

专门用途英语“十三五”全国规划教材



博学·当代医学英语系列
总主编 陈社胜

A Mini-Course of English
on Issues & Solutions in Clinical Medicine

临床医疗问题与对策



主 编 任 宁 薛英利

 复旦大学出版社

专门用途英语“十三五”全国规划教材



博学·当代医学英语系列
总主编 陈社胜

A Mini-Course of English
on Issues & Solutions in Clinical Medicine

当代医学英语微课程 ——临床医疗问题与对策

主 编 任 宁 薛英利

编 者 (按姓氏笔画排序)

于 洋 (大连医科大学)

左景丽 (西安医学院)

任 宁 (西安医学院)

陈社胜 (复旦大学)

陈 晨 (西安医学院)

张 艳 (西安医学院)

杨克西 (昆明医科大学)

薛英利 (西安医学院)

 復旦大學 出版社

图书在版编目(CIP)数据

当代医学英语微课程. 临床医疗问题与对策/陈社胜总主编;任宁,薛英利主编.

—上海:复旦大学出版社,2017.2

(复旦博学·当代医学英语系列)

专门用途英语“十三五”全国规划教材

ISBN 978-7-309-12764-5

I. 当… II. ①陈…②任…③薛… III. 医学-英语-高等学校-教材 IV. R

中国版本图书馆CIP数据核字(2016)第321928号

当代医学英语微课程. 临床医疗问题与对策

陈社胜 总主编 任宁 薛英利 主编

责任编辑/贺琦

复旦大学出版社有限公司出版发行

上海市国权路579号 邮编:200433

网址:fupnet@fudanpress.com <http://www.fudanpress.com>

门市零售:86-21-65642857 团体订购:86-21-65118853

外埠邮购:86-21-65109143

上海浦东东北联印刷厂

开本 787×1092 1/16 印张 20.5 字数 349 千

2017年2月第1版第1次印刷

ISBN 978-7-309-12764-5/R·1588

定价:65.00元

如有印装质量问题,请向复旦大学出版社有限公司发行部调换。

版权所有 侵权必究

序

《临床医疗问题与对策》是创新型的专门用途英语系列“当代医学英语微课程”教材之一,其创新之处凸显在以下4个方面。

一、形式新

这是全新的第4代(4.0版)教材,形式区别于前3代教材,如下所示。

专门用途英语教材	形式特征
第1代(1.0)版	单一平面文字、读写型
第2代(2.0)版	单一平面文字+录音带、读写译型
第3代(3.0)版	平面+数字化、读写听说综合型
第4代(4.0)版	互联网+影像+平面、视听说写译综合型

英语学习的信息先以影像声形式输入,颠覆了传统的文字形式输入方式,但又兼顾了传统的平面文字做法。传统的读写型学习变成了视听说写译综合+互联网学习。影像视听等资源可从互联网云盘下载到移动设备终端,适合个性化学习。

二、内容新

第4代(4.0版)医学类英语专门教材,在总体内容上区别于前3代教材,如下所示。

医学类专门英语教材	内容特征
第1代(1.0)版	生物医学
第2代(2.0)版	学科专业类医药卫生学
第3代(3.0)版	医药卫生健康社会医学
第4代(4.0)版	医学前沿、问题及医学文化

正如教材目录所显示,内容涉及全科医疗服务领域里的基本问题与对策。当前,全球卫生正酝酿着以促进健康为基础的新变革。中国的医改推进,也在顺应世界健康服务的新趋势,大力发展全科医学和提升公共卫生服务的水平。了解和认识世界健康服务趋势以及全科医疗服务领域的问题和对策,是医学教育(包括英语教育)的重要内容,也是对合格的基层医疗卫生专业人员的基本要求之一。

三、教学方式新

第4代教材在教学方式上运用了微课教学法。顾名思义,微课(mini-lesson, mini-course)是指时间短的一堂课或一门小课程,其主要特征是利用微视频来获取信息和学习某个知识要点,然后在课堂上问学互动交流,课后练习巩固。

《当代医学英语微课程——医疗服务问题与对策》将微课形式创造性地应用于专门用途英语的教学。微视频精要地概述一个典型的案例或事件,将事件原因、过程、结果、意义等通过图像、声音、色彩、文字等多要素组合有声有色地展现出来。在课堂上学生通过观看微视频,进行“案例观察→要点概述→细节理解→意义探索”四位一体学习活动,提高观察能力、理解能力和语言表达能力。以“微视频+交互式练习+即时反馈”的学习方式,迎合了信息化微时代的学习需求和学生的学习心理,使课堂学习更有成效。

