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образовательное учреждение высшего образования  
«Кировский государственный медицинский университет»  
Министерства здравоохранения Российской Федерации

УТВЕРЖДАЮ  
И.о. ректора Л.М. Железнов  
«27» июня 2018 г.

## **РАБОЧАЯ ПРОГРАММА ДИСЦИПЛИНЫ**

**«Деловой иностранный язык»**

**(английский язык)**

Специальность 31.05.02 Педиатрия

Направленность (профиль) ОПОП - Педиатрия

Форма обучения очная

Срок освоения ОПОП 6 лет

Кафедра иностранных языков

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Заведующий кафедрой Т.Б. Агалакова

Ученым советом педиатрического факультета «27» июня 2018 г. (протокол № 6)

Председатель ученого совета факультета О.Н. Любезнова

Центральным методическим советом «27» июня 2018 г. (протокол № 1)

Председатель ЦМС Е.Н. Касаткин

#### **Разработчики:**

Зав. кафедрой иностранных языков  
ФГБОУ ВО Кировский ГМУ  
Минздрава России

Т.Б. Агалакова

Доцент кафедры иностранных языков,  
канд.филол.наук ФГБОУ ВО Кировский ГМУ  
Минздрава России

В.А. Головин

#### **Рецензенты**

зав.кафедрой пропедевтики внутренних болезней и профессиональных болезней  
ФГБОУ ВО Кировского ГМУ к.м.н., доцент

А.Я. Чепурных

канд.филол.наук, доцент кафедры иностранных языков неязыковых направлений  
факультета лингвистики ФГБОУ ВО ВятГУ

С.И. Тютюнник

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## **Раздел 1. Перечень планируемых результатов обучения по дисциплине, соотнесенных с планируемыми результатами освоения ОПОП**

### **1.1. Цель и задачи изучения дисциплины:**

*Цель* освоения дисциплины «Деловой иностранный язык» (английский язык) состоит в формировании иноязычной коммуникативной компетенции, необходимой для межкультурной профессионально-ориентированной коммуникации в устной и письменной формах. Данная дисциплина может стать этапом в подготовке к международным программам академического обмена.

### **1.2. Задачи изучения дисциплины:**

- сформировать у студентов умения и навыки анализа научной литературы и официальных статистических обзоров, участие в проведении статистического анализа и представление полученных результатов; участие в решении отдельных научно-исследовательских и научно-прикладных задач в области здравоохранения по диагностике, лечению, медицинской реабилитации и профилактике.
- сформировать у студентов грамматические умения и навыки общения врача и пациента;
- сформировать у студентов умения и навыки перевода интервьюирования пациентов;
- способствовать формированию навыков диалогической речи в коммуникативно-релевантных ситуациях общения врача и пациента.
- сформировать представление о наиболее частотных грамматических явлениях, характерных для стиля общения врача и пациента за рубежом;
- познакомить студентов со структурно-семантическими и функционально-стилистическими особенностями языка профессионального общения.
- познакомить студентов с ситуациями межкультурной деловой коммуникации;
- познакомить обучающихся с особенностями речевого этикета в общении с коллегами и пациентами за рубежом.

### **1.3. Место дисциплины в структуре ООП:**

Дисциплина «Деловой иностранный язык» (английский язык) относится к блоку Б1. Дисциплины вариативной части, обязательные дисциплины.

Основные знания, необходимые для изучения дисциплины формируются при изучении дисциплин: Иностранный язык.

Является предшествующей для изучения дисциплин: Анатомии, Нормальной физиологии.

### **1.4. Объекты профессиональной деятельности**

Объектами профессиональной деятельности выпускников, освоивших рабочую программу дисциплины (модуля), являются: физические лица (пациенты), население, совокупность средств и технологий, направленных на создание условий для охраны здоровья граждан.

### **1.5. Виды профессиональной деятельности**

Изучение данной дисциплины направлено на подготовку к следующим видам профессиональной деятельности: научно-исследовательская,

### **1.6. Формируемые компетенции выпускника**

Процесс изучения дисциплины (модуля) направлен на формирование у выпускника следующих компетенций:

№ п/п	Номер/индекс компетенции	Результаты освоения ОПОП (содержание компетенции)	Перечень планируемых результатов обучения по дисциплине (модулю)			Оценочные средства	
			Знать	Уметь	Владеть	для текущего контроля	для промежуточной аттестации

1.	ОПК-2	готовностью к коммуникации и в устной и письменной формах на русском и иностранном языках для решения задач профессиональной деятельности	31. Лексический минимум в объеме 4000 учебных лексических единиц общего и терминологического характера; основы техники перевода научного текста по специальности, основы аннотирования и реферирования научного текста.	У1. Использовать иностранный язык для получения профессионально значимой информации (читать оригинальный текст со словарем с полным и точным пониманием содержания, а также без словаря с целью ознакомления с содержанием).	В1. Владеть иностранным языком в объеме, необходимом для коммуникации и возможности получения информации из зарубежных источников.	-перевод текстов; - собеседование по содержанию прочитанного текста	- компьютерное тестирование - перевод аннотации лекарственного средства с английского языка на русский. - устный перевод вопросов врача к пациенту.
			32. Основную медицинскую терминологию на русском и иностранном языке.	У2. Устно и письменно аргументировать, вести дискуссию с использованием научной медицинской терминологии на русском и иностранном языках.	В2. Навыками устной и письменной речи, проведения дискуссии с использованием научной медицинской терминологии на русском и иностранном языках.		

## Раздел 2. Объем дисциплины (модуля) и виды учебной работы

Общая трудоемкость дисциплины составляет 2 зачетные единицы, 72 часа.

