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RESEARCH ARTICLE

A RESEARCH INVESTIGATION INTO THE UTILIZATION OF THE PQRST NURSING CARE STRATEGY AMONG NURSING PRE-PROFESSIONALS

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Abstract

This study implemented the PQRST (Provoking, Quality, Radiation, Severity, Timing) nursing care strategy to assess how effectively junior nursing students incorporated it into their nursing English conversations. Although all students had been taught the PQRST strategy during their first and second years, they tended to overlook its application in their studies. The research involved two groups: a control group and an experimental group comprising a total of one hundred students. The control group was told to utilize the PQRST nursing strategy while preparing their nursing English scripts, but they did not receive a review lesson on the strategy itself. On the other hand, the experimental group received a list of "nursing-patient questions" categorized into the sections of the PQRST strategy (refer to Appendix I) and were later guided through a review of the nursing strategy by the instructor. The findings indicated that a significant majority of the experimental group's learners were almost familiar with the PQRST mnemonic, with percentages of 62%, 86%, 60%, 88%, and 94% for the respective components. Overall, 90% of the experimental group successfully implemented the PQRST strategy. The study also identified four scenarios in which the experimental students effectively utilized the PQRST strategy: prior to admission, after an operation, during body assessments when patients experienced pain or discomfort during rehabilitation, and when nurses needed to gather patients' medical information. In general, the experimental learners appeared to be confident in their understanding and application of the PQRST nursing strategy; however, periodic reminders were deemed necessary. Conversely, the control group did not utilize the PQRST nursing strategy at all since they neither received information about it nor were they reviewed on the strategy by the instructor.

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Introduction:

Heradstveit and Heltn (2014) stated that the PQRST mnemonic is employed in the healthcare field to assist healthcare professionals in assessing a patient's pain and other symptoms. The mnemonic comprises distinct letters that correspond to essential elements of the assessment procedure:

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- (1)P-Provoke or alleviate: Which factors aggravate or alleviate the pain? Are there certain activities or positions that make the pain worse or provide relief?
- (2)Q - Quality: What is the nature of pain? Is it sharp, dull, aching, throbbing, or burning?
- (3)R - Region or radiation: Where is the pain located? Does it spread to other parts of the body?
- (4)S - Severity: On a scale of 0 to 10, how bad is the pain? Does it interfere with daily activities or sleep?
- (5)T-Time: When did the pain begin? Is it constant, intermittent, or does it come and go?

The PQRST assessment enables healthcare providers to gain a better understanding of the nature of a patient's pain, which can inform their diagnosis and treatment planning. By comprehending the specific characteristics of a patient's pain, healthcare providers can select the most appropriate interventions to manage the pain and improve the patient's quality of life.

Moreover, the PQRST assessment facilitates more effective communication between patients and healthcare providers. Patients can employ the PQRST framework to describe their pain in a structured and detailed manner, assisting healthcare providers in comprehending their needs and delivering more tailored treatment.

In conclusion, the PQRST assessment serves as a valuable tool in healthcare for evaluating pain and other symptoms. By providing a structured framework for the assessment process, healthcare providers can gather comprehensive and accurate information about a patient's symptoms, aiding in diagnosis and treatment decision-making.

Literature Review

When Communicative Language Teaching (CLT) emerged as a significant trend in the late 1980s, language teaching, and learning theories started emphasizing the needs of learners and the language used in authentic work settings. Various teaching and learning principles, such as Content-Based Teaching, Competence-Based Language Teaching, and Task-Based Language Teaching, highlighted the importance of meeting learners' needs and engaging in meaningful learning activities. ESP (English for Specific Purpose) was a subfield of Language for Specific Purposes (LSP), which grew out of the same theoretical background of Content-Based Teaching. LSP (Language for Specific Purpose) was said to target the language requirements of learners who needed language to carry out specific roles (e.g., student, engineer, technician, nurse). Such learners needed to acquire content and real-world skills through the medium of a second language rather than master the language for its own sake (Douglas & Frazier, 2001). In this sense, ESP referred to the teaching and learning of English for content and real-world skills in specific work contexts where English was a foreign language.