四、教学理念新

大学阶段的英语教育转型和创新,正在成为英语教育界的共识,因而专门用途英语教学也正在成为大学阶段英语教育的主流。然而,转型和创新不只是教学形式、教学内容和教学方法的改革,更是教学理念的创新。

国务院办公厅在“关于深化高等学校创新创业教育改革的实施意见”(国办发[2015]36号)中指出高等教育中存在一些不容忽视的突出问题,主要是“创新创业教育理念滞后,与专业教育结合不紧,与实践脱节;教师开展创新创业教育的意识和能力欠缺,教学方式方法单一,针对性实效性不强”。就医学院校的大学英语教育而言,要从更宽广的视野来认识大学阶段的英语教育是专业人才培养的一部分,应围绕培养各层次的医药卫生人才来展开,而不仅仅看成是与学科专业教育无关、狭隘的语言教学。大学阶段的英语教育更多是“使用”英语,即用英语来获取学科专业知识、发展创新思维能力和培育全球视野及人文精神,在使用英语的过程中提升英语交际技能。

《当代医学英语微课程——医疗服务问题与对策》是编者们的教学理念创新的体现,也是编者们对专门用途英语教学理论研究及实践的新成果。

为此,欣然以序祝贺。

复旦博学·当代医学英语系列

总主编 陈社胜

2016年9月

前 言

《当代医学英语微课程——临床医疗问题与对策》(*A Mini-Course of English on Issues & Solutions in Clinical Medicine*)是为医学院校的英语教育转型和创新及课程体系建设而编写的,适合具有医疗卫生健康专业背景及较高英语水平的本科和研究生教学使用。

本教材以“临床医疗问题与对策”为主题,内容涵盖了医疗卫生服务(全科医疗)的基本问题,由20个主题单元、60节微课组成。每节微课都基于一个典型的医学案例或事件,以微视频影像形式呈现。学习者可以通过视频影像,观察临床医疗中的典型案例和事件,了解、分析和探讨医疗服务的基本问题和对策,认识当代全球健康服务的先进理念、范畴、目标、措施、实践、经验等,从而提升对健康和生命意义的理解。同时,在观察→发现→分析→探索的过程中,获取学科专业知识、发展批判性思维、培育全球视野及人文精神、提升专业英语交际技能。

每节微课分成课前、课中、课后3个学习时段。课前和课后时段是学生预习和复习时段。课中是课堂学习、互动交流时段,一般用时30分钟左右。因此,在两课时里,可完成三节微课教学。

在专门用途英语教学中应用微课,不仅带来了一种全新的课程教学资源组织方式,更是一种新的教学理念、教学方式和教学方法的应用。编者希望通过案例影像视频微课教学,实现医学英语教育的宗旨:用英语来获取学科专业知识、发展创新思维能力、培育全球视野及人文精神,在使用英语的过程中提升英语交际技能。

《当代医学英语微课程——临床医疗问题与对策》教材由教学用书(纸质)、电子版教师参考、互联网视频资源3部分组成。教学所需影像视听等资源可从互联网云盘下载到移动设备终端,方便随时随地教与学的需要。互联网云盘登录名和密码可向本教材编者或任课老师询问索取。

编 者

2016年9月

CONTENTS

Unit 1	Issues in Primary Care	1
Lesson 1	Primary Care Doctors Wanted	1
Lesson 2	Lessons for Low-Cost Care	6
Lesson 3	What Health Care Reform Means for Primary Care Docs	11
Unit 2	Health Care Service	15
Lesson 4	Waiting in the ER	15
Lesson 5	Hospitals Trying to Polish Their Image	20
Lesson 6	House Call Comes Back	25
Unit 3	Issues in Diagnosis	29
Lesson 7	Bad Medicine	29
Lesson 8	Seek a Second Opinion	34
Lesson 9	Misdiagnosis	39
Unit 4	Tests and Screenings	43
Lesson 10	Screening for Cancer	43
Lesson 11	Test to Detect Genetic Disorders	49
Lesson 12	New Mammogram Guidelines	54
Unit 5	Obesity Prevention and Treatment	58
Lesson 13	Obesity	58
Lesson 14	Gastric Bypass Surgery	64
Lesson 15	Obesity and Cancer	70

