

医学英语学术交流教程

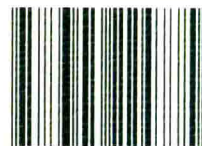
Medical English for Academic Communication

主 编 丁春生 王栩彬

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Medical English for Academic Communication

主 编 丁春生 王栩彬
副主编 王 然 李 平

编 委 (以姓氏拼音排序)

程 炯	丁春生	计红丽
李 平	李雪梅	刘 军
刘维静	王 然	王栩彬
王燕茹	徐 燕	张祿静
朱蕾蔓		



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前 言

经历了多年的学习和淬炼,高年级医学本科同学及硕、博士们都具备了很强的英语文献阅读能力和英语论文写作能力,所欠缺的外语能力主要体现在学术口语交际以及西方文化认知等方面。随着其学术研究的深入,以及国际化和全球化进程的加快,他们会越来越多地参与国际学术交流,这使得上述外语能力缺陷的表现越发明显,相关需求日益突出。

针对相关同学对外语学习的上述需求,我们根据本校高年级英语教学实践,编写了《医学英语学术交流教程》。本书共 8 个单元。每个单元均包含视听说、阅读和口语三部分。

视听说选取各种国际会议和学术交流的音视频资料,帮助学生提升听力水平;设计相关问题,提供学生进行口语表达的机会。

阅读文章 2 篇:Text A 为精读材料,Text B 为泛读材料。材料均选自国际医学学术期刊、书籍或权威医学网站上的英文文章,强化学生的文献阅读能力、提升词汇学习效率的同时,通过课后练习,引入 group discussion 和 oral presentation,让学生能就问题展开讨论并独立表达观点。

口语分为:1. 临床问诊英语口语,以诊室语境为背景,提高学生英语问诊能力;2. 国际会议英语口语,以国际学术会议为纲,涉及会议整个流程中需要的英语内容;3. 向西方介绍中国,从跨文化交际的角度出发,在国际会议和交流中向西方人介绍中国人的思想和文化特点,让世界更了解中国。

在体例、内容和编排上,我们淡化了低年级本科生医学英语里重视的语法、句法、医学词汇构词法以及医学文献阅读等方面内容,也弱化了文献阅读以及论文写作等方面能力的内容,而是着重强调学术口语交际能力和跨文化交际能力的培养,以及文化认知、文化对比等方面的知识的储备和意识的树立。

以诱导讨论式教学法和 TBL(Team-Based Learning)教学模式为基调,在本书的编写过程中,我们处处重视对学术口语及跨文化交际能力的培养。Oral presentation 和 group discussion 练习的设计,使得学生们在课堂上就能获得大量的机会来亲身感受国际学术活动的氛围,锻炼自己的口语表达能力,提升跨文化交际水平。口语部分中,临床问诊英语口语的设计,意在锻炼学生英语问诊能力;国际会议口语部分,从报名参会到会议流程设计,从会议接待到主持发言,从会议报告到宴会祝酒,意在提升学生在参加和主办国际学术会议时,以更流畅的交流,取得更大的收获。

古来大医皆大儒。只顾着提高医疗技术,忽视了文化修养的提升,无法成为真正伟大的

医生。作为一门艺术,任何医学和产生该门医学的文化都密不可分。很难想象一位对阴阳五行学说没有深入研究的人能成为名符其实的中医,同样,将产生于西方的现代医学与其文化土壤割裂开来,医学将彻底沦为机械操作,医生也因失去精神支撑和文化滋润,终难成就大医。为此,本书专门设置了文化部分,在口语交际中提升学生们对文化的深层认知。添上这个环节,补齐文化短板,使得他们能够用技术与文化两条腿走路,均衡发展,两翼齐飞。另外,本书还通过对艺术、宗教、生活方式和山川地貌等各方面进行介绍和对比,旨在培养学生的国际视野和文化意识。用西方人的思想和理念去理解西方先进科技的发展;用东方人的哲学和方式去“师夷长技”并因地制宜地将其应用和发展,提高我们的技术水平;用跨文化的意识去进行交流,去学习他们的成果,去推广我们的文化。

付印之前,本书已在安徽医科大学进行课堂教学实践,取得了良好的教学互动和教学效果,并对反映出来的相关不足之处进行了修改。

本书的策划和编写由安徽医科大学人文医学学院和外语系直接领导,过程中得到了省内多家著名医院以及高校外语学院(系)专家和领导们的关心、指导和帮助,在此致以衷心感谢。

虽然编者努力想给大家奉献一本好书,但囿于学识浅薄,疏漏之处在所难免。我们殷切希望广大师生在使用过程中提出宝贵意见,以便我们不断修订和改进,使之更臻完善。

编 者

2019年9月

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✓音、视频资源
✓参考译文
✓参考答案
✓课件申请

Unit 1

Key Points

Learning Targets

- To master the listening skill of *Prediction*
- To improve the reading skill of *Skimming*
- To learn about the academic terms of cardiology in clinical diagnostic conversation

Learning Focus

- How to declare the beginning and ending of an international academic conference
- How to register for an international conference

Cultural Points

- Chinese dining culture



✓音、视频资源

✓参考译文

✓参考答案

✓学术探讨



Part I Listening Comprehension

Video 1

How Young Blood Might Help Reverse Aging

Exercise I Watch the video and decide whether the following statements are true (T) or false (F).