Вид учебной работы	Всего часов	Семестры	
		№ 2	
1	2	3	
Контактная работа (всего)	48	48	
в том числе:			
Практические занятия (ПЗ)	48	48	
Самостоятельная работа (всего)	24	24	
В том числе:			
Подготовка к занятиям	11	11	
Подготовка к текущему контролю	10	10	
Подготовка к промежуточному контролю	3	3	
Вид промежуточной аттестации	зачет	+	+
Общая трудоемкость (часы)	72	72	
Зачетные единицы	2	2	

### Раздел 3. Содержание дисциплины (модуля), структурированное по темам (разделам)

#### 3.1. Содержание разделов дисциплины (модуля)

№ п/п	№ компетенции	Наименование раздела учебной дисциплины	Содержание раздела (темы разделов)
1	2	3	4
1.	ОПК-2	Деловая медицинская коммуникация; особенности речевого этикета в общении с коллегами и пациентами за рубежом	Present Simple в деловом медицинском дискурсе; Present Perfect в деловом медицинском дискурсе; Present Continuous в деловом медицинском дискурсе; Present Continuous и Present Perfect Continuous в деловом медицинском дискурсе; Present Perfect и Past Simple в деловом медицинском дискурсе; Особенности употребления повелительного наклонения и модальных глаголов в деловом медицинском дискурсе; Диалогические клише по темам «В аптеке», «В регистратуре». Диалогические клише по темам «Осмотр врача», «Обсуждение симптомов».
2.	ОПК-2	Особенности вопросников и викторин для пациентов	Вопросники об общем состоянии здоровья пациента; составление истории болезни пациентом; викторины для пациентов; вопросники пациентов врачу.
3.	ОПК-2	Аннотация лекарственного средства на иностранном языке	Структура аннотации лекарственного средства; особенности перевода аннотации; характерные клише и грамматические явления.

#### 3.2. Разделы дисциплины (модуля) и междисциплинарные связи с обеспечиваемыми (последующими) дисциплинами

№ п/п	Наименование обеспечиваемых (последующих) дисциплин	№ № разделов данной дисциплины, необходимых для изучения обеспечиваемых (последующих) дисциплин		
		1	2	3
1	Анатомия	++		
2	Нормальная физиология	++	++	++

#### 3.3. Разделы дисциплины (модуля) и виды занятий

№ п/п	Наименование раздела дисциплины (модуля)	Л	ПЗ	ЛЗ	Сем	СРС	Всего часов
1	2	3	4	5	6	7	8
1	Деловая медицинская коммуникация; особенности речевого этикета в общении с коллегами и пациентами за рубежом		27			14	41
2	Особенности вопросников и викторин для пациентов, историй болезни		15			8	23
3	Аннотация лекарственного средства на иностранном языке		6			2	8
	Вид промежуточной аттестации:	зачет					зачет
	Итого:		48			24	72

#### 3.4. Тематический план лекций – не предусмотрены учебным планом.

#### 3.5. Тематический план практических занятий (семинаров)

№ п/п	№ раздела дисциплины	Тематика практических занятий (семинаров)	Содержание практических занятий	Трудоемкость (час)
				II сем.
1.	1	Present Simple в деловом	Более 80 клише со временем Pre-	3

		медицинском дискурсе.	sent Simple, широко употребляемых в деловом медицинском дискурсе. Микродиалоги.	
2.	1	Present Perfect в деловом медицинском дискурсе.	Более 80 клише со временем Present Perfect, широко употребляемых в деловом медицинском дискурсе. Микродиалоги.	3
3.	1	Present Continuous в деловом медицинском дискурсе.	Более 80 клише со временем Present Continuous, широко употребляемых в деловом медицинском дискурсе. Микродиалоги.	3
4.	1	Present Continuous и Present Perfect Continuous в деловом медицинском дискурсе.	Более 80 клише со временем Present Continuous и Present Perfect Continuous, широко употребляемых в деловом медицинском дискурсе. Микродиалоги.	3
5.	1	Present Perfect и Past Simple в деловом медицинском дискурсе.	Более 80 клише со временем Present Perfect и Past Simple, широко употребляемых в деловом медицинском дискурсе. Микродиалоги.	3
6.	1	Особенности употребления повелительного наклонения и модальных глаголов в деловом медицинском дискурсе.	Более 80 клише с глаголами в повелительном наклонении и модальными глаголами, широко употребляемых в деловом медицинском дискурсе. Микродиалоги.	3
7.	1	Диалогические клише по темам «В аптеке», «В регистратуре».	Ситуации межкультурной деловой коммуникации «В аптеке», «В регистратуре». Более 50 клише по указанным темам, широко употребляемым в деловом медицинском английском.	3
8.	1	Диалогические клише по темам «Осмотр врача», «Обсуждение симптомов».	Ситуации межкультурной деловой коммуникации «Осмотр врача», «Обсуждение симптомов». Более 60 клише по указанным темам, широко употребляемым в деловом медицинском английском.	3
9.	1	Диалогические клише по темам «Осмотр врача», «Обсуждение симптомов».	Ситуации межкультурной деловой коммуникации «Оформление согласия», «Методы лечения, советы и рекомендации врача». Более 50 клише по указанным темам, широко употребляемым в деловом медицинском английском.	3
10.	2	Вопросники об общем состоянии здоровья пациента.	Особенности вопросников об общем состоянии здоровья пациента. Более 60 клише по указанным темам, широко употребляемым в деловом медицинском английском. Составление микродиалогов.	3
11.	2	Составление истории болезни пациентом.	Особенности составления истории болезни самим пациентом. Более 100 клише по указанной теме, широко употребляемых в деловом	3

			медицинском английском. Составление медицинской истории.	
12.	2	Викторины для пациентов.	Особенности викторин для пациентов. Более 30 вопросов из викторин для пациентов. Составление микродиалогов по материалам викторин.	3
13.	2	Вопросники пациентов к врачу.	Особенности вопросников пациентов к врачу. Более 200 наиболее частотных вопросов из вопросников для пациентов. Составление микродиалогов по материалам викторин.	3
14.	2	Модели общения врача с пациентом.	Более 200 наиболее частотных вопросов из вопросников для пациентов. Наиболее частотные модели общения с пациентом. Составление ситуационных микродиалогов на основе данных моделей.	3
15.	3	Аннотация лекарственного средства на иностранном языке	Структура аннотации. Основные разделы аннотации. Содержание разделов. Особенности языка.	3
16.	3	Аннотация лекарственного средства на иностранном языке Зачетное занятие	Перевод аннотации на русский язык без словаря.  - компьютерное тестирование - перевод аннотации лекарственного средства с английского языка на русский. - устный перевод вопросов врача к пациенту.	1  2
<b>Итого:</b>				<b>48</b>