Within ESP, the concept of "need" held significant importance in the field of professional nursing and had become a core concept in nursing studies. According to American Nurses Association (2009), they emphasized the crucial role of nurses in assessing and addressing the diverse needs of patients to promote their health and well-being. Potter et al. (2021) further emphasized that nursing activities should align with human basic needs, as this alignment played a critical role in nursing care by directly contributing to the overall well-being and health outcomes of patients. Carpenito-Moyet (2006) highlighted the essential relationship between assessment and needs in healthcare and nursing. Effective and patient-centered care relied on assessment to identify and understand the specific needs of individuals, enabling healthcare professionals to develop tailored care plans and interventions.

In the clinical nursing domain, patients were admitted to hospitals for the purpose of disease treatment and recovery of their health. The health care team provided medical care to assist patients in improving or recovering from their illnesses and managing pain. In the nursing assessment process, the nursing staff employed the PQRST (Palliative/Provoking, Quality, Radiation, Severity, Timing) strategy to inquire about the patient's experience of pain. Initiating such nursing interactions required a combination of medical knowledge and communicative proficiency. Frank (2000) argued that nursing learners needed to enhance their medical knowledge and understanding, grasp the pragmatics of medical encounters, become familiar with the work environment, and practice cooperative problem-solving rather than engage in one-way communication.

Using pain assessment as an example, it was evident that ineffective and inadequate communication could lead to unnecessary suffering for patients, resulting in prolonged treatment and care. Appropriate pain assessment was crucial for effective pain management, and it was not necessary to be ill oneself to understand its importance. If healthcare professionals couldn't accurately evaluate pain, patients might endure unnecessary suffering for longer periods. It was unacceptable for the pain to be incorrectly assessed and reported due to a lack of knowledge among nursing staff regarding how to ask patients about their pain or communicate it to the doctor.

Therefore, effective communication plays a pivotal role in successfully managing pain, as the description of a patient's pain serves as a valuable tool for healthcare professionals involved in their care. Consequently, we have concerns regarding our learners' ability to integrate the PQRST approach into their caregiving practices and assess pain using this method. Our primary inquiries revolve around the nursing pre-professionals' proficiency in applying the evaluation, particularly when communicating with patients in English, which may not be their native language. Based on the above statements, this study aims to address the following issues:

- (1) To what extent do nursing pre-professionals possess knowledge of the PQRST mnemonic?
- (2) How effectively do they implement the PQRST mnemonic during nursing assessment communication?
- (3) In what specific situations do nursing professionals employ the PQRST assessment strategy?

Methodology

Participants

Two nursing student classes, comprising 50 students each, were divided into two groups: an experimental group consisting of 50 students, and a control group with the remaining 50 students. Given that all the students had completed more than two-thirds of their medical terminology courses, they were expected to be acquainted with medical terms and capable of handling general nursing treatments. Subsequently, the 100 students were divided into small groups of eight individuals, and they were instructed to incorporate the PQRST nursing strategy into their nursing English conversations, using the textbook "Nursing English for Pre-professionals" as a reference. In this study, the control group was reminded to utilize the PQRST nursing strategy in their scripts but received no additional information about the PQRST framework. Conversely, the experimental group received a list of "nursing-patient questions" categorized according to the PQRST sections (refer to Appendix I) and would later have their understanding of the nursing strategy reviewed by the instructor.

Instruments

This study employed three instruments for data collection. The first instrument was a set of PQRST questions (refer to Appendix I). The second instrument was an evaluation form designed for nursing and English teachers to assess and score the application of the PQRST mnemonic. The third instrument was a questionnaire consisting of six sections. Each section contained specific questions related to various aspects, including (1) the participant's familiarity with PQRST (questions 1-2), (2) the participant's understanding of the meaning of PQRST (question 3), (3) the participant's grasp of how to apply the PQRST assessment strategy (question 4-5), and (4) the situations learners would employ the PQRST nursing strategy during their nursing clinical practice (question 6).