1. The speaker is going to show some factors that can modulate the age of a tissue.
2. Parabiosis is done in mice by surgically connecting the two mice together, which then leads to a shared neural system.
3. We've reasoned that it must be the soluble factor—plasma in blood could reproduce these rejuvenating effects.
4. In the memory test, the old mouse with memory problems just looks into every hole, but it doesn't form the spacial map to support its escape.
5. In the memory test, another young mouse looks around and then walks straight to that hole and escapes.
6. We find the old mouse, and its brain in particular, can be changed and reshaped.
7. Young blood factors can reverse aging, but we haven't found any old blood factors that can accelerate aging.
8. In order to see whether this magic can be transferable to other animals, we're running a small clinical study at Stanford.

Exercise II Watch the video and fill in the blanks in the note.

Findings through Parabiosis

- A. More 9. _____
- B. 10. _____ of the synapses, 11. _____
- C. More genes involved in 12. _____
- D. Less of 13. _____

Video 2

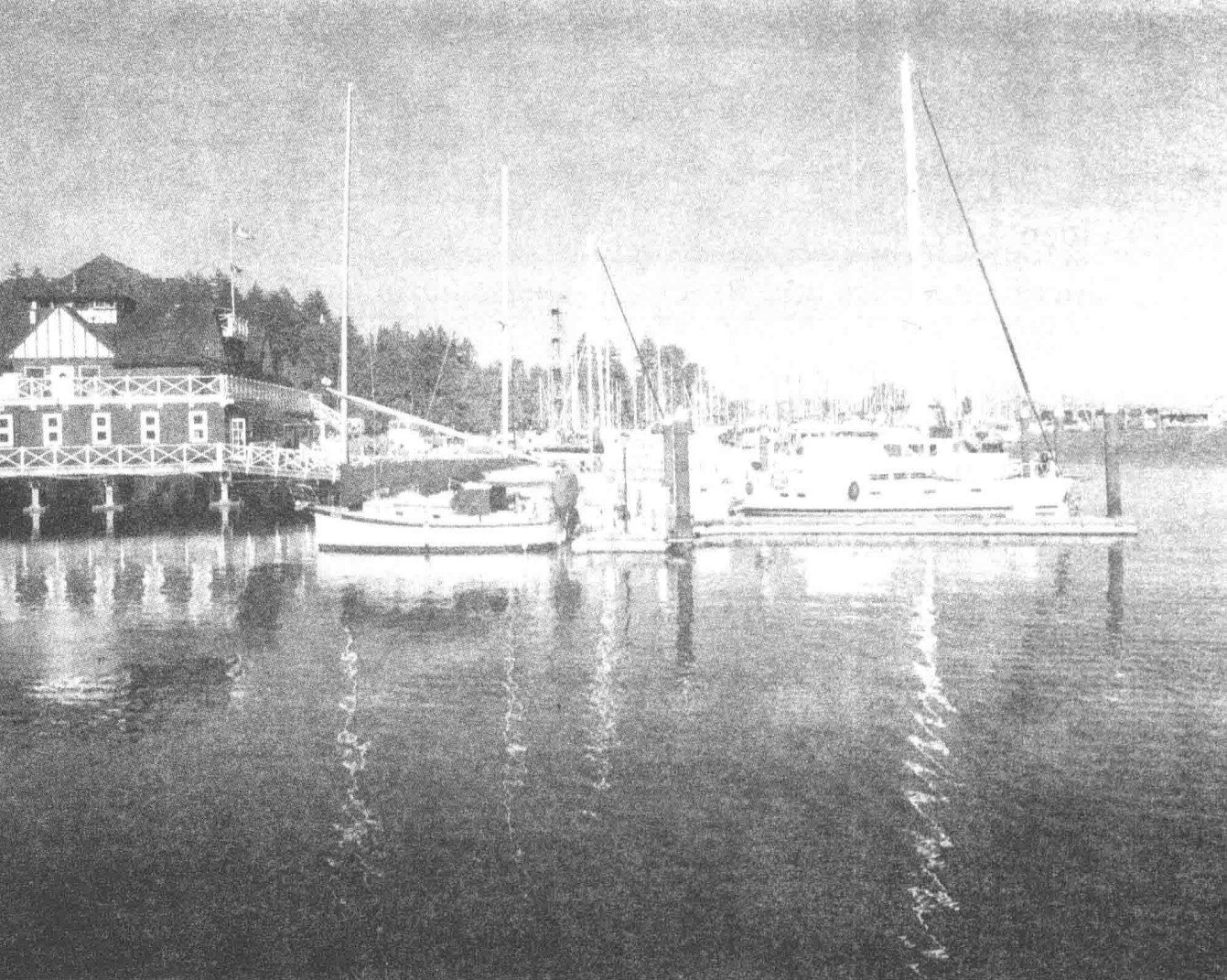
Cancer Genomics and Precision Medicine in the 21st Century

Exercise I Take notes while watching the video and fill in the blanks in the table.

