


*PATIENT ROUNDS AND EVALUATION*  
—AN AMERICAN PERSPECTIVE

【英汉对照】

# 美国医生 查房规范与 实例分析

主编 王建安

David McFadden (美)

 人民卫生出版社

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# 前言



随着我国经济体制的深化改革，传统计划经济体制模式下所形成的许多医疗制度、行为和方式已经不太适合于日益增长的广大患者对医疗质和量的需求。党中央和国务院及时作出了加速医疗体制改革的决定，伴随体制改革，势必会带来与其相适应的医疗行为和方式的变革。作为一名曾在国外学习和工作过的临床医生和临床医学教育者，深感发达国家以人为本的医学服务理念有值得我们学习和吸取之处。本书的主要作者，美国俄亥俄州凯特林医学中心医学博士、内科学教授 David McFadden 来我们医院工作已有 4 年，此前，他曾经在台湾工作 9 年，新加坡工作 3 年，深悉东西方文化的差异，并且非常熟悉我国现行的医疗体制。当我和他谈及共同创作本书的愿望时，他欣然同意执笔。

值得一提的是，我们之所以选择医学查房为主题，因为它是贯彻医疗方案和最终达到医疗目的的一个非常基本而又非常重要的医疗行为。我们希望通过本书引入全新的医学查房理念，也希望本书不仅可以提高临床医生在诊疗过程中的整体思维和行为水平，而且能够成为一本优秀的可供医学生和研究生阅读的方法学参考书，同时又是一本提高专业英语水平的好教

材。

衷心感谢何超院长为本书审阅和把关。在他的带领下，我们将进一步努力吸收西方医学体制、服务理念 and 医学教育的精髓，并与我国和我院的实际情况相结合，加速医院的改革和发展，同时为我国医学事业的创新和发展作出我们应有的贡献。


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# 美国医生 查房规范与 实例分析



## INTRODUCTION

When first approached to write "Patient Rounds and Evaluation—An American Perspective" for a Chinese "audience", I was skeptical both about its merit and acceptance. To compose such a manuscript using an American perspective to target a Chinese audience may seem somewhat presumptuous. But the more I considered the challenge, the more I realized that as physicians and health professionals regardless whether in America or China, we share a common goal: to provide both effective and efficient patient care.

Patient rounds should become more than just a mundane daily ritual. Among all the different patient care activities the health care team performs, patient rounds ranks among the MOST vital and valuable. Consider that during patient rounds the clinician not only has the opportunity to become well acquainted with the PATIENT and his physical complaints, but also his family situation, stresses and his perception of his illness. Understanding the patient's social milieu and emotional dynamics is most important to pursue the diagnosis and select the appropriate treatment strategy. "The significance of the intimate personal relationship between physician and patient cannot be too strongly emphasized, for in an extraordinarily large number of cases both the diagnosis and treatment are directly dependent on it. One of

## 简介

当我准备撰写本书的时候，我对它能否给读者带来收益或多或少存有疑虑，尤其当我想到用一个美国人的观点去写一本为中国读者的阅读的书，不免有点忐忑不安。但是，我越想越感到不管是对美国的临床医生和卫生专业人员，还是对中国的临床医生和卫生专业人员来说，我们都有一个共同的目标：向病人提供实用和高效的医疗服务。

简介

查房并不是每天走过场的仪式。在医护人员进行的所有不同种类的医疗活动中，查房是其中最重要和最有价值的。在查房过程中，临床医生不仅有机会充分了解病人的情况及其主诉，而且还要掌握病人的家庭情况、所承受的压力以及他对疾病的认知。理解病人所处的社会环境和情感变化对明确诊断和选择治疗方案是十分重要的。“医生与病人之间建立密切关系的重要性怎么强调也不为过，绝大多数病例的诊断和治疗都必须依靠良好的医患关系。临床医生必备的一项素质就是对人性感兴趣，因为照顾病人的秘诀就是

the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient.” (1)

Furthermore it is during patient rounds, the physician gathers important data that allows him to not only make an accurate diagnosis, but also to proceed with an efficient treatment plan.

Further as I performed numerous Internet literature searches on patient rounds, I indeed discovered a real paucity of references. Although most medical schools offer courses in patient history and physical diagnosis, I'm not aware of any US or Chinese Medical School that offer formal courses in patient rounds and evaluation. Traditionally, the junior medical student, [注 1] will learn this routine “on the job” when first exposed to the “live patient” during their clinical rotations. Yet no matter what specialty a physician ultimately chooses or may be assigned to, patient rounds represents a daily event that is essential to patient care.

