning Framework – Tư duy lâm sàng

A. Site – Vị trí đau

Question:

Could you point with one finger to where the pain is most intense?

Clinical meaning:

Pain in the **epigastric region** suggests gastric, duodenal, pancreatic, biliary, cardiac, or functional causes.

B. Character – Tính chất đau

Question:

Is it burning, gnawing, cramping, sharp, or dull?

Advanced vocabulary:

| Word | Meaning | Clinical nuance |
|-----------|--------------------|---|
| burning | nóng rát | acid-related pain |
| gnawing | gặm nhấm, âm ỉ sâu | ulcer-like pain |
| dull ache | đau âm ỉ | non-specific visceral pain |
| cramping | đau quặn | bowel/biliary origin |
| sharp | đau nhói | irritation, perforation, pleuritic/cardiac differential |
| radiating | lan | pancreatitis, biliary, cardiac causes |

C. Timing – Thời gian và chu kỳ đau

Questions:

How long has this been going on?

Does it come and go, or is it constant?

Does it wake you up at night?

Clinical meaning:

Nocturnal epigastric pain is classically associated with **duodenal ulcer**, especially when relieved by food or antacids.

D. Meal relation – Liên quan bữa ăn**Questions:**

Does eating relieve the pain or make it worse?

Does the pain return a few hours after meals?

Clinical reasoning:

- Pain relieved by food → suggests **duodenal ulcer**.
 - Pain worsened by food → may suggest **gastric ulcer**, gastritis, biliary disease, or functional dyspepsia.
 - Pain radiating to the back with vomiting → consider **pancreatitis**.
-

E. Red flags – Dấu hiệu báo động**Questions:**

Have you vomited blood or coffee-ground material?

Have you noticed black, sticky, tarry stools?

Have you lost weight unintentionally?

Have you had difficulty swallowing?

Have you been vomiting persistently?

Clinical meaning:

Red flags may indicate bleeding, malignancy, obstruction, severe ulceration, or another serious condition.

5. IELTS 8.5 Language Upgrade

From basic to advanced

| Basic sentence | IELTS 8.5 version |
|--------------------------|---|
| Where is the pain? | Could you point with one finger to where the pain is most intense? |
| What kind of pain is it? | How would you describe the pain — burning, gnawing, cramping, sharp, or dull? |
| Does food help? | Have you noticed whether eating relieves the pain or makes it worse? |
| Do you vomit blood? | Have you vomited blood or anything resembling coffee grounds? |
| Is your stool black? | Have your stools ever appeared black, sticky, or tarry? |
| Do you take painkillers? | Do you regularly take NSAIDs such as aspirin, ibuprofen, naproxen, or diclofenac? |
| You may have an ulcer. | One possibility is peptic ulcer disease, but we need further assessment before making a definite diagnosis. |

6. Key Phrases for High-level Speaking

Opening the consultation

I understand you've been experiencing some abdominal discomfort. Could you tell me more about it?

Tôi được biết anh/chị đang khó chịu vùng bụng. Anh/chị có thể kể rõ hơn không?

Let me ask you a few focused questions to understand the pattern of your pain.

Tôi xin hỏi một số câu trọng tâm để hiểu rõ kiểu đau của anh/chị.

Clarifying symptoms

Could you describe the pain in your own words?

Anh/chị có thể mô tả cơn đau bằng lời của mình không?

Does the pain stay in one place, or does it travel anywhere?

Cơn đau khu trú một chỗ hay lan đi đâu không?

Have you noticed any particular trigger, such as meals, stress, alcohol, or painkillers?

Anh/chị có nhận thấy yếu tố khởi phát nào như bữa ăn, căng thẳng, rượu bia hoặc thuốc giảm đau không?

Clinical explanation

Your symptoms may suggest an ulcer-related problem, particularly because the pain improves after meals and wakes you up at night.

Triệu chứng của anh/chị có thể gợi ý vấn đề liên quan đến loét, đặc biệt vì đau giảm sau ăn và làm tỉnh giấc ban đêm.

However, symptoms alone are not enough to confirm the diagnosis.

Tuy nhiên, chỉ dựa vào triệu chứng thì chưa đủ để khẳng định chẩn đoán.

We need to look for warning signs and identify possible causes such as H. pylori infection or NSAID use.

Chúng ta cần tìm dấu hiệu cảnh báo và xác định nguyên nhân có thể như nhiễm H. pylori hoặc dùng thuốc NSAIDs.

Safety-netting

Please seek urgent medical care if you vomit blood, pass black stools, feel faint, or develop severe worsening abdominal pain.

Anh/chị cần đi khám cấp cứu nếu nôn ra máu, đi ngoài phân đen, choáng ngất hoặc đau bụng tăng nặng.

7. Pronunciation Focus – Phát âm nâng cao

| Phrase | Stress pattern | Gợi ý luyện đọc |
|------------------------|----------------------------|--------------------------------|
| epigastric pain | epi-GAS-tric PAIN | nhấn GAS và PAIN |
| gnawing ache | GNAW-ing ACHE | âm /g/ trong gnawing không đọc |
| coffee-ground material | COF-fee-ground ma-TE-ri-al | nói coffee-ground |
| black, tarry stools | BLACK TAR-ry STOOLS | đọc rõ tarry |
| peptic ulcer disease | PEP-tic UL-cer di-SEASE | nhấn PEP, UL, SEASE |
| Helicobacter pylori | he-li-co-BAC-ter py-LOR-i | nhấn BAC và LOR |
| upper endoscopy | UP-per en-DOS-co-py | nhấn DOS |

8. Mini IELTS 8.5 Speaking Task

Part 1 – Short answers

Question: What are the key questions you should ask a patient with epigastric pain?

