

EDN

# ECOS

*Mastering clinical reasoning  
and communication*



Pr. Sylvain Audia  
Anaïs Carnet



# STATION 1

## Chief complaint

### **CONTENT:**

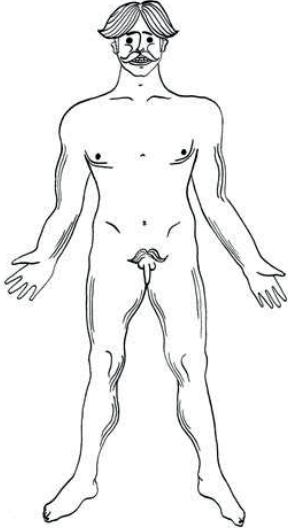
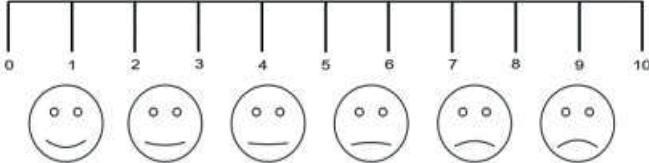
Pain	p.12
Chest pain	p.15
Abdominal pain	p.18
Respiratory symptoms	p.21
Neurological symptoms	p.24
Gynaecological symptoms	p.26
Practice	p.28

### **COMMUNICATIONAL OBJECTIVES**

- ✓ Questioning a patient about their symptoms
- ✓ Using different levels of language
- ✓ Expressing duration