Procedure

At the beginning of the school semester, nursing students were asked to adapt a nursing English conversation based on the textbook "Nursing English for Pre-professionals." The experimental group received instruction with PQRST skills and were provided with a categorized list of "nursing-patient questions" aligned with the PQRST framework and would later be reviewed on the PQRST nursing strategy by the instructor. In contrast, the control group did not receive any information regarding PQRST but was reminded to incorporate the PQRST nursing strategy into their scripts. All the students were assigned topics through a random drawing, and they developed and revised their own conversations accordingly. Subsequently, both a nursing teacher and an English teacher evaluated the extent to which the control group and the experimental group effectively utilized the PQRST nursing strategy in their scripts (refer to Appendix II). Each small group earned one point if they correctly employed one mnemonic nursing strategy.

Data Analysis

The evaluation of the written scripts was conducted by an English teacher and a nursing teacher. The scripts were assessed based on the following categories: headfirst, eye to eye, an earful, by a nose, into the mouth and down the throat, up to your neck, breath by breath, the heart of the matter, breasts in women...and men, stomach-turning, going

with the flow, reproduction review, bones and muscles, emotional function, endocrine glands, and blood and emotional status. For each correct implementation of a mnemonic nursing strategy, one point was awarded.

Results

Regarding the initial research question, which aimed to assess the level of familiarity of nursing pre-professionals with the mnemonic PQRST, Table 1 displayed the results. It indicated that a majority of learners in the experimental group were acquainted with the PQRST mnemonic to varying degrees, with percentages ranging from 60% to 94%. However, the scores for the P and R mnemonic nursing strategies were relatively lower, suggesting that learners would benefit from additional training on these two specific strategies. The instructor could further support their understanding by providing more case studies or clinical examples related to these two mnemonic nursing strategies.

Table 1: Knowledge of PQRST

Knowledge of PQRST (N=50)	Correct
What is the meaning of P?	62%
What is the meaning of Q?	86 %
What is the meaning of R?	60%
What is the meaning of S?	88%
What is the meaning of T?	94%

Concerning the second research question, which focused on the application of the PQRST mnemonic in nursing assessment communication, Table 2 presented the findings. It revealed that the control group, who had only received a reminder to use the PQRST strategy in their adapted conversation without any further information, utilized the strategy to a lesser extent. Conversely, the experimental groups, who were equipped with a list outlining the PQRST nursing strategy and received a subsequent review from the instructor, demonstrated superior and more proficient utilization of the strategy in their assessments. Notably, 90% of the experimental groups effectively employed the PQRST strategy. The following are a few examples of their successful implementation:

Table 2: Evidence of Using or Not Using PQRST Strategy.

Scripts without PQRST (The Control Group)	Scripts with PQRST (The Experimental Group)
<p>P: How is my son, doctor?</p> <p>D: He has an open fracture on the right leg and abrasions all over his body. We will arrange an operation for him tomorrow.</p> <p>P: Will he be all right?</p> <p>D: He will recover soon. Don't worry. By the way, I need you to sign a consent form.</p>	<p>N: What brought you to the ER yesterday? (P)</p> <p>P: I had a lot of urine in my blood last night. I feel pain whenever I urinate.</p> <p>N: Where else do you feel pain? (R)</p> <p>P: In my lower abdomen.</p> <p>N: If we define pain from 1 to 10, howmuch pain do you feel? (S)</p> <p>P: I think it's five.</p> <p>N: What kind of pain is it? (Q)</p> <p>P: It's a stabbing pain.</p> <p>N: How long have you been experiencing this? (T)</p> <p>P: I am not sure.</p>

Regarding the third question, which explored the situations in which experimental nursing pre-professionals applied the PQRST assessment strategy, Table 3 provided insights into four specific scenarios. These scenarios encompassed the following instances: prior to admission, after an operation, during body assessment when the patient experienced pain or discomfort during rehabilitation, and when the nurse aimed to collect the patient's medical information. In the pre-admission script, the nurse employed the PQRST strategy to comprehend the patient's discomfort triggers (P), the nature of the pain experienced (Q), additional symptoms besides angina (R), the severity of the pain (S), and the duration of the pain (T). In the post-operation script, the student nurse utilized the PQRST strategy to assess the patient's condition and identify any post-operative side effects. The lines below exemplified the application of the