### 3.6. Самостоятельная работа обучающегося

№ п/п	№ семестра	Наименование раздела дисциплины	Виды СРС	Всего часов
1.	II	Деловая медицинская коммуникация; особенности речевого этикета в общении с коллегами и пациентами за рубежом	Подготовка к занятиям, подготовка к текущему контролю	14
2.		Особенности вопросников и викторин для пациентов, историй болезни	Подготовка к занятиям, подготовка к промежуточному контролю, подготовка к текущему контролю	8
3.		Аннотация лекарственного средства на иностранном языке	подготовка к занятиям, подготовка к текущему и промежуточному контролю	2
<b>ИТОГО часов в семестре:</b>				<b>24</b>

### 3.7. Лабораторный практикум - не предусмотрен учебным планом

#### Раздел 4. Перечень учебно-методического и материально-технического обеспечения дисциплины (модуля)

##### 4.1. Перечень учебно-методического обеспечения для самостоятельной работы обучающихся по дисциплине (модулю)

1. Методические указания для студентов к практическим занятиям по дисциплине «Деловой иностранный язык (английский язык)» / сост. Т.Б. Агалакова, В.А. Головин; 2011 г.

##### 4.2. Перечень основной и дополнительной учебной литературы, необходимой для освоения дисциплины (модуля)

№ п/п	Наименование	Автор (ы)	Год, место издания	Кол-во экземпляров в библиотеке	Наличие в ЭБС
1.	Английский язык: Учебник (для медицинских вузов)	Марковина И.Ю., Максимова З.К., Вайнштейн М.Б.	М.: ГЭОТАР-Медиа, 2010	180	ЭБС Консультатнт студента 2014 г.+
2.	Medical English for First-Year Students (английский язык для студентов-медиков)	Головин В.А.	Киров: Кировская ГМА, 2011	1	ЭБС Кировского ГМУ

##### 4.2.2. Дополнительная литература

№ п/п	Наименование	Автор (ы)	Год, место издания	Кол-во экземпляров в библиотеке	Наличие в ЭБС
1.	Medical English for Postgraduates. Part I.	Головин В.А.	Киров: Кировская ГМА, 2011	1	ЭБС Кировского ГМУ
2.	Medical English for Postgraduates. Part II.	Головин В.А.	Киров: Кировская ГМА, 2011	1	ЭБС Кировского ГМУ

##### 4.2.1. Основная литература

##### 4.3. Перечень ресурсов информационно-телекоммуникационной сети «Интернет», необходимых для освоения дисциплины (модуля)

#### **Английский язык**

1. <http://www.merriam-webster.com/>
2. [www.lingvo.ru](http://www.lingvo.ru) - электронный словарь Abby Lingvo
3. [www.multitran.ru](http://www.multitran.ru) - электронный словарь Multitran
4. <http://www.bibliomania.com/1/7/299/2034/frameset.html>
5. Encyclopedia Britannica Online
6. Wikipedia, the free encyclopedia

#### **4.4. Перечень информационных технологий, используемых для осуществления образовательного процесса по дисциплине (модулю), программного обеспечения и информационно-справочных систем**

В учебном процессе используется лицензионное программное обеспечение:

1. Договор MicrosoftOffice (версия 2003) №0340100010912000035\_45106 от 12.09.2012г. (срок действия договора - бессрочный),
2. Договор MicrosoftOffice (версия 2007) №0340100010913000043\_45106 от 02.09.2013г. (срок действия договора - бессрочный),
3. Договор MicrosoftOffice (версия 2010) № 340100010914000246\_45106 от 23.12.2014г. (срок действия договора - бессрочный).
4. Договор Windows (версия 2003) №0340100010912000035\_45106 от 12.09.2012г. (срок действия договора - бессрочный)
5. Договор Windows (версия 2007) №0340100010913000043\_45106 от 02.09.2013г. (срок действия договора - бессрочный),
6. Договор Windows (версия 2010) № 340100010914000246\_45106 от 23.12.2014г. (срок действия договора - бессрочный),
7. Договор Антивирус Kaspersky Endpoint Security для бизнеса – Стандартный Russian Edition. 100-149 Node 1 year Educational Renewal License от 12.07.2018, лицензии 685B-MY\05\2018 (срок действия – 1 год),
  1. Автоматизированная система тестирования Indigo Договор № Д53783/2 от 02.11.2015 (срок действия бессрочный, 1 год технической поддержки),
  2. ПО FoxitPhantomPDF Стандарт, 1 лицензия, бессрочная, дата приобретения 05.05.2016г.

Обучающиеся обеспечены доступом (удаленным доступом) к современным профессиональным базам данных и информационно-справочным системам:

- 1) Научная электронная библиотека e-LIBRARY. Режим доступа: <http://www.e-library.ru/>.
- 2) Справочно-поисковая система Консультант Плюс – ООО «КонсультантКиров».
- 3) «Электронно-библиотечная система Кировского ГМУ». Режим доступа: <http://elib.kirovgma.ru/>.
- 4) ЭБС «Консультант студента» - ООО «ИПУЗ». Режим доступа: <http://www.studmedlib.ru>.
- 5) ЭБС «Университетская библиотека онлайн» - ООО «НексМедиа». Режим доступа: <http://www.biblioclub.ru>.
- 6) ЭБС «Консультант врача» - ООО ГК «ГЭОТАР». Режим доступа: <http://www.rosmedlib.ru/>
- 7) ЭБС «Айбуке» - ООО «Айбуке». Режим доступа: <http://ibooks.ru>.