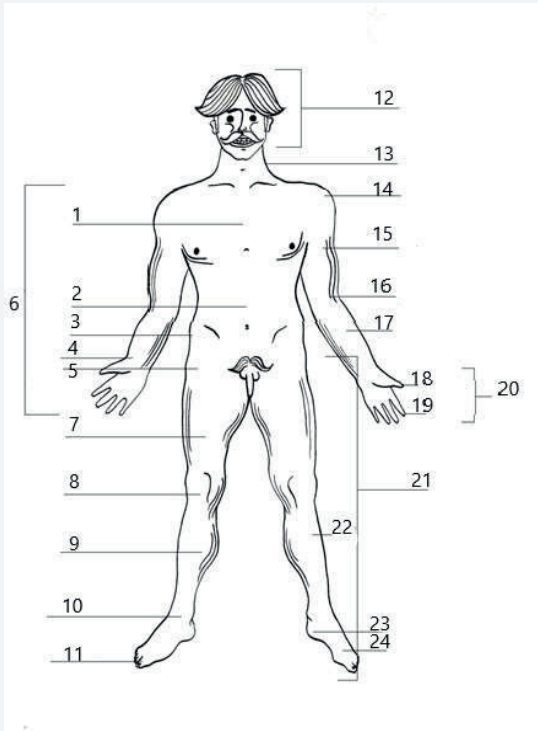
# TASK 1: Dealing with pain

## 1.1. Hospital form

<p><b>SITE &amp; RADIATION</b></p> 	<p><b>DID YOU KNOW?</b></p> <p>SOCRATES is an acronym that can help you remember all the questions that need to be asked to a patient in pain. Each letter in the acronym refers to one question:</p> <table border="0"> <tr> <td>Site</td> <td>Associated symptoms</td> </tr> <tr> <td>Onset</td> <td>Time course</td> </tr> <tr> <td>Character</td> <td>Exacerbating factors</td> </tr> <tr> <td>Radiation</td> <td>Severity</td> </tr> </table>	Site	Associated symptoms	Onset	Time course	Character	Exacerbating factors	Radiation	Severity																																																				
Site	Associated symptoms																																																												
Onset	Time course																																																												
Character	Exacerbating factors																																																												
Radiation	Severity																																																												
<p><b>EXACERBATION &amp; RELIEF</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Position</li> <li><input type="checkbox"/> Medication</li> <li><input type="checkbox"/> Other:</li> </ul>	<p><b>ONSET &amp; TIME COURSE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Caused by activity: _____</li> <li><input type="checkbox"/> Acute (lasting &lt; 3 months)</li> <li><input type="checkbox"/> Persistent (lasting &gt; 3 months)</li> <li><input type="checkbox"/> Sporadic</li> </ul>																																																												
<p><b>CHARACTER</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Burning</li> <li><input type="checkbox"/> Constrictive</li> <li><input type="checkbox"/> Cramping</li> <li><input type="checkbox"/> Crushing</li> <li><input type="checkbox"/> Diffuse</li> <li><input type="checkbox"/> Dull</li> <li><input type="checkbox"/> Gnawing</li> <li><input type="checkbox"/> Localised</li> <li><input type="checkbox"/> Nagging</li> <li><input type="checkbox"/> Prickling</li> <li><input type="checkbox"/> Sharp</li> <li><input type="checkbox"/> Shooting</li> <li><input type="checkbox"/> Squeezing</li> <li><input type="checkbox"/> Stabbing</li> <li><input type="checkbox"/> Stinging</li> <li><input type="checkbox"/> Throbbing</li> </ul>	<p><b>ASSOCIATED SYMPTOMS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fever (continuous/cyclic, progressive/sudden, moderate/high)</li> <li><input type="checkbox"/> Chills, sweats</li> </ul>																																																												
<p><b>SEVERITY</b></p> <p><b>NUMBERED SCALE</b></p>  <table border="0"> <tr> <td><b>FACIAL SCALE</b></td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> <tr> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td><b>PHYSICAL REACTION</b></td> <td>SMILE</td><td>NO FEELING SHOWN</td><td>WRINKLED NOSE PURSED LIPS BREATH HOLDING</td><td>WRINKLED NOSE RAISED LIPS RAPID BREATHING</td><td>SLOW BLINK OPEN MOUTH</td><td>EYES CLOSED MOANING CRYING</td><td colspan="5"></td> </tr> <tr> <td><b>PATIENT'S BEHAVIOUR</b></td> <td>NO PAIN FELT</td><td>CAN LIVE WITH IT</td><td>INTERFERES WITH DAILY ACTIVITIES</td><td>BEDRIDDEN</td><td colspan="7"></td> </tr> <tr> <td><b>PAIN INTENSITY</b></td> <td>NONE</td><td>MILD</td><td>MODERATE</td><td>SEVERE</td><td>WORST POSSIBLE</td><td colspan="6"></td> </tr> </table>		<b>FACIAL SCALE</b>	0	1	2	3	4	5	6	7	8	9	10													<b>PHYSICAL REACTION</b>	SMILE	NO FEELING SHOWN	WRINKLED NOSE PURSED LIPS BREATH HOLDING	WRINKLED NOSE RAISED LIPS RAPID BREATHING	SLOW BLINK OPEN MOUTH	EYES CLOSED MOANING CRYING						<b>PATIENT'S BEHAVIOUR</b>	NO PAIN FELT	CAN LIVE WITH IT	INTERFERES WITH DAILY ACTIVITIES	BEDRIDDEN								<b>PAIN INTENSITY</b>	NONE	MILD	MODERATE	SEVERE	WORST POSSIBLE						
<b>FACIAL SCALE</b>	0	1	2	3	4	5	6	7	8	9	10																																																		
<b>PHYSICAL REACTION</b>	SMILE	NO FEELING SHOWN	WRINKLED NOSE PURSED LIPS BREATH HOLDING	WRINKLED NOSE RAISED LIPS RAPID BREATHING	SLOW BLINK OPEN MOUTH	EYES CLOSED MOANING CRYING																																																							
<b>PATIENT'S BEHAVIOUR</b>	NO PAIN FELT	CAN LIVE WITH IT	INTERFERES WITH DAILY ACTIVITIES	BEDRIDDEN																																																									
<b>PAIN INTENSITY</b>	NONE	MILD	MODERATE	SEVERE	WORST POSSIBLE																																																								

## Language focus

1.2. Revise names of body parts by filling in the picture with words from the list.



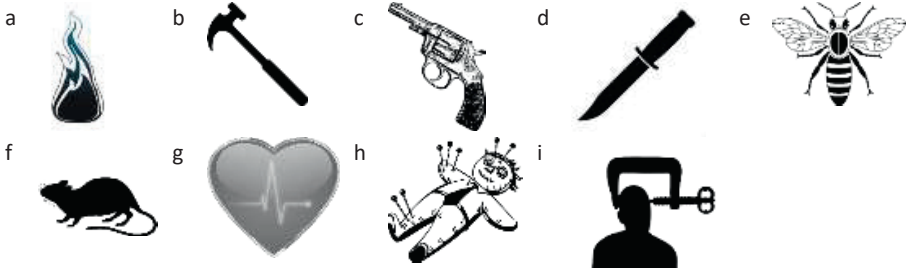
- a. Abdomen
- b. Ankle
- c. Arm
- d. Calf
- e. Chest
- f. Elbow
- g. Finger
- h. Foot (pl. feet)
- i. Forearm
- j. Hand
- k. Head
- l. Heel
- m. Hip
- n. Knee
- o. Leg
- p. Lower limb
- q. Neck
- r. Shoulder
- s. Thigh
- t. Thumb
- u. Toe
- v. Upper limb
- w. Waist
- x. Wrist

