

中英对照
CHINESE-ENGLISH

临床诊断学教程

CLINICAL DIAGNOSIS TEACHING COURSE

波拉·史蒂曼

PAULA L. STILLMAN

华西医科大学

WEST CHINA UNIVERSITY OF MEDICAL SCIENCES

浙江医科大学

ZHEJIANG MEDICAL UNIVERSITY

九江医学专科学校

JIUJIANG MEDICAL COLLEGE

北京医科大学中国协和医科大学联合出版社

99925

中英对照
CHINESE-ENGLISH

临床诊断学教程
CLINICAL DIAGNOSIS TEACHING COURSE

波拉·史蒂曼
PAULA L. STILLMAN
华西医科大学
WEST CHINA UNIVERSITY OF MEDICAL SCIENCES
浙江医科大学
ZHEJIANG MEDICAL UNIVERSITY
九江医学专科学校
JIUJIANG MEDICAL COLLEGE

北京医科大学中国协和医科大学联合出版社

临床诊断学教程（中英对照）

华西医科大学等编

责任编辑：蒋长亨

*

北京医科大学
中国协和医科大学 联合出版社出版

北京朝阳区北苑印刷厂印刷

新华书店北京发行所发行

*

787×1092 毫米 1/16 印张 22.5 千字 555

1995 年 10 月第一版 1995 年 10 月北京第一次印刷

印数：1—12000

ISBN 7-81034-531-1/R · 529

定价：23.00 元

严格三基训
练提高基础
教学水平

沈敏章
九五年五月十六日

编 者

主要编者

美 方:

波拉·史蒂曼

中 方: (以姓氏汉语拼音字母次序排列)

华 西 医 科 大 学:

刘文秀 欧阳钦 万学红 杨崇礼

浙 江 医 科 大 学:

谢 涛 谢 幸 俞惠民 张苏展

九江医学专科学校:

樊小青 夏修龙 杨耀防 张龙禄 张南华

编 者

美 方: (以姓氏英语字母次序排列)

玛格丽特·考文哈冯 戈尔·格丽娃 海拉尔·赫莉

帕图拉·斯坦莉 雪莉·泰勒 王有德

中 方: (以姓氏汉语拼音字母次序排列)

华 西 医 科 大 学:

陈 鸣 陈晓理 邓学文 范 玮 高炳庆

李 红 李钦伯 刘 鸣 刘渝玲 彭祖贵

宋耀明 孙学礼 唐孝达 田 菁 徐克惠

许良智 郑 虹

浙 江 医 科 大 学:

程源琛 黄宗坚 孙 琼 王友赤 张爱珍

赵小英

九江医学专科学校:

曹邦清 杜重实 李振宗 李正南 漆牧英

涂明华 朱汉熙

MAJOR CONTRIBUTORS

United States

Stillman, Paula L.