PQRST strategy: the nurse inquired about the intensity of the patient's suffering (S), the areas where the patient experienced pain (R), the characteristics of the pain (Q), the factors that alleviated or exacerbated the pain (P), and the duration of the pain (T). During the body assessment script, the nurse employed the PQRST strategy to evaluate the patient's rehabilitation progress, observing their physical rehabilitation performance and identifying any encountered challenges. The lines below represented the use of the PQRST strategy: the nurse asked the patient about pain-alleviating factors (P), the type of pain experienced (Q), other areas where the pain was felt besides the leg (R), the severity of the pain (S), and the duration of the pain (T). Lastly, in the pain assessment script, the nurse utilized the PQRST strategy to identify the pain and assess its quality, severity, and impact. The lines below exemplified the implementation of the PQRST strategy: the nurse inquired about the factors that caused the patient significant pain (P), the type of pain experienced (Q), additional symptoms alongside lower abdominal pain (R), the intensity of the pain (S), and the duration of the symptoms (T).

Table 3: The Situations Nursing Pre-professionals Applied the PQRST Assessment Strategy

Before Admission

Nurse : What brought you to the ER yesterday? What makes you feel uncomfortable? (P)
 Mary : I have angina, and I forgot to bring my medication.
 Nurse : Under what kinds of conditions do you feel angina?
 George : She will feel angina if she is too excited.
 Nurse : What kind of pain do you feel? Is it a burning pain or a dull pain? (Q)
 Mary : It's a burning pain. I think I am going to be short of breath.
 Nurse : Besides the angina, where else do you feel pain? (R)
 Mary : In my left shoulder.
 Nurse : How much pain do you feel? (S)
 Mary : I feel short of breath and dizzy.
 Nurse : How long does the pain last? (T)
 Mary : It's about a few minutes.

After an Operation

(After CRIF, the patient is in the recovery ward and a student nurse (SN) enters.)

SN : You look uncomfortable.
 Patient : My wound feels very painful.
 SN : If we score pain from 0 to 10, with 10 being the most painful and zero the least painful, what is your level of pain right now? (S)
 Patient : Oh, it's about 7 to 8.
 SN : Where else do you feel pain? (R)
 Patient : I feel pain in my right calf and right thigh.
 SN : How is the pain? Is it a stabbing pain or a pulling pain? (Q)
 Patient : It's a pulling pain.
 SN : What makes the pain decrease? (P)
 Patient : If I don't move, the pain decreases.
 SN : What makes the pain worse? (P)
 Patient : When I move, I feel lots of pain. Actually, I can't do anything at all.
 SN : How long has the pain lasted? (T)
 Patient : About half an hour.

Body Assessment

(The patient has been following the instructions of the physical therapist and doing rehabilitation exercises for 5 days.)

Nurse : Good morning. I am going to assess your rehabilitation condition. Please lift your left leg and push against me.
 Patient : OK.
 Nurse : Please lift your right leg.
 Patient : Hmm... (The patient seems uncomfortable).
 Nurse : You should make an effort. I believe you can do it.
 Patient : I really can't, and it really hurts me.

Nurse : Besides the leg, where else do you feel pain? (R)
 Patient : On my right foot.
 Nurse : How long does the pain last? (T)
 Patient : About 30 minutes.
 Nurse : Can you describe the pain? Is it like a dull pain or a stabbing pain? (Q)
 Patient : I feel a kind of dull pain.
 Nurse : OK. If I score the pain from 0 to 10, where 0 means you have no pain at all, but 10 means you feel the most pain, how much pain do you feel? (S)
 Patient : It's about 8. I am really in serious pain.
 Nurse : What eases the pain? (P)
 Patient : After doing the rehabilitation, my pain will go away when I rest for 30 minutes.

When the Patient Feels Pain or Is Uncomfortable

Patient : Help me! I'm in serious pain.
 Nurse : What's wrong? Please sit down. What makes you feel so painful? (P)
 Patient : I have serious pain in my lower abdomen.
 Nurse : Do you have any other symptoms besides lower abdominal pain? (R)
 Patient : Well, I'm uncomfortable when I urinate.
 Nurse : How bad is the pain from one to ten? (S)
 Patient : Eight.
 Nurse : Can you describe the pain? (Q)
 Patient : Stabbing.
 Nurse : How long have you been like this? (T)
 Patient : I have felt pain since last night.