1.3. Match these pain characters with the corresponding picture

1. *burning*
2. *crushing*
3. *gnawing*

4. *prickling*
5. *shooting*
6. *squeezing*

7. *stabbing*
8. *stinging*
9. *throbbing*



**GRAMMAR FOCUS: questions**

To ask a YES/NO question in English, you need to follow the order:

AUXILIARY + SUBJECT + VERB + ?

The auxiliary depends on the tense used (e.g. did, do, have...) or on the viewpoint that needs to be expressed (e.g. may, can, should...).

*Does it hurt when I tap here?*

*Did you hurt your head when you fell?*

A question word can be added at the beginning of the question to form a WH-QUESTION (e.g. what, who, when, where, how, how long...).

*Where does it hurt?*

*How long did she remain unconscious?*

**1.4. Find the correct question word to make coherent questions.**

\_\_\_\_\_ did you start experiencing these symptoms?

\_\_\_\_\_ has brought you along today?

\_\_\_\_\_ did you hit your head?

\_\_\_\_\_ have you been taking ACE inhibitors?

**1.5. Find the question that corresponds to the answer.**

\_\_\_\_\_ ? I came to the hospital by ambulance.

\_\_\_\_\_ ? It started yesterday.

\_\_\_\_\_ ? No, nothing relieves the pain.

\_\_\_\_\_ ? No, I didn't take anything.

**1.6. Find a question for each letter of the SOCRATES acronym.**

S: \_\_\_\_\_ ?

O: \_\_\_\_\_ ?

C: \_\_\_\_\_ ?

R: \_\_\_\_\_ ?

A: \_\_\_\_\_ ?

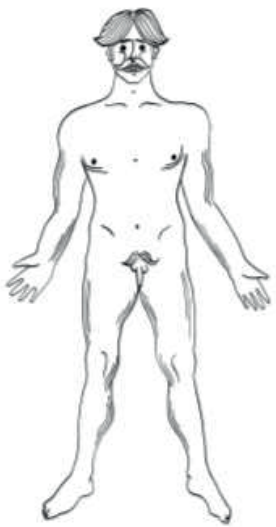
T: \_\_\_\_\_ ?

E: \_\_\_\_\_ ?

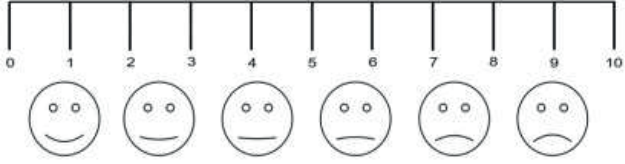
S: \_\_\_\_\_ ?