Changes in View of Lung Cancer	
Traditional view	1.
In 1987	2.
In 2004	3.
In 2009	HER 2 over expressions, BRAF mutations, metal alterations, some AKT, some PIC3CA, or PI3 kinase mutations.

Exercise II Take notes while watching the video and fill in the blanks in the table.

The Shifting Paradigm in Medicine	
Previous approaches	New practices
Descriptive medicine	4.
Empiric diagnosis	5.
Grouped by organ site	6.
7.	Individualized treatment
Retrospectively diagnosea disease	Prospectively intervene
Acute care	8.



Exercise III Watch the video and answer the following questions.

9. What is the speaker's field of research?
10. What does the speaker mean by descriptive medicine?
11. What does the speaker prefer to call individualized therapy?
12. How can we select drugs according to the speaker?
13. What have we thought of cancer for many years?

Exercise IV Take notes and fill in the blanks.

- a. Founder mutation usually refers to 14. _____. You will see that in all tumors that are biopsied. And then there are often lesions that lead to 15. _____, like P53, which is called 16. _____. So one of the problems is many of these founder mutations 17. _____. And they are often not 18. _____.
- b. What we mean by driver mutations is that those are required for the expression of 19. _____. And the driver mutations are those that we think we should be able to 20. _____ and then successfully 21. _____.

Listening 1

The Prevention of Cancer

Exercise I Listen to the speech and decide whether the following statements are true (T) or false (F).

1. The speaker mainly talks about infectious causes of cancer in this part of the speech.
2. Occupational cancers vary over history depending on contemporary industries.
3. One of the earliest recognized occupational cancers was scrotal cancer.
4. Around 4 percent of the UK cancers are due to occupation and are relatively straight-forwardly preventable in an economically viable way.
5. The major occupational cancers tend to be skin cancer, sinonasal cancer and larynx one.
6. Cancers are completely preventable, especially those from infectious reasons.

Exercise II Please arrange the following risk factors of cancer in the right order according to the list mentioned in the speech.

A. diesel exhaust	B. radon	C. silica dust
D. mineral oils	E. asbestos	F. paint

7. No. 1 _____
8. No. 2 _____
9. No. 3 _____
10. No. 4 _____
11. No. 5 _____
12. No. 6 _____

Exercise III Listen to the speech and fill in the blanks.

- a. The speaker chose mesothelioma as an example. It is an extremely unpleasant 13. _____, which is very difficult to treat, also 14. _____. About 95% of the risk is related to 15. _____, and almost all of that is 16. _____.
- b. The cancer rates have been 17. _____ and only peaked in the last few years, although we've stopped now using asbestos and it's much more heavily regulated. They will now steadily decline because 18. _____ and sadly because many people who are exposed are dying of mesothelioma.

Listening 2

Using Risk Models for Breast Cancer Prevention

Exercise I Classify the following risk factors into different groups.

A. strong risk factor B. moderately strong risk factor C. weak risk factor

1. Age
2. Age at first birth
3. Age at menarche
4. Age at menopause
5. Adverse SNP in FGFR2
6. BRCA 1 or BRCA 2
7. BMI
8. Contralateral breast cancer
9. Drinking ethanol
10. Family history
11. Having biopsies
12. Hormone replacement therapy
13. Mammographic density
14. Radiation
15. Western country

Exercise II Listen to the speech and fill in the blanks in the note.

Some Choices in Risk Modeling

- A. Based on 16. _____ or empirical approach
- B. Choice of risk factors
- a. Detailed or only some 17. _____
 - b. Reproductive history
 - c. Medical history factors (e. g. biopsies, 18. _____)
- C. 19. _____ in the models and how to piece together
- D. 20. _____: e. g. general population in the UK or the US; or 21. _____



Exercise III Listen to the speech and decide whether the following statements are true (T) or false (F).

22. The speaker gives some examples of models based on empirical approach.
23. Some of the models were based on the assumption that breast cancer is an autosomal dominant disease.
24. BRCA1, a widely used model, allows us to use extensive family history without any mutation data.
25. Elizabeth did a study herself which showed that really familial aggregation patterns of breast cancer can be explained entirely by autosomal dominance.
26. BRCA genes only account for 20 percent of the familial aggregation.
27. Others have tried to expand on the autosomal dominant model by considering residual familial correlations beyond those ascribed to the dominant mutations.