

<<医学博士英语统一考试阅读指导>>

图书基本信息

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### 前言

医学博士外语统考已进行了七八年，试题的构成也经过了先后两次的修改。至今英语考试共分五个部分：听力、词汇、完形填空、阅读理解、写作。其中阅读理解包括6篇短文，每篇文章后各设5个问题，共有30题，每题1分共30分。单从分值来看，考博试题阅读理解所占比例小于“六级”考试或硕士生入学英语统考（二者阅读均是40分）。

但就该考试本身而言，阅读所表现的作用远远大于30分。

首先，通过适当的阅读，能够有效地恢复原有的语言知识，也能起到迅速扩大词汇量的作用。其次，通过适当阅读会提高完形填空的解题能力，因为完形填空首先是立足于阅读理解而进行的一种语言综合测试。

再者，阅读理解对写作有真正的帮助，因为医学博士考试的写作是要求考生将一篇医学科普的汉语文章用英文摘要的形式写出来，这样不可避免就会涉及到相关专业医学术语或特定的表达方式，然而，通过适当的阅读，大家自然会了解和掌握类似的词语及相关的表达，进而提高写作的效果。

但从传统或习惯思维来看，大多数考生甚至教师，认为考什么就练什么，即所谓的“见山是山”，而忽略了阅读理解的真实作用。

本书所要介绍的阅读是一个大阅读的概念，而不是狭隘的阅读理解测试。

在编写这本阅读教材时，我们既注重了阅读理解的“体”的作用，又注重了阅读理解“用”的作用；既为学生提供了相当数量具有参考性文章，并在文章后对必要的词进行了分析和扩充，又很实用地讲到了该考试阅读测试的命题规律及相应的解题思路，并在每一专项讲解后，配有成套的专项练习题。

同时，我们又提供给大家精心选编的模拟题10个单元，并配有注释。

这样就形成阅读理解基础篇—应试篇—实践篇三位一体的编写原则。

此外，我们还在最后一章为大家提供了一定数量精选的小短文，供大家写作练习时参阅。

此书是应人民军医出版社的邀请编写的，时间紧，任务重，未能把我们多年从事辅导的经验充分地介绍给大家，略感遗憾。

但愿此书的出版能为大家的复习，送去一缕阳光，扫去那萦绕心头的乌云；又像一座灯塔，照亮远方，通向成功的驿站。

此书在编写选材过程中得到了南方医科大学许瑾老师、河北医科大学丛斌教授的大力支持，并在排版过程中得到了河北医科大学段和平老师的热心指导，在此一并表示感谢。

由书中如有错误或失误，衷心希望读者不吝指出前盼。

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### 内容概要

本书由国内著名英语辅导专家——河北医科大学外语部赵贵旺教授根据多年的外语辅导经验总结而成。

全书共分6章，从阅读理解概说开始，渐进地介绍阅读理解的命题特点及应试要点，进而介绍医学博士外语统考阅读理解命题特点及应试要点，同时附上大量的练习，让考生能够全面地掌握阅读理解的解题技巧。

该书适用于参加医学博士外语统一考试的考生，也适合于参加硕士研究生、职称考试以及出国考试的在校学生和临床医生。

书籍目录

第一章 阅读概说第二章 阅读理解基础篇 Unit One Unit Two Unit Three Unit Four Unit Five Unit Six Unit Seven Unit Eight Unit Nine Unit Ten第三章 阅读理解的命题特点及解题技巧 第一节 往年考博真题预读 第二节 阅读理解的命题特点及解题思路 第三节 主旨类型题的解题技巧 第四节 细节类型题的解题技巧 第五节 推断类型题的解题技巧第四章 阅读理解实践篇 Unit One Unit Two Unit Three Unit Four Unit Five Unit Six Unit Seven Unit Eight Unit Nine Unit Ten第五章 答案与解析第六章 阅读与写作后记

## 章节摘录

Moral outrage over the "poaching" behavior on the part of rich countries has reached a crescendo. Yet simply blocking migration is neither effective nor ethical, since freedom of movement is a basic human right. The challenge is to advance human health while protecting health workers rights to seek gainful employment. The first responsibility for action belongs with each country to "train, retain, and sustain" its workforces through national plans that improve salaries and working conditions, revitalize education, and mobilize paraprofessional and community workers whose services are demonstrably more cost-effective and who are less likely to emigrate. Since such urgent actions must be pursued in the worlds poorest nations, much will depend on the global communitys provision of appropriate financial and technical aid. The U. S. government and philanthropic institutions, arguably the most influential actors in global health, should demonstrate stronger leadership by broadening their current strategies. The Presidentts Emergency Plan for AIDS Relief is well financed, at \$15 billion over five years, but its strategy is preoccupied with short-term numerical targets for patient treatment in 15 priority countries. The Bill and Melinda Gates Foundation, the worlds largest philanthropic organization, focuses its support on the development of breakthrough health technologies. To enhance their impact, outreach, and sustainability, both of these organizations must invest more in human resources and health care systems — the delivery vehicle for ensuring that persons have access to available technology. Dispatching U.S. health professionals abroad through laudable programs such as the one proposed by the Institute of Medicine should not be misconstrued as a substitute for the essential task of building local capacity. The United States must become more informed about global health in order to navigate domestic policies in the midst of rapidly changing international developments. The case for U.S. leadership is based not simply on humanitarianism but also enlightened self-interest. As demonstrated by international medical graduates, the United States is inextricably linked to global health. It has a vital stake in controlling the spread of infectious diseases such as the severe acute respiratory syndrome ( SARS ) and looming avian influenza pandemics. Protecting Americans requires viral detection and interdiction at points of origin, which are undermined by the depletion abroad of qualified professionals. The United States can better harmonize its domestic and global health policies by moving toward self-sufficiency in preservice training. In the 1990s, fears of a physician surplus drove federal workforce policies. Now, dire predictions of massive shortages of 200,000 physicians and 800,000 nurses by 2020 — driven by the escalating demands of an aging society, new technologies, management of chronic diseases, changing family structures, and consumer and provider preferences — are prompting major American organizations to endorse targeted increases in the size of U.S. medical schools and the number of residency training slots. A serious engagement of key stakeholders in the United States is needed to develop effective policies for the health care workforce that prepare for the future without raiding the limited human resources of poorer societies.

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60个精选全真练习及详解，方便考生强化训练  
备考

10个阅读单元引导性指导，强化考生阅读习惯  
配套网站+名师即时在线解答，用心服务考生

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