## TASK 2: Dealing with chest pain

### 2.1. Hospital form

<p><b>SITE &amp; RADIATION</b></p> 	<p><b>ONSET &amp; TIME COURSE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Caused by activity: _____</li> <li><input type="checkbox"/> Acute (lasting &lt; 3 months)</li> <li><input type="checkbox"/> Persistent (lasting &gt; 3 months)</li> <li><input type="checkbox"/> Sporadic</li> </ul>																
<p><b>CHARACTER</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Burning</td> <td><input type="checkbox"/> Nagging</td> </tr> <tr> <td><input type="checkbox"/> Constrictive</td> <td><input type="checkbox"/> Prickling</td> </tr> <tr> <td><input type="checkbox"/> Cramping</td> <td><input type="checkbox"/> Sharp</td> </tr> <tr> <td><input type="checkbox"/> Crushing</td> <td><input type="checkbox"/> Shooting</td> </tr> <tr> <td><input type="checkbox"/> Dull</td> <td><input type="checkbox"/> Squeezing</td> </tr> <tr> <td><input type="checkbox"/> Diffuse</td> <td><input type="checkbox"/> Stabbing</td> </tr> <tr> <td><input type="checkbox"/> Gnawing</td> <td><input type="checkbox"/> Stinging</td> </tr> <tr> <td><input type="checkbox"/> Localized</td> <td><input type="checkbox"/> Throbbing</td> </tr> </table>		<input type="checkbox"/> Burning	<input type="checkbox"/> Nagging	<input type="checkbox"/> Constrictive	<input type="checkbox"/> Prickling	<input type="checkbox"/> Cramping	<input type="checkbox"/> Sharp	<input type="checkbox"/> Crushing	<input type="checkbox"/> Shooting	<input type="checkbox"/> Dull	<input type="checkbox"/> Squeezing	<input type="checkbox"/> Diffuse	<input type="checkbox"/> Stabbing	<input type="checkbox"/> Gnawing	<input type="checkbox"/> Stinging	<input type="checkbox"/> Localized	<input type="checkbox"/> Throbbing
<input type="checkbox"/> Burning	<input type="checkbox"/> Nagging																
<input type="checkbox"/> Constrictive	<input type="checkbox"/> Prickling																
<input type="checkbox"/> Cramping	<input type="checkbox"/> Sharp																
<input type="checkbox"/> Crushing	<input type="checkbox"/> Shooting																
<input type="checkbox"/> Dull	<input type="checkbox"/> Squeezing																
<input type="checkbox"/> Diffuse	<input type="checkbox"/> Stabbing																
<input type="checkbox"/> Gnawing	<input type="checkbox"/> Stinging																
<input type="checkbox"/> Localized	<input type="checkbox"/> Throbbing																
<p><b>EXACERBATION &amp; RELIEF</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Position</li> <li><input type="checkbox"/> Medication</li> <li><input type="checkbox"/> Other:</li> </ul>																	

<p><b>SEVERITY</b></p> <p><b>NUMBERED SCALE</b></p> <p>0 1 2 3 4 5 6 7 8 9 10</p>	
<p><b>FACIAL SCALE</b></p>	<p><b>PHYSICAL REACTION</b></p> <p>SMILE      NO FEELING SHOWN      WRINKLED NOSE PURSED LIPS BREATH HOLDING      WRINKLED NOSE RAISED LIPS RAPID BREATHING      SLOW BLINK OPEN MOUTH      EYES CLOSED MOANING CRYING</p>
<p><b>PATIENT'S BEHAVIOUR</b></p>	<p>NO PAIN FELT      CAN LIVE WITH IT      INTERFERES WITH DAILY ACTIVITIES      BEDRIDDEN</p>

<p><b>ASSOCIATED CARDIOVASCULAR &amp; RESPIRATORY SYSTEM SYMPTOMS</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Asthenia / fatigue</td> <td><input type="checkbox"/> Cough</td> </tr> <tr> <td><input type="checkbox"/> Malaise</td> <td><input type="checkbox"/> Expectoration</td> </tr> <tr> <td><input type="checkbox"/> Tachycardia / Bradycardia</td> <td><input type="checkbox"/> Haemoptysis</td> </tr> <tr> <td><input type="checkbox"/> Palpitations</td> <td><input type="checkbox"/> Dyspnoea</td> </tr> <tr> <td><input type="checkbox"/> Oedema</td> <td><input type="checkbox"/> Orthopnoea</td> </tr> <tr> <td><input type="checkbox"/> Swollen calves</td> <td><input type="checkbox"/> Parietal pain</td> </tr> <tr> <td><input type="checkbox"/> Fever</td> <td><input type="checkbox"/> Pleuritic chest pain</td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td></td> </tr> </table>	<input type="checkbox"/> Asthenia / fatigue	<input type="checkbox"/> Cough	<input type="checkbox"/> Malaise	<input type="checkbox"/> Expectoration	<input type="checkbox"/> Tachycardia / Bradycardia	<input type="checkbox"/> Haemoptysis	<input type="checkbox"/> Palpitations	<input type="checkbox"/> Dyspnoea	<input type="checkbox"/> Oedema	<input type="checkbox"/> Orthopnoea	<input type="checkbox"/> Swollen calves	<input type="checkbox"/> Parietal pain	<input type="checkbox"/> Fever	<input type="checkbox"/> Pleuritic chest pain	<input type="checkbox"/> Other:	
<input type="checkbox"/> Asthenia / fatigue	<input type="checkbox"/> Cough															
<input type="checkbox"/> Malaise	<input type="checkbox"/> Expectoration															
<input type="checkbox"/> Tachycardia / Bradycardia	<input type="checkbox"/> Haemoptysis															
<input type="checkbox"/> Palpitations	<input type="checkbox"/> Dyspnoea															
<input type="checkbox"/> Oedema	<input type="checkbox"/> Orthopnoea															
<input type="checkbox"/> Swollen calves	<input type="checkbox"/> Parietal pain															
<input type="checkbox"/> Fever	<input type="checkbox"/> Pleuritic chest pain															
<input type="checkbox"/> Other:																

2.2. Listen to conversation 1 by flashing the QR code and fill in the hospital form above with the information you understand.