Discussion

Based on the analysis of the data presented above, it was evident that most of the learners from the experimental group were well acquainted with the PQRST mnemonic nursing strategy, with the exception of the provocative strategy (62%) and radiation strategy (60%). As shown, the PQRST nursing strategy offered a systematic approach to collecting patient data and assisted healthcare providers in identifying potential causes of the patient's symptoms. To enhance students' effective learning of the PQRST nursing strategy, the following approaches could be employed.

- (1) Introduce the PQRST nursing strategy: Based on Frank (2000), the instructor could begin by introducing the PQRST nursing strategy as a systematic approach to evaluate pain in patients and then explain that PQRST represented different aspects: Provocation/Palliation, Quality, Region/Radiation, Severity, and Timing. The instructor could emphasize the importance of this strategy in obtaining comprehensive information about the patient's pain experience.
- (2) Explain each component of PQRST: The instructor should ensure a thorough explanation of each component of the PQRST nursing strategy. For example, learners needed to understand that "P" referred to factors that worsened or alleviated pain, and instructors should teach how to identify them (Pasero & McCaffery, 2010). According to Lacasse & Beck (2007), asking the patient about what made their symptoms worse or better could provide important clues about the underlying cause of their symptoms.

Similarly, learners needed to grasp that "Q" represented the quality or nature of pain, and instructors should describe how to assess it using appropriate pain descriptors (IASP, 2017). As noted by Toney-Butler & Unison-Pace (2018), the quality of the symptoms could help healthcare providers identify the potential cause of the patient's symptoms.

Moving on, learners should understand that "R" stood for radiation, and they should be taught how to determine the specific region where the patient experienced pain and whether it radiated to other areas (Cooper & Cooper, 1991). According to Bates et al. (2002), identifying the region and radiation of the patient's symptoms could assist healthcare providers in narrowing down potential causes.

Additionally, learners needed to comprehend that "S" referred to severity, and instructors should teach students how to assess pain severity using appropriate pain scales (Herr & Coyne, 2011). As noted by Munroe et al. (2013), severity played a significant role in providing valuable information about the urgency of the patient's condition.

Finally, learners had grasped that "T" represented timing, and instructors should explain the importance of understanding the timing of pain episodes, including onset, duration, frequency, and patterns (Hjermstad et al., 2011). According to Haggmann et al. (2018), the timing could help healthcare providers identify potential triggers or underlying causes of the patient's symptoms.

- (3) Involve students in case studies or practical scenarios that allowed them to apply the PQRST nursing strategy. The instructor could provide fictional patient profiles or real-life instances to demonstrate the application of this strategy in a clinical environment, specifically for evaluating various types of pain (Hockenberry & Wilson, 2018).
- (4) Facilitate role-play and practice sessions: The instructor could arrange interactive activities and practice sessions wherein students could take on the roles of nurses and patients. Learners could be encouraged to employ the PQRST nursing strategy to evaluate and document pain. Additionally, the instructor should provide constructive feedback and guidance throughout the practice sessions to support learners' learning process.
- (5) Review and consolidation: To wrap up the learning session, the instructor could conduct a review of the essential elements of the PQRST nursing strategy. The instructor could summarize the significance of each component and highlight how they collectively contribute to a thorough pain assessment.

By adhering to these procedures, students could enhance their comprehension of the PQRST nursing strategy and its practical implementation in healthcare settings. Furthermore, employing the PQRST strategy helped empower learners to gather patient data and identify potential causes of symptoms more efficiently.

Conclusion and Suggestion

The PQRST nursing strategy is highly significant in nursing as it offers a systematic and comprehensive approach to assessing and understanding patient symptoms. By utilizing this strategy, healthcare providers can obtain crucial information about a patient's condition and utilize it to guide their care. Research indicates that the PQRST nursing strategy is an effective tool for patient assessment among healthcare providers. A study conducted by Lacasse & Beck (2007) revealed that nurses who received training in the PQRST nursing strategy reported enhanced confidence and competence in evaluating patient symptoms.

Additionally, the PQRST nursing strategy aligns with the nursing process and promotes communication and collaboration among healthcare providers. According to Lacasse & Beck (2007), employing a systematic approach to patient assessment ensured that all members of the healthcare team had a clear understanding of the patient's condition, facilitating their ability to work together and deliver optimal care.