Unit 6	Hypertension Control	75
Lesson 16	Controlling High Blood Pressure	75
Lesson 17	High Blood Pressure Treatment	80
Lesson 18	High Blood Pressure New Guidelines	85
Unit 7	Cardiovascular Diseases	89
Lesson 19	Heart Attacks in Women	89
Lesson 20	Heart Failure	94
Lesson 21	Women and Stroke	99
Unit 8	Diabetes Management	103
Lesson 22	Diabetes and Prediabetes	103
Lesson 23	Beating Diabetes	109
Lesson 24	Hidden Danger	114
Unit 9	Bacterial Infections	118
Lesson 25	Bacterial Infectious Diseases	118
Lesson 26	'Nightmare' Superbugs	123
Lesson 27	Whooping Cough on the Rise	128
Unit 10	Viral Infections	132
Lesson 28	Human Papillomavirus	132
Lesson 29	Mystery Illness	138
Lesson 30	Measles Then and Now	143
Unit 11	Respiratory Diseases	147
Lesson 31	Asthma	147
Lesson 32	Flu Pandemic	153
Lesson 33	Pneumonia	158

Unit 12	Gastrointestinal Disorders	162
Lesson 34	Irritable Bowel Syndrome	162
Lesson 35	Colon Cancer	168
Lesson 36	Gastric Ulcers	174
Unit 13	Skin Diseases	178
Lesson 37	Psoriasis	178
Lesson 38	Hives	184
Lesson 39	Eczema	189
Unit 14	New Approaches to Treating Cancer	193
Lesson 40	Targeting Treatment to the Patient	193
Lesson 41	Promising Cancer Treatment	198
Lesson 42	New Weapons in the War on Cancer	203
Unit 15	Pain Management	208
Lesson 43	Pain in Children	208
Lesson 44	Migraine Treatment	214
Lesson 45	How to Cure Chronic Pain Epidemic	219
Unit 16	Infertility Issues	223
Lesson 46	Fertility Age Problems	223
Lesson 47	Sperm Counts on the Decline	228
Lesson 48	Acupuncture Could Boost Fertility	233
Unit 17	Autism Intervention	237
Lesson 49	Autism Research	237
Lesson 50	Warning Signs of Autism	243
Lesson 51	Preventing Autism	248

Unit 18	Osteoporosis and Bone Fractures	252
Lesson 52	Osteoporosis	252
Lesson 53	Easier Osteoporosis Treatment	258
Lesson 54	Bone Fractures	263
Unit 19	Alzheimer's Intervention	267
Lesson 55	The New Guidelines for Alzheimer's	267
Lesson 56	Alzheimer's Warning Signs	272
Lesson 57	Alzheimer's Prevention	277
Unit 20	Medication Safety	281
Lesson 58	Antibiotic Resistance	281
Lesson 59	Prescription Pain Reliever Overdose	287
Lesson 60	Preventing Medication Errors	292
Glossary		296

Issues in Primary Care

Lesson 1

Primary Care Doctors Wanted



Pre-class Session

Activity 1 Vocabulary Work

Get familiar with the following glossary and complete each sentence with a proper word or phrase from the grid.

complaint *n.*

抱怨, 怨言, 主诉

primary care

初级保健

preventative *adj.*

预防的

illustrate *v.*

说明, 表明

radiologist *n.*

放射科医生

spinal *adj.*

脊柱的, 脊椎的

motivation *n.*

动机, 目的

reform *n.*

改革

attractive *adj.*

有魅力的,有吸引力的

option *n.*

选择,选项

- _____ is the health care provided in the community for people making an initial approach to a medical practitioner or clinic for advice or treatment.
- There are various _____ open to someone who is willing to work hard.
- It is sometimes easier to _____ an abstract concept by analogy with something concrete.
- It is natural for people to have an opportunity to speak out about their _____ and dissatisfactions.
- Hours go by. The X-ray shows no pneumonia, says a _____.
- We usually feel more pleasure and _____ to work on what we can do best.
- He went on to prove this by demonstrating aspirin's success as a _____ treatment for cardiovascular disease.
- If we want continued economic success we must continue the process of economic _____.
- The region needs this type of investment to make it _____ to industrialists, tourists, and workers.
- No _____ injury was ever detected in this patient, either before or after death.

