

外国語

英語：1～8ページ

1. 試験開始の合図があるまで、この問題冊子を開いてはいけません。
2. 解答時間は75分間です。
3. 解答用紙の記入にあたっては、**解答用紙の注意事項**を参照し、HBの鉛筆を使用して丁寧にマークしなさい。
4. 受験番号、氏名、フリガナを**解答用紙**に記入しなさい。受験番号は記入例を参照して、正しくマークしなさい。
5. マークの訂正には、消しゴムを用い、消しくずは丁寧に取り除きなさい。
6. 試験開始後、ただちにページ数を確認し、落丁や印刷の不鮮明なものがあれば申し出なさい。
7. 試験終了後、**解答用紙のみ**を提出しなさい。問題冊子は持ち帰りなさい。
8. 解答用紙は折り曲げないようにしなさい。

解答用紙の受験番号記入例

数字の位置	受 験 番 号				
	万	千	百	十	一
0	0	0	0	0	0
1	●	①	①	①	①
2	②	●	②	②	②
3	③	③	●	③	③
4	④	④	④	●	④
5	⑤	⑤	⑤	⑤	●
6	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨

PASSAGE 1

Use the content from this passage, separated into 21 sections (*sec*), to answer the *PASSAGE 1 QUESTIONS*.

WHAT IS AN AUTOMATED EXTERNAL DEFIBRILLATOR?

- sec 1* An automated external defibrillator (AED) is a portable device that checks the heart rhythm and can send an electric shock to the heart to try to restore a normal rhythm. AEDs are used to treat sudden cardiac arrest (SCA).
- sec 2* SCA is a condition in which the heart suddenly and unexpectedly stops beating. When this happens, blood stops flowing to the brain and other vital organs.
- sec 3* SCA usually causes death if it's not treated within minutes. In fact, each minute of SCA leads to a 10 percent reduction in survival. Using an AED on a person who is having SCA may save the person's life.

WHAT ARE THE SIGNS OF SUDDEN CARDIAC ARREST?

- sec 4* If someone is having SCA, you may see him or her suddenly collapse and [A]. Or, you may find the person unconscious and unable to respond when you call or shake him or her.
- sec 5* The person may not be breathing, or he or she may have an abnormal breathing pattern. If you check, you usually can't find a pulse. The person's skin also may become dark or blue from lack of oxygen. Also, the person may not move, or his or her movements may look like a seizure (spasms).
- sec 6* An AED can check the person's heart rhythm and determine whether an electric shock is needed to try to restore a normal rhythm.

HOW TO USE AN AUTOMATED EXTERNAL DEFIBRILLATOR

- sec 7* Before using an automated external defibrillator (AED) on someone who you think is having sudden cardiac arrest (SCA), check him or her.
- sec 8* If you see a person suddenly collapse and pass out, or if you find a person already unconscious, confirm that the person can't respond. Shout at and shake the person to make sure he or she isn't sleeping.
- sec 9* Never shake an infant or young child. Instead, you can pinch the child to try to wake him or her up.
- sec 10* Call 9-1-1 or have someone else call 9-1-1. If two rescuers are present, one can provide CPR (cardiopulmonary resuscitation) while [B] calls 9-1-1 and gets the AED.
- sec 11* Check the person's breathing and pulse. If breathing and pulse are absent or irregular, prepare to use the AED as soon as possible.
- sec 12* If no one knows how long the person has been unconscious, or if an AED isn't readily available, do 2 minutes of CPR. Then use the AED (if you have one) to check the person.
- sec 13* After you use the AED, or if you don't have an AED, give CPR until emergency medical help arrives or until the person begins to move.
- sec 14* After 2 minutes of CPR, you can use the AED again to check the person's heart rhythm and give another shock, if needed. If a shock isn't needed, continue CPR.