West China University of Medical Sciences

Liu Wenxiu

Ouyang Qin

Wan Xuehong

Yang Chongli

Zhejiang Medical University

Xie Tao

Xie Xing

Yu Huimin

Zhang Suzhan

Jiujiang Medical College

Fan Xiaoqing

Xia Xiulong

Yang Yaofang

Zhang Longlu

Zhang Nanhua

CONTRIBUTORS

United States

Cowenloven, Margaret

Gliva, Gayle A

Haley, Hilarie

Stanley, Petula

Taylor, Shelly

Wang Youde

West China University of Medical Sciences

Chen Ming

Chen Xiaoli

De Xueweng

Fan Wei

Gao Bingqing

Li Hong

Li Qingbai

Liu Ming

Liu Yuling

Pen Zugui

Son Yaoming

Sun Xueli

Tang Xaoda

Tian Qing

Xu Kehui

Xu Liangzhi

Zheng Hong

Zhejiang Medical University

Cheng Yuanshen

Huang Zhongjian

Sun Qiong

Wang Youchi

Zhang Aizhen

Zhao Xiaoying

Jiujiang Medical College

Cao Bangqing

Du Zhongshi

Li Zhenzong

Li Zhengnan

Qi Muying

Tu Minghua

Zhu Hanxi

序 一

临床技能培训对于培养合格的临床医生十分重要。我们三校有幸于1991年得到美国纽约中华医学基金会（CMB）的资助，在借鉴国外经验和结合我国国情的情况下，开展了临床技能培训的教学改革。通过四年来的教学实践和对比研究，发现受过此培训的学生的临床技能较之以前有明显的提高。这一成绩的取得应感谢CMB主席W. Sawyer博士的大力支持、规划、帮助和直接指导；感谢美方顾问P. Stillman博士对此项目不辞辛劳的悉心和具体指导；同时也要感谢三校参与此项目教师的辛勤劳动、通力合作和对教学改革的热情奉献。现在通过中美双方教师的共同努力，根据在实践过程中所取得的经验，已编写出中英对照的临床诊断学教程一书，并即将出版。我们希望此书能得到国内同行的批评、帮助和指正。使其能得到不断的修改、补充和完善，逐渐成为一本成熟，并具有参考和指导意义的教材。

华西医科大学校长 杨光华

浙江医科大学校长 郑 树

九江医学专科学校校长 涂明华

PREFACE

Excellent clinical skills are essential for every medical practitioner. Our three schools were fortunate to receive support from the China Medical Board in 1991 to begin a teaching reform. We drew upon the experience from foreign countries and combined this with our own practice and situation in China. Throughout the initial years of this new program, we have found that the students' participating in the new program have much improved clinical skills compared to their predecessors. We should like to express our gratitude to the President of the China Medical Board, Dr. William D. Sawyer, for his support in planning this project and his help in its implementation. We would also like to thank our American consultant, Dr. Paula L. Stillman, for her hard work, attentiveness to detail, and meticulous direction. We are also indebted to the participants from the three schools for their hard work, cooperation, and enthusiastic dedication to the educational reform.

Now, through a cooperative effort, the *English-Chinese Clinical Diagnosis Teaching Course* is available for dissemination. We hope that this book will be useful and promote a reform of clinical diagnosis teaching in our country. We appreciate all comments and corrections from our colleagues who read this book. This will allow us to improve the next edition.

President Yang Guanghua, West China University of Medical Sciences

President Zheng Shu, Zhejiang Medical University

President Tu Minhua, Jiujiang Medical College

序 二

本书所包含的训练教材、纲要及评分条目代表我们五年工作的结晶。她是根据中国每个医学院校毕业生基本临床技能的需要而编辑成册，以保证技能培养的一致性。

美国纽约中华医学基金会主席，W. Sawyer 博士根据中国几所医学院校校长们的需要，倡导了这一工作，并为我们的工作提供了道义上、经济上的支持，旨在改进临床技能的教学与评估。

华西医科大学、浙江医科大学、九江医学专科学校的校长和教师们为本书撰写作了长期而艰苦的努力。在此期间，我们互相学习、共同提高、彼此尊重，达成了不少协议与共识。美方教师亦值得高度赞扬。通过中、美双方教师不断互访，我们尽力找到了明确的教学重点及表达方法，去传授给学生。我们对本书崭新图示亦甚满意。我们还应感谢秘书们的大力支持。

很多教师曾参加本书的撰写与编辑，部分教师为每一章节主要作者，对其贡献应予认可。

最后，我要感谢所有为本书工作的同道，您们作了长期的艰苦努力与热情奉献，感谢您们容许我与您们共同完成了这一工作。

顾问 波拉·史蒂曼 博士

PREFACE

This book with its training materials and checklists represents five years of work and the outstanding effort of many individuals. This book arose from a need to reach consensus on clinical skills essential for every medical graduate trained in the People's Republic of China and to codify them to ensure some uniformity and level of competence.

Dr. William D. Sawyer, President of the China Medical Board of New York, Inc., was instrumental in implementing this effort. He responded to a request from the Presidents of several Chinese medical schools to provide help in improving the moral and financial support for this project.

The Presidents and faculty from WCUMS, ZMU, and JMC worked long and hard on the writing of this book. Over time, we all learned from each other and acquired additional skills such as negotiation, reaching consensus, and valuing uniqueness.

The faculty from the United States also deserves a great deal of credit. During frequent visits to the People's Republic of China and visits from our Chinese colleagues back to the United States we struggled to find the right words that would clearly express what we wanted to convey to students. We are indebted to the excellent secretarial and editing support we received. We are also delighted with the new illustrations created for this book.

Although many individuals participated in the writing and editing of this material, certain faculty assumed the primary authorship for each section and should be recognized for their contributions.

Finally, I would like to express my gratitude to all those involved in this effort. Your hard work, commitment, and dedication were steadfast. Thank you for the privilege of allowing me to work with you.