#### **4.5. Описание материально-технической базы, необходимой для осуществления образовательного процесса по дисциплине (модулю)**

В процессе преподавания дисциплины используются следующие специальные помещения:

- учебные аудитории для проведения занятий семинарского типа – каб. №1-201, 1-203, 1-204, 1-207, 1-208
- учебные аудитории для проведения групповых и индивидуальных консультаций – каб. №1-201, 1-202, 1-203, 1-204, 1-207, 1-208, 1-209
- учебные аудитории для проведения текущего контроля и промежуточной аттестации – каб. №1-201, 1-202, 1-203, 1-204, 1-207, 1-208, 1-209
- помещения для самостоятельной работы – читальный зал библиотеки (ул. К. Маркса, д.137)
- помещения для хранения и профилактического обслуживания учебного оборудования – каб. № 1-205, 1-208.

Специальные помещения укомплектованы специализированной мебелью и техническими сред-

ствами обучения, служащими для представления учебной информации большой аудитории.

Помещения для самостоятельной работы обучающихся оснащены компьютерной техникой с возможностью подключения к сети "Интернет" и обеспечены доступом в электронную информационно-образовательную среду организации

## **Раздел 5. Методические рекомендации по организации изучения дисциплины (модуля)**

Процесс изучения дисциплины предусматривает: контактную (работа на практических занятиях) и самостоятельную работу (подготовка к практическим занятиям, подготовка к текущему контролю, подготовка к промежуточному контролю).

Основное учебное время выделяется на совершенствование грамматических и лексических навыков и развитие умений всех видов иноязычной речевой деятельности для успешного осуществления иноязычной межкультурной коммуникации.

В качестве основных форм организации учебного процесса по дисциплине выступают практические занятия (с использованием интерактивных технологий обучения), а также самостоятельная работа обучающихся.

При изучении учебной дисциплины (модуля) обучающимся необходимо освоить практические умения по использованию иностранного языка для решения задач профессиональной деятельности.

При проведении учебных занятий кафедра обеспечивает развитие у обучающихся навыков командной работы, межличностной коммуникации, принятия решений, лидерских качеств (путем проведения групповых дискуссий, ролевых игр, тренингов, анализа ситуаций и имитационных моделей, преподавания дисциплины (модуля) в форме курса, составленного на основе результатов научных исследований, проводимых Университетом, в том числе с учетом региональных особенностей профессиональной деятельности выпускников и потребностей работодателей).

### **Практические занятия:**

Практические занятия по дисциплине проводятся с целью приобретения практических навыков в области иностранного языка для успешного владения им в профессионально обусловленных ситуациях.

Практические занятия проводятся в виде собеседований, обсуждений, дискуссий в микрогруппах, отработки практических навыков, решения тестовых заданий.

Выполнение практической работы обучающиеся производят как в устном, так и в письменном виде.

Практическое занятие способствует более глубокому пониманию теоретического материала учебного дисциплины, а также развитию, формированию и становлению различных уровней составляющих профессиональной компетентности обучающихся.

При изучении дисциплины используются следующие формы практических занятий:

- традиционное занятие с элементами учебно-ролевой игры по всем темам.

### **Самостоятельная работа:**

Самостоятельная работа студентов подразумевает подготовку по всем разделам дисциплины «Деловой иностранный язык» (английский язык) и включает подготовку к занятиям, подготовку к текущему контролю, подготовку к промежуточному контролю.

Работа с учебной литературой рассматривается как вид учебной работы по дисциплине «Деловой иностранный язык» (английский язык) и выполняется в пределах часов, отводимых на её изучение (в разделе СРС). Каждый обучающийся обеспечен доступом к библиотечным фондам университета и кафедры. Во время изучения дисциплины обучающиеся (под контролем преподавателя) самостоятельно проводят переводы профессионально-направленных иноязычных текстов, готовятся к профессиональной коммуникации на иностранном языке. Самостоятельная подготовка к ролевым играм способствуют формированию профессиональных коммуникативных навыков, навыков использования глобальных информационных ресурсов и формированию критического мышления. Работа обучающегося в группе формирует чувство коллективизма и коммуникабельность.

Исходный уровень знаний обучающихся определяется тестированием, собеседованием.

Текущий контроль освоения дисциплины проводится в следующей форме: перевод текстов, собеседование по содержанию прочитанного текста, тесты; -контрольные работы, сообщение по содержанию прочитанного текста, составление диалогов.

В конце изучения дисциплины (модуля) проводится промежуточная аттестация с использованием тестового контроля, проверки практических умений в письменном и устном виде: компьютерное тестирование, перевод аннотации лекарственного средства с английского языка на русский, устный перевод вопросов врача к пациенту.

## **Раздел 6. Методические указания для обучающихся по освоению дисциплины (модуля) (приложение А)**

Изучение дисциплины следует начинать с проработки данной рабочей программы, методических указаний, прописанных в программе, особое внимание уделяется целям, задачам, структуре и содержанию дисциплины.

Успешное изучение дисциплины требует от обучающихся посещения и активной работы на практических занятиях, выполнения всех учебных заданий преподавателя, ознакомления с базовыми учебниками, основной и дополнительной литературой.

Основным методом обучения является самостоятельная работа студентов с учебно-методическими материалами, научной литературой, Интернет-ресурсами.

Правильная организация самостоятельных учебных занятий, их систематичность, целесообразное планирование рабочего времени позволяют обучающимся развивать умения и навыки в усвоении и систематизации приобретаемых знаний, обеспечивать высокий уровень успеваемости в период обучения, получить навыки повышения профессионального уровня.

Основной формой промежуточного контроля и оценки результатов обучения по дисциплине является зачет. На зачете обучающиеся должны продемонстрировать не только теоретические знания, но и практические навыки, полученные на практических занятиях.

Постоянная активность на занятиях, готовность ставить и обсуждать актуальные проблемы дисциплины - залог успешной работы и положительной оценки.

Подробные методические указания к практическим занятиям и внеаудиторной самостоятельной работе по каждой теме дисциплины представлены в приложении А.