USING AN AUTOMATED EXTERNAL DEFIBRILLATOR

- sec 15* AEDs are user-friendly devices that untrained bystanders can use to save the life of someone having SCA.
- sec 16* Before using an AED, check for puddles or water near the person who is unconscious. Move him or her to a dry area, and stay away from wetness when delivering shocks (water conducts electricity).
- sec 17* Turn on the AED's power. The device will give you step-by-step instructions. You'll hear voice prompts and see prompts on a screen.
- sec 18* Expose the person's chest. If the person's chest is wet, dry it. AEDs have sticky pads with sensors called electrodes. Apply the pads to the person's chest as pictured on the AED's instructions.
- sec 19* Place one pad on the right center of the person's chest above the nipple. Place the other pad slightly below the other nipple and to the left of the ribcage.
- sec 20* Check that the wires from the electrodes are connected to the AED. Make sure no one is touching the person, and then press the AED's "analyze" button. Stay clear while the machine checks the person's heart rhythm.
- sec 21* If a shock is needed, the AED will let you know when to deliver it. Stand clear of the person and make sure others are clear before you push the AED's "shock" button.

Vocabulary

spasm: sudden uncontrolled tightening of a muscle; **9-1-1:** emergency services; **CPR:** emergency lifesaving procedure; **bystanders:** people standing nearby

Excerpt adapted from "What Is an Automated External Defibrillator?"
<http://www.nhlbi.nih.gov/health/health-topics/topics/aed/>

PASSAGE 1 QUESTIONS

1. According to the passage, which of the following is FALSE about an AED?
 - ① It is a portable device.
 - ② It is designed only for licensed professionals.
 - ③ It is designed to save a person's life.
 - ④ It is designed to send an electric shock to the heart.

2. By how much does someone's chance of survival drop if his or her SCA is left untreated for 2 minutes?
 - ① 5%
 - ② 10%
 - ③ 15%
 - ④ 20%

3. Which of the following is NOT a symptom mentioned in the passage of a person who has had an SCA?
 - ① absence of breathing
 - ② bluish appearance
 - ③ lack of a pulse
 - ④ reddish appearance

4. Which section answers the following question:
What should you do if you don't know how long a person has been unconscious?
 - ① sec 5
 - ② sec 9
 - ③ sec 12
 - ④ sec 14

5. Which section answers the following question:
Does the AED have a display screen which shows you what to do?
 - ① sec 11
 - ② sec 17
 - ③ sec 19
 - ④ sec 21

6. In section 4, which of the following is the best fit for **[A]** ?
 - ① had lost consciousness
 - ② have losing consciousness
 - ③ lose consciousness
 - ④ lost consciousness

7. In section 8, which of the following is most similar in meaning to "**pass out**"?
 - ① die
 - ② faint
 - ③ feel faint
 - ④ give something away

8. According to section 9, what is the best way to try to wake up an infant?
 - ① pinch the infant
 - ② shake the infant
 - ③ shout at the infant
 - ④ sing to the infant

9. In section 10, which of the following is the best fit for **[B]** ?
 - ① other
 - ② others
 - ③ the other
 - ④ the others

10. In section 21, which of the following is most similar in meaning to "**deliver it**"?
 - ① bring food to the person
 - ② drive the AED into the person
 - ③ explain what to do to the person
 - ④ give an electric shock to the person

PASSAGE 2

Use the content from this passage, separated into 21 sections (*sec*), to answer the *PASSAGE 2 QUESTIONS*.