In-class Session

Activity 2 Event Observation

Observe an event by watching the video three times, and outline five main points of the event as the following.

- _____
- _____
- _____
- _____

5. _____

Activity 3 Detailed Understanding

Understand details by watching the video once again. Give an oral or written response to each of the following questions.

1. What's a big complaint about the current health system?

2. How many primary care doctors are needed?

3. What happens if there is a shortage of primary care doctors?

4. Why is there a shortage of primary care doctors?

5. What's the income of a primary care doctor compared with that of a specialist?

6. How many medical students choose family medicine nationwide?

7. What's the solution to the problem?

Activity 4 Discussing and Commenting

Discuss and comment on the following questions or statements.

1. Who are primary care physicians? What role do they play in the health care system?
2. Analyze why there is also a shortage of primary care physicians in China.
3. What happens if there is a severe shortage of primary care physicians in the healthcare system? How, in your opinion, can the problem be effectively resolved?

Post-class Session

Activity 5 Written Expression

Translate the following passage into English.

临床医疗中一大问题是全科医生短缺。全科医生被认为是健康的守门人,在为人口最大群体提供基本医疗服务中起着重要作用。

全科医生短缺,意味着医疗培训和卫生系统中应对机制的短缺,也意味着卫生体制和政策的危机。从政策上和报酬上吸引更多医学生从事全科医学为患者提供基本的医疗服务,是卫生体制改革的一个重点。

Reference Reading

Primary Care Doctors Wanted

One of the big complaints about the current system is the shortage of primary care doctors. Our chief science correspondent Robert Bazell looks at why that is and how it might be changed.

The *Healthpoint Clinics* in Washington State provide treatment for anyone who walks in the door. But the clinics can't find doctors. One-in-four physician jobs are open, because of the nationwide shortage of family doctors.

"What does the shortage of primary care doctors do for your mission here, Miss Hudson?" Robert Bazell asked.

"Our mission is really to provide care to anyone in the community that

needs it. If we don't have the 'docs,' it's hard to do that," said Dr. Judy Featherstone, *Healthpoint* director.

Why the shortage? We talked to the third-year medical students at the University of Washington. Brian Misvenick considered family practice until he actually worked in a clinic.

"I try to do preventative care and try to know a patient, and have a relationship on the stand of only 15-to-20 minutes, see 25 or sometimes 30 patients a day. I question my ability to really be able to serve my patients the way I wanted to," said Brian Misvenick.

So he chose surgery.

Dr. Roger Rozenblad, Deputy Director of the *Family Practice Programs*, says that illustrates one of the big problems.

"We've created a system that's made it very difficult for them to be the family physicians they'd like to be," said Dr. Rozenblad.

Another is income. Family doctors earn on average of \$190,000 a year, while radiologists make \$424,000 and spinal surgeons \$611,000.

A decade ago, here at the University of Washington Medical School, 40% of the students chose family medicine. Now that number is down to 13%. Nationwide, the number is more like 5%.

Those who choose family medicine often have special motivations, like Megan O'Connell. Part of Cherokee, she plans to work with Native Americans. "I'd rather try to work to keep my diabetic patients away from Brian and make sure they, you know, have good blood flow to their feet and avoid amputation," said Megan O'Connell.

Experts say health reform must change medicine, so far more medical students see family practice as an attractive option and patients get the care they need.

Lesson 2

Lessons for Low-Cost Care



Pre-class Session

Activity 1 Vocabulary Work

Get familiar with the following glossary and complete the exercise by matching a word or phrase with its definition or synonyms.

access <i>n.</i>	进入, 通路
unavailable <i>adj.</i>	难以获得的, 不能利用的
insurance <i>n.</i>	保险
follow-up <i>n.</i>	随访
pediatrics <i>n.</i>	小儿科, 儿科学
practitioner <i>n.</i>	从业者, 执业医师
consistent <i>adj.</i>	始终如一的, 一致的
chronic <i>adj.</i>	慢性的, 长期的
coordinate <i>v.</i>	协调, 整合
screening <i>n.</i>	筛查, 筛选

- _____ the branch of medicine concerned with the treatment of infants and children
- _____ the right to obtain or make use of or take advantage of something (as services or membership)
- _____ being long-lasting and recurrent or characterized by long suffering
- _____ to bring order and organization to