Obviously the approach to patient rounds is specialty - dependent; perhaps the general surgeon will approach patient rounds with “brevity” and a “focus” quite “foreign” to the internist or neurologist. Coming from an internal medicine background, the guidelines I present in this manuscript may sound somewhat “foreign” to my surgical colleagues. However, most of the principles discussed could be applied to any specialty service. Living in a family where both father - in - law and brother - in - law are general surgeons and often tease me about the internist role as simply “shaking pills over the patients head”, I often found it necessary to “defend” the “sanctity” of patient rounds. Our goal in writing “Patient Rounds and Evaluation—An American Perspective” is to introduce the novice medical practitioner [注 2] to guidelines that encourage efficient patient rounding; practices that benefit both patient and physician. I will stress the

要有一颗对病人关怀的心。” [1]

此外，在查房过程中，医生搜集到的重要资料不仅有助于明确诊断，而且能够进一步确定有效的治疗方案。

我试图想在因特网上搜寻到相关资料，但是可供参考的资料实在太少。尽管大多数医学院校开设了病史采集和物理诊断课程，我也不认为中国或美国的任何一所医学院校会把医学查房作为一门课程讲授。通常，低年资医学生、实习生、普科住院医师和专科住院医师在他们转科实习期间第一次接触病人时，才会了解到查房工作。对于任何一位医生或医学生来说，无论他从事何种专业或将来从事何种专业，查房是病人诊疗过程中最基本和至关重要的日常活动。

显然查房的方法与专业有关，通常普外科的查房比较简短，注意的内容与内科医生或神经内科专科医生存在较大的不同。由于我的内科学背景，可能使本书有关查房的指导思想与我的外科同行有所不同。但是大多数原则是通用的。在我的家庭中，岳父和妹夫都是外科医生。他们经常开玩笑地说内科医生的作用仅仅就是“在病人头上挥舞药片”；而我则经常体会到有必要来捍卫查房的圣洁。本书的编写目的就是要将查房的指导原则介绍给新的医生，帮助他们进行有效的查房，使医患双方同时获益。我将会重点讲述交流、同情心和与病人友好相处的重要性，这些是进

importance of communication, empathy [注 3] and patient rapport that represent the foundation of effective patient rounds and evaluation.

In this modern era of advanced medical technology, physicians must be continually reminded that the patient must remain their true focus. In Harrison's very 1st edition (1958) of "Principles of Internal Medicine", we read the following quotation from the famous pioneer physician Francis Peabody:

"No greater opportunity, responsibility, or obligation can fall to the lot of a human being than to become a physician. In the care of the suffering he needs technical skill, scientific knowledge and human understanding. He who uses these with courage, with humility, and with wisdom will provide a unique service for his fellow man." (2)... "Tact, sympathy and understanding are expected of the physician, for the patient is no mere collection of symptoms, signs, disordered functions, damaged organs, and disturbed emotions. He is human, fearful and hopeful, seeking relief, help and reassurance." (3)

As to my other concern of targeting an audience of Chinese health professionals, I realize many of my Chinese colleagues not only have an avid interest in improving their understanding of English medical vocabulary, but also a sincere desire to understand western concepts of patient care. During my 14 years of working closely with Chinese health professionals first in Taiwan, then Singapore and now China, I have truly come to appreciate and even assimilate some Chinese approaches to patient care. I do believe we indeed have much to share with each other. The rapid growth of alternative and herbal medicine in the USA supports this viewpoint. However, today mostly western medicine is practiced in China's large tertiary teaching hospitals though most also have

行有效查房和评估的基础。

在医学科学技术发达的现代，医生必须不断提醒自己，病人始终是他们关注的焦点。在 1958 年哈里森出版的第一版《内科学原理》中，我们读到了他引自于著名的医学先驱弗朗·皮博迪的一段话：

“再也没有比成为一名医生拥有更多的机会、责任或是义务了。在医治病人的过程中，他必须有专门的技术、科学的知识和对人性的理解。勇敢、谦虚和明智地运用这些，医生就能为他的病人提供独一无二的服务。”[2]“熟练、富有同情心和理解是医生必须具备的，因为病人不仅仅只是具有许多症状、体征、功能紊乱、器官受损和情感紊乱等，他首先是一个简介人，一个充满恐惧和求生欲望的人，一个寻求缓解痛苦、想得到帮助和安慰的人。”[3]