- sec 1* At 12:13 PM on Monday March 24, 1986, I came into the world. I was facedown and tucked in the fetal position.
- sec 2* My father was at the bedside, gripping my mother's hand. He wasn't able to see my face or chest because I came out facing the ground. For a moment, everything appeared to be normal.
- sec 3* Then the obstetrician passed me to the pediatrician without saying a word to my parents. He took me over to the table inside the room and washed me down with his back turned to my mother and father. He gave me the standard Apgar test (the health checklist for every newborn) as if nothing was wrong, but something clearly was.
- sec 4* The excitement and relief at the birth of their firstborn quickly turned into strained confusion. No one in the room would make eye contact with them. My parents were both too scared to ask what the problem was as the pediatrician wrapped me in a blanket and passed me to a nurse – both immediately left the room and shut the door behind them.
- sec 5* The obstetrician knelt down to finish the delivery by stitching my mother. A thick cloud of fear loomed over the room. My parents were stunned and silent.
- sec 6* Eventually, the obstetrician stood up and said, "I need to check on some things right away with your son, but I should be back with him in a moment."
- sec 7* "So it's a boy?"
- sec 8* "Yes, Scott... but some tests need to be done to make sure everything is in order before you can see him," the doctor said. "I'll go and check on that now."
- sec 9* The pediatrician stepped back inside the delivery room and paced toward my parents as he stared down at the floor. He slowly lifted his head to speak.
- sec 10* "There are some problems with the baby."
- sec 11* He paused, as if trying to find the right words, before explaining: "He is missing most of his limbs. We did some preliminary tests to determine if he has all of the necessary internal organs to survive, and everything else seems fine."
- sec 12* "It appears as though he'll be all right, but we want to make sure before you see him."
- sec 13* The doctor left my parents alone inside the delivery room. They didn't know what to do – they were too shocked by what had happened, too scared of the unknown, and too confused by the entire situation. They felt as though the world had collapsed around them. My father looked into my mother's eyes, and both of them began to [A] out of sheer uncertainty.
- sec 14* The obstetrician looked at my parents and tried to speak. "I'm sorry... I'm sorry," was all he could manage to get out. He left to check on me in the intensive care unit.
- sec 15* My father glanced over at the IV running into a vein in my mother's arm and noticed that the tube had lost its fluid. He rolled her over towards her stomach to examine what happened and discovered that during all of the chaos of the delivery, the IV had somehow slipped out. The table and its sheets were soaked in blood from a large vein, the blood running all over her back.
- sec 16* My father screamed out for help. Nurses rushed into the room, shoved the IV back inside of my mother, and rushed to pump blood inside of her to replace what she had lost.
- sec 17* My father stumbled back and collapsed in a chair. He was sick to his stomach and felt almost faint from trauma. His newborn son was undergoing urgent tests for a problem that no one could explain to him. His wife nearly died from blood loss on the delivery room table. Nothing could have prepared him for **this**.
- sec 18* The fear of the unknown nearly overwhelmed my parents before they were even allowed to see me. It took them a moment to gather courage to see their firstborn child – hoping for the best, praying against the worst – when the pediatrician returned, carrying me wrapped inside a blanket. He had a look of sympathy on his face as he passed me to my parents.
- sec 19* My father looked down at me and beamed. With my head supported by his shoulder, he took his left hand and uncovered the blanket to see my missing limbs. He didn't grimace. For a moment, he was proud that my features already resembled his.
- sec 20* My mother sighed with joy as she said, "I can't believe he's so beautiful."
- sec 21* As they talked, my parents felt God was telling them that everything would be all right; that He wanted them to celebrate the birth of their firstborn son, that they should dispel fear and doubt.

Vocabulary

IV: a tube delivering fluid into a vein; **shoved:** pushed; **overwhelmed:** overpowered; **grimace:** a twisted facial expression of negativity; **dispel:** make doubt disappear

Excerpt adapted from "No Excuses" by Kyle Maynard, Regnery Publishing, Inc. 2005 pp. 15-17