## **Раздел 7. Оценочные средства для проведения текущего контроля и промежуточной аттестации обучающихся по дисциплине (модулю) (приложение Б)**

Оценочные средства – комплект методических материалов, нормирующих процедуры оценивания результатов обучения, т.е. установления соответствия учебных достижений запланированным результатам обучения и требованиям образовательной программы, рабочей программы дисциплины.

ОС как система оценивания состоит из следующих частей:

1. Перечня компетенций с указанием этапов их формирования в процессе освоения образовательной программы.

2. Показателей и критерий оценивания компетенций на различных этапах их формирования, описание шкал оценивания.

3. Типовых контрольных заданий и иных материалов.

4. Методических материалов, определяющих процедуры оценивания знаний, умений, навыков и (или) опыта профессиональной деятельности, характеризующих этапы формирования компетенций.

Оценочные средства для проведения текущего контроля и промежуточной аттестации по дисциплине представлены в приложении Б.

**Приложение А к рабочей программе дисциплины**

**Методические указания для обучающихся по освоению дисциплины**

**«Деловой иностранный язык (английский язык)»**

Специальность 31.05.02 Педиатрия  
Направленность (профиль) ОПОП - Педиатрия

**Раздел 1. Деловая медицинская коммуникация; особенности речевого этикета в общении с коллегами и пациентами за рубежом**

**Тема 1.1. Present Simple в деловом медицинском дискурсе.**

**Aim of the lesson:** development of speaking, reading, retelling, translation, and comprehension skills, competence within the above topic.

**Practical skills and knowledge before the lesson:** the students should know basic tense- and voice forms, rules of reading.

**Practical skills and knowledge after the lesson:** the students should ask and answer questions and make up a dialogue on the topic.

**Tasks for private study:**

**1. Revise grammar material on p.p. 285-286 (Present Indefinite) from basic literature.**

**2. Revise questions from doctor-patient questionnaire on p.p. 7-8 from optional literature.**

**3. Do the self-improvement test.**

1. How \_\_\_\_ your father's state of health?

- 1) are
- 2) is
- 3) am
- 4) all of the above

2. ... your skin burn?

- 1) Do
- 2) Have
- 3) Does
- 4) All of the above

3. ... you very nervous around strangers?

- 1) Do
- 2) Are
- 3) Did
- 4) All of the above

4. ... you ... by frightening dreams or thoughts?

- 1) Did ... trouble
- 2) Have ... troubled
- 3) Are ... troubled
- 4) All of the above

5. ... you ... by heartburn?

- 1) Do ... trouble
- 2) Are ... troubled
- 3) Had ... troubled
- 4) Had ... been troubled

6. ... you ... ?

- 1) Do... marry
  - 2) Do ... married
  - 3) Are ... married
  - 4) All of the above
- 7 ... you have any problems with your skin?
- 1) Do
  - 2) Are
  - 3) Did
  - 4) All of the above
8. ... you ... by frightening dreams or thoughts?
- 1) Did ... trouble
  - 2) Have ... troubled
  - 3) Are ... troubled
  - 4) All of the above
- 9... your nose run when you don't have a cold?
- 1) do
  - 2) have
  - 3) does
  - 4) All of the above
10. Do you ever ... pains or tightness in your chest?
- 1) gets
  - 2) get
  - 3) getting
  - 4) all of the above

**4. Make up your own dialogue on the analogy. Use Present Indefinite.**

**The example of the part of the dialogue:**

Do you have any skin problems? – No, I do not have any skin problems.

Is any part of your body always numb? – No, it is not.

Are you troubled by heartburn? – No, I am not.

Are you sensitive or allergic to antibiotics? – No, I am not.

Do you have difficulty hearing? – No, I do not have difficulty hearing.

Do you often cry? – No, I do not.

Do you have difficulty relaxing? – Yes, sometimes.

**Basic literature:**

Английский язык: учебник / И.Ю. Марковина, З.К. Максимова, М.Б. Вайнштейн.- М.: «ГЭОТАР-МЕДИА», 2010.

**Optional literature:**

Головин В.А. Medical English for First-Year Students (английский язык для студентов-медиков) Киров: Кировская ГМА, 2011

**Тема 1.2.: Present Perfect в деловом медицинском дискурсе.**

**Aim of the lesson:** development of speaking, reading, retelling, translation, and comprehension skills, competence within the above topic.

**Educational importance of the topic:** Cultural development and moral education of students in doctor's training. Formation of systematic approach to the analysis of medical information, the perception of innovation; the formation of ability and readiness to self-improvement and self-education, personal and subject reflection.

**Practical skills before the lesson:** the students should know basic tense- and voice forms, rules of reading.

**Practical skills and knowledge after the lesson:** the students should ask and answer questions and make up a dialogue on the above topic.

**Algorithm of the lesson:**

**1. Introduction (15 min):**

**Answer the following questions:** How is your friend's health? How many paternal (maternal) relatives are affected with (allergies, asthma, anemia, blood clotting problems, diabetes, cancer, tumor, epilepsy, glaucoma, genetic diseases, alcoholism, kidney or bladder trouble, s Do little things often annoy you? Are you disturbed by any work or family problems? Do you have a tendency to be too hot or too cold? Do you always seem to be hungry? Are you more thirsty than usual lately? Are there any swellings in your armpits or groin? Do you seem to feel exhausted or fatigued most of the time? stomach ulcer, duodenal ulcer, rheumatism or arthritis, high blood pressure, heart trouble, gout)?