我非常了解我的中国同事，他们不仅致力于提高自己的医学英语水平，还非常渴望了解美国的诊疗理念。我先后与华人同事一起工作 14 年，开始在中国的台湾，后来在新加坡，现在是在内地，我非常荣幸地从他们的临床诊疗中学到和吸收到许多珍贵的东西。我确实感觉到我们有许多可以相互学习的方面。在美国，中药的使用正在日益增多就是一个很好的例子；而在中国，西医在绝大多数教学医院得到广泛的运用，尽管大多数中国医院均设有中医科。主诊医生、专科住院医师和普科住院医师甚至医学生均对临

traditional Chinese medicine departments. Attending physicians [注 4], fellows, residents and medical students have a keen interest in clinical research and frequently cite western medical journals as references for their papers and presentations. In the presentation of this manuscript, it is my sincere desire to assist the Chinese clinician to further understand and assimilate western concepts of patient care.

In chapter 1, "Preparation for Rounds" we will consider the importance of "pre-rounding" by junior team members to assimilate pertinent lab, x-ray and biopsy reports prior to the formal patient rounds with the attending physician. We will also consider the "tools" needed to perform an adequate bedside exam.

In the next chapter 2, "Organization of Team", we present the importance of clearly defined roles for each team member (medical student, resident, fellow and attending physician). An orientation session at the beginning of each rotation (usually the 1st of the month) is mandatory to set goals and objectives as well as clarify the responsibilities of each team member.

Next in chapter 3, we explore "Interaction with Patient and Family". Patient communication, comfort and privacy issues will be presented. The unique role in China assumed by the patient's family is briefly considered.

In the following two chapters 4 and 5, we present the vital role the patient history and physical exam play in patient evaluation and measuring the progress of the patient's recovery. The foundation of quality patient rounds is a detailed patient database, which can only be obtained by a thorough history and physical exam. Although it is unnecessary to perform a complete history and physical exam each day, a brief history as well as a pertinent physical exam should be performed daily. Often it's helpful to review the previous history and physical exam findings in light of

床研究抱有极大的兴趣，在他们的研究中，引用了大量西方医学杂志上发表的论文。我非常真诚地希望通过这本书能够使中国医生更多地了解和吸收西方医学中的诊疗理念。

在第一章“查房前的准备”中，我们将会讨论低年资医生进行查房前准备的重要性，通过预查房收集病人的实验室、X线和病理检查的报告，正式查房时首先汇报给主诊医生。我们还将讨论查房时需要准备的一些“工具”。

在第二章“查房小组的组成”中，我们将明确定义和讨论查房小组中每一位成员的作用（医学生、普科住院医师、专科住院医师和主诊医生等）。每个月的月初（通常是一个月的第一天），要召开一次碰头会，确定目标和工作计划，明确队伍中各成员的工作职责。

在第三章中，我们将讨论“如何和病人及其家人进行沟通”。我们必须对病人和蔼可亲，尽可能减轻他们的痛苦，确保他们的隐私权。在中国，诊疗方案通常由家庭成员决定，这是比较独特的情况，也将在本章简要介绍。

在第四章和第五章，我们将讨论病史收集和体格检查在获取病人信息和使病人早日得到恢复方面的重要性。做好查房最主要的是要通过详细了解病史和体格检查来获得有关病人的资料。没有必要每天都全面地询问病史和做体格检查，但是简要地了解病情和重点体格检查每天是必需的。根据新的实验室检查或影像学检查报



new lab or x-ray reports as they become available.

Chapter 6 on medical record review examines the importance of a daily review of the patient's medical record including the patient chart and nursing record. Both charts should be available at the patient's bedside during rounds. All previously ordered lab tests, x-rays, and biopsy reports should be available.

In Chapter 7, we discuss an often-neglected aspect of patient care: "Patient Education".

In order to improve patient compliance with the prescribed treatment plan, patients must be instructed about their disease process, complications and prognosis. The treatment options must be clearly presented. For many patients with chronic diseases such as hypertension and diabetes, lifestyle changes (diet, weight reduction, smoking cessation), may improve their ultimate prognosis.

In chapter 8, we discuss the "Case Presentation". In a teaching hospital, residents are frequently required to attend morning report conference where newly admitted patient cases are presented by the "on-call" resident, intern or medical student. It's important that the physician-trainee present such cases in a systematic, organized format with emphasis on pertinent history and physical findings as well as lab and x-ray data that support the suspected differential diagnosis and treatment plan. Though all parts of the case presentation are important, more emphasis should be given to the impression with differential diagnosis and treatment plan.

Finally in the last chapter we consider the most important topic: patient rapport. An excellent patient-physician relationship will enable the physician to effectively care for the patient. If a patient truly believes their physician "cares" about them, they will more likely trust their clinical judgment and