PASSAGE 2 QUESTIONS

11. What happened on March 24, 1986, at 12:13 PM?
- ① The author was born under normal circumstances.
 - ② The author was born under unusual circumstances.
 - ③ The author's father watched his son's expression.
 - ④ The author's parents were communicating excitedly with the hospital staff.
12. In section 4, which of the following best describes the birth of Kyle, the author?
- ① It was a confusing event in which the hospital staff was quiet and secretive.
 - ② It was a dark event which was deeply saddening for the parents.
 - ③ It was a joyful event that the parents were thrilled and excited about.
 - ④ It was a surprising event that the hospital staff tried to explain to the parents.
13. In section 13, which of the following is the best fit for [A] ?
- ① tear down
 - ② tear off
 - ③ tear through
 - ④ tear up
14. In sections 15 and 16, there was some trouble associated with the "IV". According to the passage, which of the following is TRUE?
- ① It was necessary for the IV to be inserted in the mother to keep her condition stable.
 - ② The drugs inside the IV caused the mother to suffer from massive blood loss.
 - ③ The mother suffered the loss of her limbs because of the IV.
 - ④ The mother was bleeding heavily because the IV had fallen out.
15. In section 17, what is "**this**" referring to?
- ① how much blood he was going to see all over the table, sheets and his wife's back
 - ② how weak he was feeling and how sick to his stomach he was
 - ③ suddenly needing to rush to pump blood back inside his wife to replace the blood she had lost
 - ④ the shock of the unknown problem with his newborn son and seeing his wife almost die
16. In section 21, which of the following best describes how Kyle's parents felt about their son?
- ① excited and relieved
 - ② optimistic and cautiously hopeful
 - ③ strained and confused
 - ④ stunned and quiet
17. Based on the information in the passage, what is TRUE about the pediatrician?
- ① He completed the delivery of the baby by sewing the mother up.
 - ② He performed the routine examination to check the newborn baby's health.
 - ③ He replaced the IV into the mother's arm.
 - ④ He was still in the intensive care unit when the baby was returned to his parents.
18. Which of the following best reflects the content of the passage?
- ① Kyle was born with serious physical abnormalities which shocked his parents. Then, his father got sick to his stomach and his mother suffered massive blood loss. They prayed to God that they would be able to see how beautiful their son was and in the end, they discovered that their son had missing limbs.
 - ② Kyle was born with serious physical abnormalities. After that, there was an accident which left Kyle's mother with missing limbs and caused his father to collapse from the trauma. In the end, Kyle and his parents had all passed away but God was telling them that everything would be all right now that they were all together in heaven.
 - ③ Kyle was born with serious physical abnormalities. The delivery room was tense as hospital staff quietly rushed the newborn out as his parents were left confused and worried. Then, Kyle's mother almost died from accidental blood loss. In the end Kyle's parents had a positive outlook about the birth of their first child.
 - ④ Kyle was born with serious physical abnormalities. The hospital staff did their best to explain the situation to the parents but they didn't want to listen. Then, Kyle's mother accidentally slipped and collapsed in sheets soaked in blood. In the end Kyle's parents celebrated the birth of their first child with God.

PASSAGE 3

Use the content from this passage, separated into 15 sections (*sec*), to answer the *PASSAGE 3 QUESTIONS*.

NEW ZIKA THREAT TO BABIES: LATE-ONSET MICROCEPHALY

- sec 1* CDC researchers have made a startling discovery about microcephaly, a devastating birth defect caused by the Zika virus: **It** can affect babies late into a mother's pregnancy and not become apparent until months after they are born.
- sec 2* **[A]**, researchers have said babies were most susceptible to the virus when a woman was infected early in a pregnancy. Babies who have the devastating condition generally have abnormally small heads at birth.
- sec 3* But in the newly described form of microcephaly — dubbed late-onset microcephaly — babies appear to have normally sized heads at birth, but their damaged brains have stopped growing. By about 6 months of age, they have developed microcephaly because their head size hasn't kept up with normal growth, said William Dobyns, MD, professor of pediatrics and neurology at Seattle Children's Hospital. Dobyns has been studying brain injuries in Zika-infected babies.
- sec 4* The condition was **observed** by CDC researchers who are following more than 1,200 Zika-affected pregnancies in Brazil, said Ted Pestorius, an assistant incident manager for the CDC's Zika response. The finding has not been published in a medical journal.
- sec 5* Previously, scientists have described a fetal brain defect **[B]** Zika that causes the brain to shrink and the skull to collapse while a baby is still in the womb. Published case reports have also described a kind of late-onset microcephaly that doctors can't detect on ultrasound scans but diagnose shortly after birth.
- sec 6* Pestorius shared the discovery with media attending a Zika briefing arranged by the Georgia Department of Economic Development on Wednesday. The CDC did not immediately provide more details about the study.
- sec 7* Cesar Victora, MD, PhD, an epidemiologist with the Universidade Federal de Pelotas, in Rio Grande do Sul in Brazil, and part of the team that's been carefully documenting the outcomes of babies born to Zika-infected mothers in Brazil, confirmed that these cases were occurring. He said his colleagues have treated some of the babies.
- sec 8* The babies with late-onset microcephaly have been born to mothers infected during the third trimesters of their pregnancies, Pestorius said.
- sec 9* Dobyns said he's wary of that. "Connecting that to a third-trimester exposure is very premature," he said. He said he's familiar with the unpublished data, and it's based on relatively few cases.
- sec 10* Researchers had initially thought that Zika was most damaging when infection occurred during the early weeks of pregnancy, when a baby's organs are still forming. The possibility that Zika may continue to cause severe damage later in pregnancy means unborn babies may be **vulnerable** to its effects at any time during their development.
- sec 11* However, Dobyns said based on his research, it's clear that Zika-infected babies can be born with normal head sizes and severe brain injuries.
- sec 12* "There's a lot of things to worry about here," he said.
- sec 13* In his briefing, Pestorius also updated reporters on the investigation into the puzzling case of nonsexual Zika transmission in Utah, where a dying man apparently passed the virus to a son who was taking care of him.
- sec 14* **Pestorius said the case was "an outlier" because the older man had such high amounts of virus in his body.** He said investigators have assessed the various ways the son might have come into contact with his father's bodily fluids, and it appears that the son may have caught the virus as he wiped his father's tears.
- sec 15* He said the CDC is considering whether it needs to revise its guidelines for medical professionals and others who may care for people infected with Zika.