## 2. Lexical and grammar practice (45 min): Present Perfect in doctor-patient questionnaires.

Read and translate the following doctor-patient questionnaires. Pay attention to Present Perfect Tense:

Have you ever had eye infections (thyroid diseases, eczema, hives or rashes, bronchitis, emphysema, pneumonia, pancreatitis, liver disease, hernia, hemorrhoids, neuralgia or neuritis, anxiety, depression, childhood hyperactivity, chicken pox, German measles, scarlet fever, measles, mumps, polio, rheumatic fever, malaria, mononucleosis, venereal disease, yellow jaundice, tuberculosis)? Have you ever been turned down for life insurance, military service or employment because of health problems? Have you ever been hospitalized for any major medical illness or operations? Have you had more than four such hospitalizations? Have you ever been hospitalized for mental health reasons? Have you ever been diagnosed or treated for any of the following health problems? Has your doctor ever told you that you may have high blood cholesterol? Have you ever been told that you may have high blood sugar? Have you had chest x-ray (kidney x-ray, G.I series, colon x-ray, electrocardiogram, gallbladder x-ray, TB test, sigmoidoscopy, mammogram, tetanus “shots”, polio series, typhoid “shots”, flue infections, mumps “shots”, measles “shots”) done? Have you ever had seizures or convulsions? Has your handwriting changed lately? Have you ever considered committing suicide? Have you ever desired or sought psychiatric help? Have you gained or lost more than 10 pounds in the last 6 months? Have you lost your interest in eating lately? Have you ever vomited blood? Have you ever had burning or pains when you urinate? Has your urine ever been brown, black or bloody? Have you ever had lumps or swelling in your neck? Have you had any trouble with your eyes in the last two years? Have you had any bleeding from your rectum? Have you ever used heroin, cocaine, LSD, PCP? Have you ever made a suicide attempt? Have your taste senses changed lately? Have you had any earaches lately? Have you been troubled by running nose lately? Has your voice ever been hoarse when you didn't have a cold? Has a doctor told you that your tonsils have been enlarged? Have you ever been told that you had high blood pressure? Have you been bothered by a thumping or racing heart? Have you ever coughed up blood? Have you ever been told that you have a heart murmur?

Have you ever been diagnosed with iron deficiency or do you have heavy menses? Have you ever been exposed to toxic chemicals or heavy metals? Has anyone in your family had heart disease (hypertension, coronary artery disease, stroke, heart attack, etc.) diagnosed under age 60? Have you ever been diagnosed with an autoimmune disease? Have you ever been exposed to or infected with hepatitis (AIDS)? Have you undergone a colonoscopy or flexible sigmoidoscopy? Have you recently had any vaccinations? Have you or anyone in your family served in the military in the last 15 to 20 years?

## 3. Optional materials for discussion: conversational formulas (45 min):

Make up a dialogue using the following conversational formulas:

### Greetings:

Hi! How are you? It's so good to see you. – I'm fine and getting better all the time.

How are you doing, Mr. Purse? - I'm going from bad to worse.

How's Bill? – He is fine. - How's Mary? – She's fine.

How are the children? – They are fine. – How's your job? – It's fine.

How's Jack? – He's sick. - Oh , no.

Hello! How are you? Jack, you are back. I haven't seen you for a long time. I'm so glad you are ack. – So am I.

How've you been? – Just, fine. I haven't seen you for a long time. . I haven't seen you for ages. . I haven't seen you since Adam was a boy. It's been a long time.

How are you doing, Mr.White? - A bit tired, otherwise all right.

## 4. Self-improvement work (15 min): CHOICE TEST IN DOCTOR-PATIENT CONVERSATIONAL FORMULAS

Use the appropriate words. Pay attention to tense forms.

1. Have you ever been ... for any major medical illness or operations?

- 1) hospitalized
- 2) sent to the hospital
- 3) referred to the hospital
- 4) all of the above

2. .... you ever ....for life insurance, military service or employment because of health problems?

- 1) Have ... been turned down
- 2) Have ... turned down
- 3) Do ... turn down

4) All of the above

3. .... you .... any infections lately?

- 1) Have...had
- 2) Do ... have
- 3) Are ... having
- 4) All of the above

4. ... a doctor ever ... you that your tonsils have been enlarged?

- 1) Has ... told
- 2) Do ... tell
- 3) Have ... told
- 4) All of the above

5... you ever ... that you have a heart murmur?

- 1) Have ... told
- 2) Have... been told
- 3) Did... tell
- 4) All of the above

6. ... you ... more than 10 pounds in the last 6 months?

- 1) Do ... lose
- 2) Have ... lost
- 3) Have ... been lost
- 4) All of the above

7. How long ... you... ill?

- 1) are...
- 2) had ... been
- 3) have ... been
- 4) all of the above

8. Have you lost your interest ... eating lately?

- 1) on
- 2) at
- 3) in
- 4) all of the above

9. Have you ever had epileptic ... ?

- 1) seizures
- 2) attacks
- 3) symptoms
- 4) all of the above

10. Have you been immunized ... tick-borne encephalitis?

- 1) in
- 2) on
- 3) of
- 4) for

11. Have you ever been hospitalized ... any serious disease or major surgery?

- 1) in
- 2) of
- 3) for
- 4) about

## 5. Home work interview

**Home work: Make up your own dialogue. Use Present Indefinite.**

**Basic literature:**



### **Optional literature:**

Головин В.А. Medical English for First-Year Students (английский язык для студентов-медиков) Киров: Кировская ГМА, 2011

### **Тема 1.3.: Present Continuous в деловом медицинском дискурсе.**

**Aim of the lesson:** development of speaking, reading, retelling, translation, and comprehension skills, competence within the above topic.

**Educational importance of the topic:** Cultural development and moral education of students in doctor's training. Formation of systematic approach to the analysis of medical information, the perception of innovation; the formation of ability and readiness to self-improvement and self-education, personal and subject reflection.

**Practical skills before the lesson:** the students should know basic tense- and voice forms, rules of reading.

**Practical skills and knowledge after the lesson:** the students should ask and answer questions and make up a dialogue on the above topic.