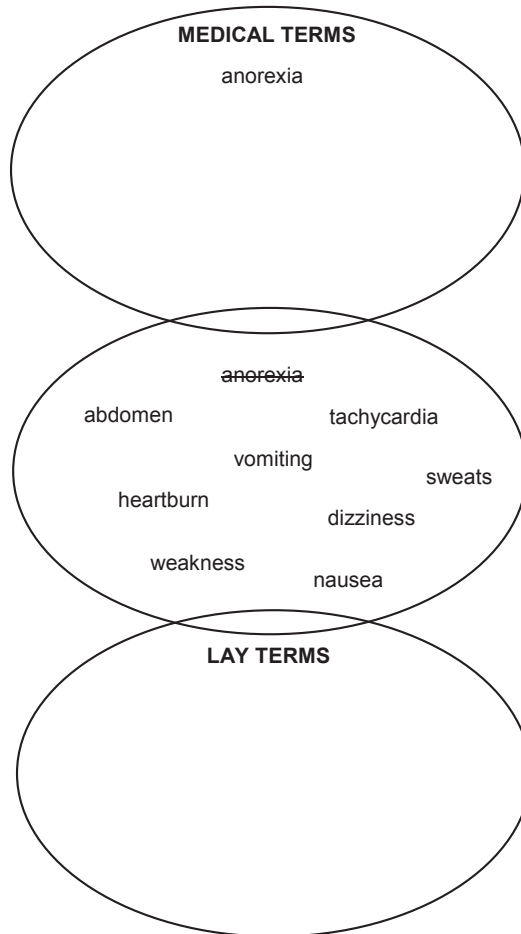


## Language focus

### DID YOU KNOW?

The vast majority of medical words come from Latin or Greek roots. Most of them have a non-medical equivalent known as the lay term. While healthcare professionals tend to use medical terms between them, lay terms should be used when communicating with patients to avoid misunderstanding.

**2.3. Place the medical words in the top circle and the lay terms in the bottom circle.**



**2.4. Find the medical word corresponding to each of the following definitions.**

Difficulty sleeping is the main symptom of \_\_\_\_\_.

\_\_\_\_\_ refers to an area of coloured skin caused by a blow that has ruptured blood vessels; it is commonly called a bruise.

\_\_\_\_\_ can refer to abnormal sensations on the skin, such as tingling, pins and needles, and numbness.

Swelling in the ankles, or \_\_\_\_\_, is common in pregnant women.

\_\_\_\_\_ is a sign of digested blood. Stools take on a black, tarry colour.

When the heart beats too slow, doctors talk about \_\_\_\_\_.

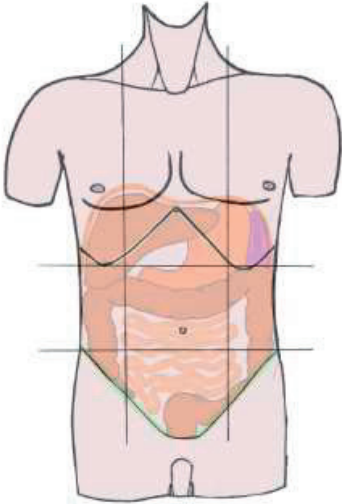
**2.5. Fill in the table with the medical or lay term.**

LAY TERM	MEDICAL TERM
vomiting, being sick	
	nausea
gullet, food pipe	
	pyrosis
weakness	
	somnolence
light-headedness, dizziness	
	fatigue
rash	
	haemorrhage
shortness of breath	
	tinnitus