Vocabulary

late-onset: happening later than normal; **microcephaly:** abnormally small head; **startling:** surprising; **susceptible:** likely to be harmed by something; **dubbed:** also known as; **fetal:** about a baby before birth; **womb:** mother's body structure which carries the unborn baby; **diagnose:** identify a disease in a patient; **epidemiologist:** a person who studies the spread of disease in human populations; **third trimester:** final third of a normal pregnancy period; **wary:** doubtful

Excerpt adapted from "New Zika Threat to Babies: Late-Onset Microcephaly" by Brenda Goodman,
MA WebMD Health News Reviewed by Hansa D. Bhargava, MD
<http://www.webmd.com/news/20160811/new-zika-threat-late-onset-microcephaly?page=1>

PASSAGE 3 QUESTIONS

19. Which of the following best reflects the content in sections 1-3?
- ① A new discovery about Zika is that it causes microcephaly which results in babies being born with abnormally small heads.
 - ② Babies bitten by Zika-infected mosquitoes may not show symptoms until months after they are born.
 - ③ Months after a baby is born of a mother infected with the Zika virus, the mother will become sick.
 - ④ Zika virus is now known to be able to cause major health problems in babies that are not noticeable at birth.
20. In section 1, what is “**It**” referring to?
- ① a Zika-infected mosquito
 - ② microcephaly
 - ③ the discovery
 - ④ the Zika virus
21. Which of the following is a newly discovered characteristic of the “NEW ZIKA THREAT” described in this passage?
- ① Babies are born with abnormally small heads.
 - ② Babies’ heads start to appear abnormal between birth and their first birthday.
 - ③ Mosquitoes are carriers of the Zika virus.
 - ④ Zika is transmitted through sexual contact.
22. In section 2, which of the following is the best fit for **[A]** ?
- ① Consequently
 - ② Eventually
 - ③ Going forward
 - ④ Up to now
23. In section 4, which of the following is most similar in meaning to “**observed**”?
- ① cured
 - ② developed
 - ③ infected
 - ④ recorded
24. In section 5, which of the following is the best fit for **[B]** ?
- ① associated with
 - ② curing
 - ③ prevented by
 - ④ triggering
25. In section 10, which of the following is most similar in meaning to “**vulnerable**”?
- ① acceptable
 - ② accessible
 - ③ connected
 - ④ susceptible
26. In section 14, “**Pestorius said the case was ‘an outlier’ because the older man had such high amounts of virus in his body**” suggests that...
- ① this case is typical.
 - ② this case is unusual.
 - ③ Zika can be passed from son to father.
 - ④ Zika cannot be transmitted by bodily fluids.
27. According to sections 13-15, which of the following is the most likely reason the CDC is considering the need to revise its guidelines?
- ① Current guidelines do not have the most up-to-date information which could lead to the misunderstanding that transmission is not possible through the wiping of tears.
 - ② Current guidelines were written before it was known that transmission may be possible through contact with tears.
 - ③ Old guidelines are making new discoveries incomplete and potentially dangerous.
 - ④ The CDC has become sure about stating that transmission through the wiping of tears is possible.