Overall, the PQRST nursing strategy is an important tool for healthcare providers in evaluating and managing patient symptoms. By adopting a systematic and comprehensive approach, healthcare providers can gather critical information about a patient's condition and provide appropriate interventions to improve patient outcomes. Therefore, it is highly recommended for instructors to incorporate the PQRST nursing strategy into their courses, enabling learners to improve their healthcare assessment skills in clinical practice and prepare them to provide high-quality care to their patients.

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Appendix I: Nursing-Patient Questions

Headfirst	Eye to eye
<ol style="list-style-type: none"> 1. Do you get headaches? 2. If so, where are they and how painful are they? 3. How often do they occur, and how long do they last? 4. Does anything trigger your headaches, and how do you relieve them? 5. Have you ever had a head injury? 6. Do you have lumps or bumps on your head? 	<ol style="list-style-type: none"> 1. When was our last eye examination? 2. Do you wear glasses? 3. Do you have glaucoma, cataracts, or color blindness? 4. Does light bother your eyes? 5. Do you have excessive tearing; blurred vision; double vision; or dry, itchy, burning, inflamed, or swollen eyes?
An earful	By a nose
<ol style="list-style-type: none"> 1. Do you have a loss of balance, ringing in your ears, deafness, or poor hearing? 2. Have you ever had ear surgery? If so, why and when? 3. Do you wear a hearing aid? 4. Are you having pain, swelling, or discharge from your ears? If so, has this problem occurred before, and how frequently? 	<ol style="list-style-type: none"> 1. Have you ever had nasal surgery? If so, why and when? 2. Have you ever had sinusitis or nose bleeds? 3. Do you have nasal problems that cause breathing difficulties, frequent sneezing, or discharge?

Into the mouth and down the throat	Up to your neck
<ol style="list-style-type: none"> 1. Do you have mouth sores, a dry mouth, loss of taste, a toothache, or bleeding gums? 2. Do you wear dentures and, if so, do they fit? 3. Do you have a sore throat, fever, or chills? 4. How often do you get a sore throat, and have you seen a doctor for this? 5. Do you have difficulty swallowing? If so, is the problem with solids or liquids? Is it a constant problem or does it accompany a sore throat or another problem? 	<ol style="list-style-type: none"> 1. Do you have swelling, soreness, lack of movement, stiffness, or pain in your neck? If so, did something specific cause it to happen such as too much exercise? 2. How long have you had this symptom? 3. Does anything relieve it or aggravate it?
Breath by breath	The heart of the matter
<ol style="list-style-type: none"> 1. Do you have shortness of breath on exertion or while lying in bed? 2. How many pillows do you use at night? 3. Does breathing cause pain or wheezing? 4. Do you have a productive cough? If so, do you cough up blood-tinged sputum? 5. Do you have night sweats? 6. Have you ever been treated for pneumonia, asthma, emphysema, or frequent respiratory tract infections? 7. Have you ever had a chest X-ray or tuberculin skin test? If so, when and what were the results? 	<ol style="list-style-type: none"> 1. Do you have chest pain, palpitations, irregular heartbeat, fast heartbeat, shortness of breath, or a persistent cough? 2. Have you ever had an electrocardiogram? If so, when? 3. Do you have high blood pressure, peripheral vascular disease, swelling of the ankles and hands, varicose veins, cold extremities, or intermittent pain in your legs?
Breasts in women...and men	
Women	Men
<ol style="list-style-type: none"> 1. Do you perform monthly breast self-examinations? 2. Have you noticed a lump, a change in breast contour, breast pain, or discharge from your nipples? 3. Have you ever had breast cancer? If not, has anyone else in your family had it? 4. Have you ever had a mammogram? When and what were the results? 	<ol style="list-style-type: none"> 1. Do you have pain in your breast tissue? 2. Have you noticed lumps or a change in contour?
Stomach turning	Going with the flow
<ol style="list-style-type: none"> 1. Have you had nausea, vomiting, loss of appetite, heartburn, abdominal pain, frequent belching, or passing of gas? 2. Have you lost or gained weight recently? 3. How often do you have a bowel movement, and what color, odor, and consistency are your stools? 4. Have you noticed a change in your regular elimination pattern? 5. Do you use laxatives frequently? 6. Have you had hemorrhoids, rectal bleeding, hernias, gallbladder disease, or liver disease? 	<ol style="list-style-type: none"> 1. Do you have urinary problems, such as burning during urination, incontinence, urgency, retention, reduced urinary flow, and dribbling? 2. Do you get up during the night to urinate? If so, how many times? What color is your urine? 3. Have you ever noticed blood in your urine? 4. Have you been treated for kidney stones?
Reproduction review	