Paula L. Stillman, M. D.
Consultant, China Medical Board of New York, Inc.
Editor

目 录

第一章	问诊内容和技巧	(1)
	标准化病人的作用.....	(3)
	成人问诊大纲（问诊的基本内容）.....	(7)
	示范病例	(12)
	问诊技巧及评分标准	(17)
	问诊小结	(26)
第二章	全身体格检查	(41)
	全身体格检查的顺序和方法	(41)
	全身体格检查评分条目	(93)
第三章	器官系统体格检查	(107)
	眼部检查方法.....	(107)
	附：眼部检查纲要.....	(118)
	耳、鼻、咽喉部检查方法.....	(120)
	附：耳、鼻、咽喉部检查纲要.....	(131)
	胸部检查方法.....	(132)
	附：胸部体格检查纲要.....	(146)
	心血管体格检查方法.....	(147)
	附：心血管检查纲要.....	(165)
	腹部体格检查方法.....	(168)
	附：腹部体格检查纲要.....	(179)
	骨骼肌肉系统检查方法.....	(181)
	附：骨骼肌肉系统检查纲要.....	(202)
	神经系统检查方法.....	(207)
	附：神经系统检查纲要.....	(225)
	男性生殖系统及直肠检查方法.....	(230)
	附：男性生殖系统及直肠检查纲要.....	(237)
	女性乳房及盆腔检查方法.....	(239)
	附：女性乳房、盆腔检查纲要.....	(252)
第四章	某些特殊情况的问诊和体格检查	(257)
	儿科问诊纲要.....	(257)
	婴幼儿体格检查方法.....	(262)
	附：婴幼儿体格检查纲要.....	(283)
	新生儿体格检查方法.....	(291)
	附：新生儿体格检查纲要.....	(298)

精神科问诊及精神检查方法.....	(302)
附：精神科问诊及精神检查纲要.....	(315)
特殊情况的问诊技巧.....	(318)
附录：	(324)
A. 系统回顾问诊方法	(324)
B. 系统回顾问诊纲要	(333)
C. 儿科系统回顾问诊方法	(336)
D. 儿科系统回顾问诊纲要	(341)
E. 口述病历摘要提纲	(343)

ENGLISH-CHINESE CLINICAL DIAGNOSIS TEACHING COURSE

Chapter 1

Interview training manual	(2)
Roles of the standardized patient	(5)
Outline for medical interview (basic contents of an interview)	(9)
Written record	(14)
Checklist of content	(16)
Interview skills and score criteria	(26)
Summary	(40)

Chapter 2

Complete physical examination training manual	(64)
Training manual for the complete physical examination	(64)
Complete physical examination checklist	(99)

Chapter 3

Organ system examinations	(112)
Training manual for the eye examination	(112)
Checklist for eye examination	(119)
Training manual for oto-naso-laryngeal examination	(125)
Checklist for oto-naso-laryngeal examination	(132)
Training manual for the chest examination	(139)
Checklist for chest examination	(146)
Training manual for the cardiovascular examination	(155)
Checklist for the cardiovascular examination	(166)
Training manual for the abdominal examination	(174)
Checklist for the abdominal examination	(180)
Training manual for musculoskeletal examination	(188)
Checklist for the musculoskeletal examination	(205)
Training manual for the neurological examination	(213)
Checklist for the neurological examination	(228)
Training manual for the male genito-rectal examination	(232)
Checklist for male genito-rectal examination	(238)
Training manual for breast and pelvic examination	(244)
Checklist for breast and pelvic examination	(254)

Chapter 4

Interview and physical examinations for some special situations	(259)
Outline for pediatric interview	(259)
The physical examination of the infant (early child)	(270)
Checklist for infant (early childhood physical examination)	(287)
The physical examination of the newborn	(294)
Checklist for newborn physical examination	(300)
The psychiatric interview and mental status examinationn	(307)
Checklist for psychiatric interview and mental status examination	(316)
Interview skills for patients with special problems	(320)
Appendices	(328)
A. Instructional guide to review of systems	(328)
B. Checklist for review of systems	(334)
C. Training manual for pediatric review of systems	(338)
D. Checklist for pediatric review of systems	(342)
E. Outline for oral presentation of a case	(343)