PASSAGE 4

Use the content from this passage, separated into 15 sections (*sec*), to answer the *PASSAGE 4 QUESTIONS*.

A NEED TO KNOW HOW TO COMMUNICATE

- sec 1* Many may be surprised to learn that liberal education is deeply ingrained in medical school curricula. Yes, medical students learn anatomy, physiology, biochemistry and neuroscience, but they also have required courses in ethics, leadership, policy, economics, sociology and psychology.
- sec 2* To succeed at their trade, doctors not only need to have a sophisticated knowledge of biology, they also must master the complex clinical micro- and macro-systems in which their patients live and they work.
- sec 3* Thus, today's medical curriculum teaches new doctors about culture and communication. It is no longer good enough – and probably never was – for a doctor to simply know the appropriate medication to prescribe or diagnostic test to order.
- sec 4* Physicians must also fully understand social constructs such as class, gender and race, explicit and implicit, that mold both how they make medical decisions and how, in turn, patients receive their care. We all know the most science-smart physicians will fail their patients if they aren't effective communicators with a sense of cultural humility.
- sec 5* On the world stage, understanding culture, politics and economics is crucial to health challenges that range from pandemics to bioterrorism. As the global health expert Laurie Garrett noted recently, culture isn't just important in these efforts; it's the whole ballgame.
- sec 6* Medical schools are also often at the forefront in innovations in **pedagogy**. For example, “experiential learning” as a concept has gained traction in recent years across academic institutions. Yet medical schools have been leading such efforts for centuries where all students spend time “on the wards” learning how to take care of patients.

WORKING BEYOND THE WARDS

- sec 7* Beyond the wards, medical students also engage in off-campus activities where they learn the realities of providing clinical care within highly diverse human communities. At Dartmouth, we incorporate ethics, economics, global politics, anthropology and sociology into our medical curriculum. We also track and evaluate the impact of these areas of study on student performance.
- sec 8* From working with underserved populations in tribal nations and inner cities in the U.S., to participation with collaborative HIV/tuberculosis training and treatment programs in Tanzania, these experiential programs teach students the critical importance of social determinants of health. They learn that, nationally or internationally, the greatest problems in “health” do not arise from either malaria or atherosclerosis. They arise from the impact of upstream causes such as poverty, malnutrition and lack of access to high-quality education.
- sec 9* Assimilating these social, political, environmental and economic factors into health care delivery has been widely acknowledged by both governments and high-profile nonprofit organizations, such as The Bill and Melinda Gates Foundation and Ashoka.
- sec 10* So too, the arts and humanities have long been infused into the medical school curricula. At the turn of the 20th century, Abraham Flexner, called the father of modern medical education, acknowledged the essential nature of ethics and the humanities to the practice of medicine, and the liberal arts more broadly have historically been foundational to medical education.
- sec 11* Dartmouth is **far from the only medical school** to have long recognized the importance of the arts and humanities in fostering the empathy, compassion and humanity that are cornerstones for effective medical care and to have incorporated them into their curricula.
- sec 12* Schools across the country, including The University of Texas Health Sciences Center at San Antonio and more recently Harvard, have incorporated variations of “Art Rounds” as elective into their educational programs.
- sec 13* And at Yale, such programs are not only mandatory for students, but are incorporated into their continuing medical education workshops for **alumni**. Washington University's medical historian, Kenneth Ludmerer, has noted that **incorporation of the arts and humanities provides a needed counterweight to the ever-increasing load of technical information required of medical studies.**
- sec 14* Since its early days, medicine has been recognized to be both an art and a science. Despite the explosion in scientific knowledge over the past decades, the art has not been displaced. Rather, medical training is embracing the spectrum of arts, social as well as natural sciences, and humanities.
- sec 15* And on the flip side, a society becoming obsessed with how we are wasting valuable dollars in undergraduate liberal arts should recognize how essential these fields are to the training of those who are entrusted with our health and medical care.