### **Algorithm of the lesson:**

#### **1. Introduction (15 min):**

**Answer the following questions:** Have you ever had eye infections (thyroid diseases, eczema, hives or rashes, bronchitis, emphysema, pneumonia, pancreatitis, liver disease, hernia, hemorrhoids, neuralgia or neuritis, anxiety, depression, chicken pox, German measles, scarlet fever, measles, mumps, polio, rheumatic fever, malaria, mononucleosis, venereal disease, yellow jaundice, tuberculosis)? Have you ever been hospitalized for any major medical illness or operations? Have you had more than four such hospitalizations? Have you ever been hospitalized for mental health reasons? Have you ever been diagnosed or treated for any of the following health problems? Has your doctor ever told you that you may have high blood cholesterol? Have you ever been told that you may have high blood sugar? Have you had chest x-ray (kidney x-ray, G.I series, colon x-ray, electrocardiogram, gallbladder x-ray, TB test, sigmoidoscopy, mammogram, tetanus "shots", polio series, typhoid "shots", flue infections, mumps "shots", measles "shots") done?

#### **2. Lexical and grammar practice (45 min): Present Continuous in doctor-patient questionnaires.**

**Read and translate the following doctor-patient questionnaires. Pay attention to**

##### **Present Continuous Tense:**

Are you feeling unwell? Are currently having problems with ...? Are you having headaches? Are you feeling nausea? Are you currently receiving treatment? Are you having any eye conditions or problems? Is your eyesight getting worse? Are you having any sexual difficulties? Are you sweating more than usual or having night sweats? Are you using more pillows to help you breathe at night? Are you getting cramps in your legs at night or upon walking? Is your hair thinning? Are you currently trying to get pregnant? Are you taking any medications? Are you taking any of the following drugs or medications? Are you taking hormone replacement medications? Are you taking any "blood thinning" medications? Are you taking medications for your depression? Are your kidney and urinary systems functioning properly? Are you currently having any problems or symptoms in the following areas? List any medications you are now taking (including eye drops, birth control pills, vitamins or over the counter medications). If you suspect you're having a heart attack, immediately call 911 or your local emergency number. Watch how much vitamin K you're eating.

**Present continuous passive:** Are you being treated under a consultant? Are you being disturbed by any work or family problems? Are you being troubled by heartburn? Are you being bothered by coughing spells? Are you being troubled by shortness of breath?

#### **3. Optional materials for discussion (45 min): conversational formulas:**

**Make up a dialogue using the following conversational formulas:**

##### **Introduction:**

Harry, this is Marry. – Hi ! – Hello ! – How do you do?

I'd like you to meet my sister Mary. – I'm very glad to meet you. I've heard so much about you. I've heard so many nice things about you. So many nice thing!

Let me introduce Mr. Johnson to you. He's very much interested in what you do.

What's your name? Where are you from? How long have you been here?

What's your first name? – Mary. How do you spell it ? – M-a-r-y. How do you pronounce? – Mary.

Have you met Mr. White? – I'm glad to meet you, Mr. White. I'm Jack Right.

I don't think you've met Mr. White? – I'm glad to meet you, Mr. White. I'm Jack Right.

Let me introduce myself. I'm from the USA. My name is John Ralf.

Ladies and gentlemen, I have great pleasure in introducing our guest. – Our guest is from the UK. His name is Jim

West.

Is this your first visit to Vyatka Lands? Do you have here close friends?

LAS

**4. Self-improvement work (15 min): CHOICE TEST IN DOCTOR-PATIENT CONVERSATIONAL FORMU-**

**Use the appropriate verb. Pay attention to tense forms.**

1. ... you now ... antibiotics?

- 1) Are ... taking
- 2) Do ... take
- 3) Have ... taken
- 4) All of the above

2. Are you ... more than usual?

- 1) sweeting
- 2) sweating
- 3) sweet
- 4) sweat

3. Are you currently ... to get pregnant?

- 1) try
- 2) trying
- 3) to try
- 4) all of the above

4. Are you...any "blood thinning" medications?

- 1) taking
- 2) take
- 3) to take
- 4) all of the above

5. ....you taking any of the following drugs or medications?

- 1) Are
- 2) Is
- 3) Do
- 4) All of the above

6. Are you .... under a consultant?

- 1) treated
- 2) being treated
- 3) to treat
- 4) treat

7. Are you...by shortness of breath?

- 1) be troubled
- 2) being troubled
- 3) to trouble
- 4) troubled

8. Are you .... more pillows to help you breathe at night?

- 1) use
- 2) using
- 3) to use
- 4) all of the above

**5. Home work interview**

**Home work: Make up your own dialogue. Use Present Continuous.**

**Basic literature:**

**Optional literature:**

Головин В.А. Medical English for First-Year Students (английский язык для студентов-медиков) Киров: Кировская ГМА, 2011

**Тема 1.4.:** Present Continuous и Present Perfect Continuous в деловом медицинском дискурсе.

**Aim of the lesson:** development of speaking, reading, retelling, translation, and comprehension skills, competence within the above topic.

**Educational importance of the topic:** Cultural development and moral education of students in doctor's training. Formation of systematic approach to the analysis of medical information, the perception of innovation; the formation of ability and readiness to self-improvement and self-education, personal and subject reflection.

**Practical skills before the lesson:** the students should know basic tense- and voice forms, rules of reading.

**Practical skills and knowledge after the lesson:** the students should ask and answer questions and make up a dialogue on the above topic.

**Algorithm of the lesson:**

**1. Introduction (15 min):**

**Answer the following questions:** Are you feeling unwell? Are you currently having problems with ...? Are you having headaches? Are you feeling nausea? Are you currently receiving treatment? Are you having any eye conditions or problems? Is your eyesight getting worse? Are you having any sexual difficulties? Are you sweating more than usual or having night sweats? Are you using more pillows to help you breathe at night? Are you getting cramps in your legs at night or upon walking? Is your hair thinning? Are you being treated under a consultant? Are you being disturbed by any work or family problems? Are you being troubled by heartburn? Are you being bothered by coughing spells? Are you being troubled by shortness of breath? Are you taking medications for your depression? Are your kidney and urinary systems functioning properly? Are you currently having any problems or symptoms in the following areas? List any medications you are now taking (including eye drops, birth control pills, vitamins or over the counter medications).