第一章 问诊内容和技巧

恰当而正确的问诊对病人的诊治极端重要。资料收集的完整性和准确性对疾病的诊断和处理有很大影响。询问者与病人间的和谐关系，将保证病人乐意提供病史及服从检查与治疗。

本章旨在使医学生掌握问诊的内容和技巧，并帮助标准化病人根据下列内容对整个问诊作出评价，包括（1）问诊的内容；（2）问诊技巧和评分方法；（3）询问者的作用。本章所包含的主要内容在成人、儿童、老年、精神科问诊是一致的。这些内容对加强医学生及住院医师的临床技能亦颇有帮助。

对问诊的评定包括内容和技巧两个主要部分。

内容是指询问者能从交谈中获得有关疾病的全部资料，包括下列互相关连的几个项目：A. 引言；B. 主诉；C. 现病史；D. 过去史；E. 系统回顾；F. 个人史；G. 家族史；H. 结束。

标准化病人根据问诊内容的评分条目，对询问者获得的信息量进行评定。评分条目包括询问病史应获得的全部内容。询问者问出一条即可得一分。

技巧是指询问者获得病史资料所用的方式、方法。提问和交谈的方式对获取资料的多少、问诊的效果以及良好的医患关系均有很大的影响。

技巧部分用“亚利桑那临床问诊评分标准”（ACIR）进行评定。它将问诊技能分为：组织安排、时间顺序、过渡语言、问题类型、资料核实和态度举止等共20条。问诊评分定为5级：5分为优秀，给最优秀的询问者；3分为一般，大多数询问者可得；1分为最差；介于其间则为4分和2分。每一条问诊技巧具有特定的优秀、一般和最差的评分标准。

问诊开始时，询问者应完成的任务包括以下几项：

1. 自我介绍，说明身份。如：“您好，我叫金军。是二年级医学生，和苏医生一起工作，我想了解您的整个病史并向苏医生汇报。”

2. 询问病人姓名，除非病人要求你叫他名字，一般应称他为××先生，××女士，××同志……。

3. 注意让坐，座位的安排应使病人舒适、隐私不致泄漏，以确保病人的信任。

4. 着手建立和谐的医患关系。如：“我打算问你一些问题，有些似乎不很合适，但对你的治疗却很重要。”“交谈中，若你有疑问或是我误解了你的意思，请打断我。因为这对我们获得尽可能准确的病史非常重要。”“现在请告诉我：你今天来，哪里不舒服？”。

介绍完后，询问者应继续发展和保持与病人的良好关系，从而有条不紊地获得尽可能多的有关资料。后面的成人问诊大纲即为问诊进程之一例。

Chapter 1

INTERVIEW TRAINING MANUAL

A properly conducted interview is extremely important for patient care. The completeness and accuracy of the information collected will contribute to the proper diagnosis, management, and treatment of the patient's problem. The rapport established between a patient and the interviewer allows the patient to feel comfortable about sharing information and is important in promoting a patient's compliance with the prescribed therapy.

This manual has been designed to teach students contents and skills of interview and aid the standardized patient in evaluating a medical interview by providing information about (1) the content of an interview, (2) techniques for evaluating interviewing skills, and (3) the roles of the interviewer. This manual covers the core material which is common to the adult, pediatric, geriatric and psychiatric interview. The material contained in this manual should also prove helpful for enhancing the skills of medical students and residents.

There are two major components of medical interviews which can be evaluated: content and technique:

Content is the pertinent information obtained by the interviewer about a patient's medical problem. This pertinent information is contained within several interrelated subsections of the interview: (A) introduction, (B) chief complaint, (C) history of the present illness, (D) past medical history, (E) review of systems, (F) personal history, (G) family history, (H) closure.

Standardized patients can evaluate the amount of information obtained by the interviewer by using a content checklist. The checklist contains all relevant aspects of the patient's case history that should be elicited. The interviewer receives credit for each piece of relevant information he is able to obtain during the course of the interview.

The second major component of the interview is the technique. The technique refers to the skill that the interviewer uses in obtaining the history from the patient. The manner in which the interviewer asks questions and interacts with the patient will greatly influence the amount of information obtained, the efficiency of the interview, and the rapport between the interviewer and the patient.

The technique component is evaluated by using the Arizona Clinical Interview Rating (ACIR) Scale. The scale lists twenty process skills which are grouped into categories. These categories include such things as organization, timeline, transitional statements, questioning skills, documentation of data, attitude, and behavior. The Rating Scale of the interview contains five levels of competency for each of the skills. A score of five points can only be given to the most superb interviewer; three points is average and is the score that will be obtained