Vocabulary

liberal education: general education; **ingrained:** established; **curricula:** plural form of curriculum; **diagnostic:** related to identifying a disease in a patient; **humility:** modesty; **at the forefront:** leading; **traction:** popularity; **wards:** patient rooms; **malaria and atherosclerosis:** medical diseases; **cornerstones:** key points

Excerpt adapted from “Why get a liberal education? It is the life and breath of medicine” by Leslie Henderson, Glenda Shoop, Lisa V. Adams

<https://theconversation.com/why-get-a-liberal-education-it-is-the-life-and-breath-of-medicine-63898>

PASSAGE 4 QUESTIONS

28. According to sections 1-6, all of the following are mentioned as important for doctors EXCEPT...
- ① being able to communicate very well and understand culture.
 - ② developing innovations at medical schools.
 - ③ knowing about how patients live and work.
 - ④ knowing the science of medicine.
29. According to sections 1-6, which of the following is TRUE?
- ① Dealing with pandemics goes beyond what physicians are expected to handle.
 - ② In the past, it was likely good enough for doctors to just understand the science of medicine.
 - ③ The most science-smart physician will be the most successful.
 - ④ Understanding culture, politics and economics is very important for physicians.
30. According to section 6, which of the following is most similar in meaning to "pedagogy"?
- ① education
 - ② leadership
 - ③ sociology
 - ④ technology
31. According to section 7, at Dartmouth they incorporate all of the following into their medical curriculum EXCEPT...
- ① the study of finance and money matters.
 - ② the study of international relations.
 - ③ the study of matter and energy.
 - ④ the study of morals and integrity.
32. According to section 8, which of the following is NOT included as being an important social determinant of health?
- ① harassment
 - ② malnutrition
 - ③ poor education
 - ④ poverty
33. In section 11, which of the following is most similar in meaning to "far from the only medical school"?
- ① far from medical schools
 - ② one of many medical schools
 - ③ one of very few medical schools
 - ④ the only medical school
34. In section 13, which of the following is most similar in meaning to "alumni"?
- ① former Yale students
 - ② other hospitals
 - ③ other universities
 - ④ students currently attending Yale
35. In section 13, which of the following is most similar in meaning to "incorporation of the arts and humanities provides a needed counterweight to the ever-increasing load of technical information required of medical studies"?
- ① Because the amount of technical information is increasing, students have no time for arts or humanities.
 - ② It is necessary for medical students to learn a lot of technical information provided by arts and humanities.
 - ③ Studying arts and humanities is very demanding so medical students need a lot of technical information.
 - ④ The heavy burden of learning technical information can be offset with arts and humanities courses.
36. Which of the following best reflects the content of the passage?
- ① As future doctors, students need to be good communicators and be able to deal with future global challenges including economic, political and environmental aspects of health care. Both the art and science of medicine should be considered as essential in the education of future doctors but the spectrum of arts will become more important than science in the future.
 - ② Medical students need to study more than medical science in order to prepare themselves for their future careers. As doctors, they will have to be good communicators and be able to deal with future challenges with empathy and compassion while understanding the economic, political and environmental aspects of health care. Therefore, studying arts and humanities is essential for all future doctors.
 - ③ Students need to recognize that the study of arts and humanities is the most important part of medical school. As doctors, they will have to be good communicators and be able to deal with future global challenges with empathy and compassion. Understanding the economic, political and environmental aspects of health care will not be necessary.
 - ④ Undergraduate liberal arts education is a waste of time and money for medical universities and society. It is widely recognized that the fields of biology and the science of medicine are the most essential subjects students need to learn before becoming doctors because they will have to treat patients.