# TASK 3: Dealing with abdominal pain

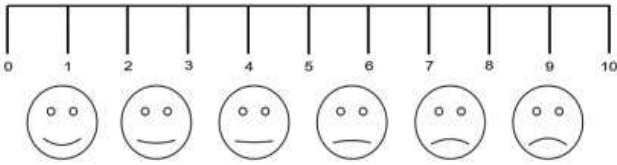
## 3.1. Hospital form

<p><b>SITE &amp; RADIATION</b></p> 	<p><b>ONSET &amp; TIME COURSE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Caused by activity: _____</li> <li><input type="checkbox"/> Acute (lasting &lt; 3 months)</li> <li><input type="checkbox"/> Persistent (lasting &gt; 3 months)</li> <li><input type="checkbox"/> Sporadic</li> </ul>																
<p><b>CHARACTER</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Burning</td> <td><input type="checkbox"/> Nagging</td> </tr> <tr> <td><input type="checkbox"/> Constrictive</td> <td><input type="checkbox"/> Prickling</td> </tr> <tr> <td><input type="checkbox"/> Cramping</td> <td><input type="checkbox"/> Sharp</td> </tr> <tr> <td><input type="checkbox"/> Crushing</td> <td><input type="checkbox"/> Shooting</td> </tr> <tr> <td><input type="checkbox"/> Diffuse</td> <td><input type="checkbox"/> Squeezing</td> </tr> <tr> <td><input type="checkbox"/> Dull</td> <td><input type="checkbox"/> Stabbing</td> </tr> <tr> <td><input type="checkbox"/> Gnawing</td> <td><input type="checkbox"/> Stinging</td> </tr> <tr> <td><input type="checkbox"/> Localized</td> <td><input type="checkbox"/> Throbbing</td> </tr> </table>		<input type="checkbox"/> Burning	<input type="checkbox"/> Nagging	<input type="checkbox"/> Constrictive	<input type="checkbox"/> Prickling	<input type="checkbox"/> Cramping	<input type="checkbox"/> Sharp	<input type="checkbox"/> Crushing	<input type="checkbox"/> Shooting	<input type="checkbox"/> Diffuse	<input type="checkbox"/> Squeezing	<input type="checkbox"/> Dull	<input type="checkbox"/> Stabbing	<input type="checkbox"/> Gnawing	<input type="checkbox"/> Stinging	<input type="checkbox"/> Localized	<input type="checkbox"/> Throbbing
<input type="checkbox"/> Burning	<input type="checkbox"/> Nagging																
<input type="checkbox"/> Constrictive	<input type="checkbox"/> Prickling																
<input type="checkbox"/> Cramping	<input type="checkbox"/> Sharp																
<input type="checkbox"/> Crushing	<input type="checkbox"/> Shooting																
<input type="checkbox"/> Diffuse	<input type="checkbox"/> Squeezing																
<input type="checkbox"/> Dull	<input type="checkbox"/> Stabbing																
<input type="checkbox"/> Gnawing	<input type="checkbox"/> Stinging																
<input type="checkbox"/> Localized	<input type="checkbox"/> Throbbing																
<p><b>EXACERBATION &amp; RELIEF</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Position</li> <li><input type="checkbox"/> Medication</li> <li><input type="checkbox"/> Other:</li> </ul>																	

**SEVERITY**

NUMBERED SCALE

FACIAL SCALE



PHYSICAL REACTION

PATIENT'S BEHAVIOUR

SMILE	NO FEELING SHOWN	WRINKLED NOSE PURSED LIPS BREATH HOLDING	WRINKLED NOSE RAISED LIPS RAPID BREATHING	SLOW BLINK OPEN MOUTH	EYES CLOSED MOANING CRYING
NO PAIN FELT	CAN LIVE WITH IT	INTERFERES WITH DAILY ACTIVITIES		BEDRIDDEN	

**ASSOCIATED GASTROINTESTINAL SYMPTOMS:**

<input type="checkbox"/> Anorexia	<input type="checkbox"/> Constipation
<input type="checkbox"/> Nausea	<input type="checkbox"/> Diarrhoea
<input type="checkbox"/> Emesis / haematemesis	<input type="checkbox"/> Melaena
<input type="checkbox"/> Pyrosis	<input type="checkbox"/> Haematochezia
<input type="checkbox"/> Weight loss / gain	<input type="checkbox"/> Rectal haemorrhage
	<input type="checkbox"/> Mucus in stool
	<input type="checkbox"/> Other:

3.2. Listen to conversation 2 by flashing the QR code and fill in the hospital form above with the information you understand.