Women	Men
<ol style="list-style-type: none"> 1. How old were you when you started menstruating? 2. How often do you get your periods, and how long do they usually last? 3. Do you have pain or pass clots in your periods? 4. If you're postmenopausal, at what age did you stop menstruating? 5. If you're in the transitional stage, what perimenopausal symptoms are you experiencing? 6. Have you ever been pregnant? If so, how many times? 7. What was the method of delivery? 8. How many pregnancies resulted in live births? 9. How many resulted in miscarriages? 10. Have you had an abortion? 11. What is your method of birth control? 12. Are you involved in a long-term, monogamous relationship? 13. Have you had frequent vaginal infections or a sexually transmitted disease? 14. When was your last gynecologic examination and Papanicolaou test? What were the results? 	<ol style="list-style-type: none"> 1. Do you perform monthly testicular self-examinations? 2. Have you ever had a prostate examination and, if so, when? 3. Have you noticed penile pain, discharge, or lesions, or testicular lumps? 4. Which form of birth control do you use? 5. Have you had a vasectomy? 6. Are you involved in a long-term, monogamous relationship? 7. Have you ever had a sexually transmitted disease?
Bones and muscles	Brain function
<ol style="list-style-type: none"> 1. Do you have difficulty walking, sitting, or standing? 2. Are you steady on your feet or do you lose your balance easily? 3. Do you have arthritis, gout, a back injury, muscle weakness, or paralysis? 	<ol style="list-style-type: none"> 1. Have you ever had seizures? 2. Do you ever experience tremors, twitching, numbness, tingling, or loss of sensation in a part of your body? 3. Are you less able to get around than you think you should be?
Endocrine glands	Blood
<ol style="list-style-type: none"> 1. Have you been unusually tired lately? 2. Do you feel hungry or thirsty more often than usual? 3. Have you lost weight for unexplained reasons? 4. How well can you tolerate heat or cold? 5. Have you noticed changes in your hair texture or color? 6. Have you been losing hair? 7. Do you take hormone medications? 	<ol style="list-style-type: none"> 1. Have you ever been diagnosed with anemia or blood abnormalities? 2. Do you bruise easily or become fatigued quickly? 3. Have you ever had a blood transfusion?
Emotional status	
<ol style="list-style-type: none"> 1. Do you ever experience mood swings or memory loss? 2. Do you ever feel anxious, depressed, or unable to concentrate? 3. Are you feeling unusually stressed? 4. Do you ever feel unable to cope? 	

Appendix II: Grading

Group	Nursing Teachers					English teachers					Total Score
	P	Q	R	S	T	P	Q	R	S	T	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Appendix III—Questionnaire

Department: _____

Class: _____

1. Are you familiar with PQRST? Yes No
2. In which course have you heard of PQRST?
 - Clinical Practice Nursing Course Nursing English Course
3. Meaning for PQRST
 - 3-1. What is the meaning or definition of the letter "P" in the context of the PQRST strategy?
 - patient provocative problem
 - 3-2. What is the meaning or definition of the letter "Q" in the context of the PQRST strategy?
 - quality quit quickly
 - 3-3. What is the meaning or definition of the letter "R" in the context of the PQRST strategy?
 - redial radiation rapid
 - 3-4. What is the meaning or definition of the letter "S" in the context of the PQRST strategy?
 - severity slight smile
 - 3-5. What is the meaning or definition of the letter "T" in the context of the PQRST strategy?
 - tablets tools times
4. In light of the theories you have acquired during your nursing course, do you believe that the PQRST strategy is beneficial for your clinical practice?
 - veryhelpful helpful sometimes helpful rarely helpful not helpful
5. How do you incorporate the PQRST strategy into your Nursing English Conversation? (Explain in detail)
6. In which situations during nursing clinical practice in the hospital would you utilize the PQRST strategy? (Explain in detail)