Model answer:

When assessing epigastric pain, I would first clarify the site, onset, character, severity, radiation, timing, and associated symptoms. I would then ask whether the pain is related to meals or occurs at night, because these features may suggest peptic ulcer disease. Finally, I would screen for red flags such as black tarry stools, coffee-ground vomiting, unexplained weight loss, persistent vomiting, and NSAID use.

Part 2 – One-minute clinical explanation**Cue card:**

Explain to a patient why their symptoms may suggest peptic ulcer disease.

Model answer:

Based on your symptoms, one possible explanation is peptic ulcer disease, which means an ulcer in the lining of the stomach or the first part of the small intestine. The fact that your pain improves after eating and sometimes wakes you up at night may point towards a duodenal ulcer. However, we cannot confirm this from symptoms alone. We also need to check for possible causes, such as *H. pylori* infection or frequent use of painkillers like ibuprofen, and we must look carefully for warning signs such as vomiting blood or passing black stools.

Part 3 – Advanced discussion

Question: Why should doctors avoid jumping to a diagnosis based only on symptom patterns?

Model answer:

Symptom patterns are helpful, but they are not definitive. Many gastrointestinal disorders can present with overlapping symptoms, including gastritis, functional dyspepsia, gallbladder disease, pancreatitis, and even cardiac conditions.

Therefore, a doctor should use symptoms to build a differential diagnosis rather than to make an immediate conclusion. A careful history, physical examination, appropriate investigations, and awareness of red flags are essential for safe clinical decision-making.

9. Role-play Task – Nhiệm vụ đóng vai

Student A – Doctor

Bạn cần hỏi đủ 7 nhóm:

1. Site – vị trí đau
2. Character – tính chất đau
3. Severity – mức độ đau
4. Radiation – đau lan
5. Meal relation – liên quan bữa ăn
6. Night pain – đau về đêm
7. Red flags – xuất huyết tiêu hóa, sụt cân, nôn kéo dài

Student B – Patient

Thông tin bệnh nhân:

- 42 tuổi
- Đau thượng vị 3 tuần
- Đau kiểu âm ỉ, gặm nhấm
- Đau sau ăn
- Đau lại sau vài giờ
- Có thức giấc lúc 2–3 giờ sáng
- Không nôn máu
- Không đi ngoài phân đen
- Thỉnh thoảng dùng ibuprofen
- Chưa xét nghiệm H. pylori

10. Marking Rubric – Chấm điểm English KVH Index

| Tiêu chí | Điểm |
|--------------------------------------|------|
| Hỏi đúng trình tự lâm sàng | 2 |
| Dùng từ vựng y khoa chính xác | 2 |
| Phát âm rõ, nhấn trọng âm tốt | 2 |
| Giao tiếp tự nhiên, có đồng cảm | 2 |
| Giải thích được định hướng chẩn đoán | 2 |
| Tổng | 10 |

Quy đổi KVH:

- Hoàn thành bài role-play: **+1 điểm KVH**
- Đạt $\geq 8/10$: **+2 điểm KVH**
- Đạt 9–10/10, nói tự nhiên, logic, có clinical reasoning: **+3 điểm KVH**

11. 25-minute Lesson Plan

| Thời gian | Hoạt động |
|-------------|---|
| 05:00–05:03 | Warm-up: đọc 5 từ khóa |
| 05:03–05:07 | Shadowing hội thoại gốc |
| 05:07–05:12 | Upgrade câu hỏi lên IELTS 8.5 |
| 05:12–05:17 | Clinical reasoning: PUD vs differential diagnoses |
| 05:17–05:22 | Pair role-play |
| 05:22–05:25 | Feedback + KVH Challenge |

12. Take-home Assignment

Task 1 – Rewrite

Viết lại hội thoại 12–15 lượt lời với tình huống:

A 55-year-old woman with epigastric pain, weight loss, and black stools.

Task 2 – Record

Ghi âm 90 giây:

How to take a focused history for epigastric pain.

Task 3 – Translate into advanced English

Dịch câu sau:

“Bác sĩ cần hỏi vị trí đau, tính chất đau, mối liên quan với bữa ăn, đau về đêm, thuốc giảm đau đang sử dụng và các dấu hiệu cảnh báo như nôn máu hoặc đi ngoài phân đen.”

Suggested answer:

A doctor should ask about the site and character of the pain, its relationship with meals, whether it occurs at night, the patient’s use of painkillers, and warning signs such as vomiting blood or passing black stools.

13. Closing Message

At IELTS 8.5 level, Medical English is no longer about translating words. It is about building clinical reasoning, communicating safely, and asking questions with purpose.

Một học viên giỏi không chỉ nói được tiếng Anh.

Một học viên giỏi phải **hỏi bệnh có logic, suy luận có cơ sở, diễn đạt có nhân văn, và hành động có trách nhiệm lâm sàng.**

Bài 31 – Epigastric Pain & Peptic Ulcer Disease

Thiết yếu • Thực hành • Nghiên cứu • Kỹ luật • Hạnh phúc