**2. Lexical and grammar practice (45 min): Present Perfect Continuous in doctor-patient questionnaires.**

**Read and translate the following doctor-patient questionnaires. Pay attention to**

**Present Perfect Continuous Tense:**

Have you been smoking for a long time? How long have you been smoking? Since when have you been smoking? Have you been having fever for a long time? How long have you been having fever? Have you been suffering from headaches for a long time? Since when have you been suffering from headaches? How long have you been taking this medication?

**3. Optional materials for discussion (45 min): conversational formulas:**

**Make up a dialogue using the following conversational formulas:**

**Greetings and Inquiries about health, etc.**

**Good morning** – until lunch time (12-2 p.m.), formal **Good afternoon** – until 5-6 p.m., formal

**Good evening** – until 10-11 p.m., formal

**Morning/ Afternoon/ Evening** – semi-formal. Used, for example, to neighbours, colleagues and other people whom one sees regularly but does not know well.

**Hello** – semi-formal, informal **Hi** - informal, used mainly in America.

**(I'm) very/ fairly/ quite/ well, thank you** – formal, semi-formal

**Fine, thanks** – semi-formal, formal **Not too/ so bad (thank you/ thanks)** – semi-formal, formal

**All right, thank you/ thanks** – semi-formal, formal **OK, thanks** – informal, familiar **A bit tired, otherwise all right** – semi-formal, formal

**And how are you?** - logical stress on you **And you?** - logical stress on you

**Not very/ too well, I'm afraid. I am afraid I am not feeling very/ too well today.**

Possible reactions to such replies are: **Oh, dear. I am sorry to hear that.**

**How are you getting on?** - semi-formal, informal **How's life?** - informal

**How are things (with you)?** - semi-formal, informal

**Hello, nice to see you.** A common reply to this is: **Nice to see you, too.** (With stress on both you and too.)

**4. Self-improvement work (15 min): CHOICE TEST IN DOCTOR-PATIENT CONVERSATIONAL FORMU-**

**Use the appropriate verb. Pay attention to tense forms.**

1. Have you ever ...?

- 1) been smoking
- 2) smoking
- 3) smoked
- 4) all of the above

2. Have you....fever for a long time?

- 1) been having
- 2) had
- 3) having
- 4) all of the above

3. How .... have you been having fever?

- 1) fast
- 2) long
- 3) often
- 4) all of the above

4. Have you ... from headaches for a long time?

- 1) been suffering
- 2) had suffering
- 3) suffering
- 4) suffer

5. Since ... have you been suffering from headaches?

- 1) what
- 2) when
- 3) where
- 4) all of the above

6. How long have you been ... this medication?

- 1) drinking
- 2) making
- 3) taking
- 4) all of the above

7. Have you ... from heartburn for a long time?

- 1) been suffering
- 2) had suffering
- 3) suffering
- 4) suffer

8. Since when ... he been suffering from headaches?

- 1) have
- 2) has
- 3) to have
- 4) all of the above

9. Since when ... you been suffering from M.I.?

- 1) have
- 2) has
- 3) to have
- 4) all of the above

**5. Home work interview**

## Home work: Make up your own dialogue. Use Present Perfect Continuous.

### Basic literature:

Английский язык: учебник / И.Ю. Марковина, З.К. Максимова, М.Б. Вайнштейн.- М.: «ГЭОТАР-МЕДИА», 2010.

### Optional literature:

Головин В.А. Medical English for First-Year Students (английский язык для студентов-медиков) Киров: Кировская ГМА, 2011

## Тема 1.5.: Present Perfect и Past Simple в деловом медицинском дискурсе.

**Aim of the lesson:** development of speaking, reading, retelling, translation, and comprehension skills, competence within the above topic.

**Educational importance of the topic:** Cultural development and moral education of students in doctor's training. Formation of systematic approach to the analysis of medical information, the perception of innovation; the formation of ability and readiness to self-improvement and self-education, personal and subject reflection.

**Practical skills before the lesson:** the students should know basic tense- and voice forms, rules of reading.

**Practical skills and knowledge after the lesson:** the students should ask and answer questions and make up a dialogue on the above topic.

### Algorithm of the lesson:

#### 1. Introduction (15 min):

**Answer the following questions:** Have you been smoking for a long time? How long have you been smoking? Since when have you been smoking? Have you been having fever for a long time? How long have you been having fever? Have you been suffering from headaches for a long time? Since when have you been suffering from headaches? How long have you been taking this medication? Have you been receiving any treatment?

#### 2. Lexical and grammar practice (45 min): Present Perfect and Past Simple in doctor-patient questionnaires.

##### Read and translate the following doctor-patient questionnaires. Pay attention to Present Perfect and Past Simple Tenses:

Have you ever been diagnosed with thyroid problems? Have you had kidney or bladder infections in the last year? How long have you been married? How long have you been divorced? How long have you been separated? How long have you been widowed? How long have you been diagnosed with multiple sclerosis? How long has your weight been a problem for you? Have you ever been treated for alcohol abuse or chemical dependency? Have you had rapid weight gain or loss? Have you ever suffered from kidney stones? Have you experienced kidney infections? Have you experienced pain in your joints? Have you had prostate problems? Have you ever had any joints surgically replaced? Have you had difficulty performing daily activities? Have you suffered from irregular heartbeat? Have you had a vision change? Have you ever tried to quit smoking?

When was your most recent hospitalization? When was your first (second, third, fourth) hospitalization? What illness (operation) were you hospitalized for? What hospital were you hospitalized in? When were you last given chest x-ray (kidney x-ray, G.I series, colon x-ray, electrocardiogram, gallbladder x-ray, TB test, sigmoidoscopy, mammogram, tetanus "shots", polio series, typhoid "shots", flue infections, mumps "shots", measles "shots")? When did the symptom appear the first time? Did it appear slowly or suddenly? Which method of weight loss did you prefer? What prior treatment did you receive for this problem/these problems?

#### 3. Optional materials for discussion: conversational formulas (45 min):

**Make up a dialogue using the following conversational formulas :**

### Introductions and conversation openings

Mrs Johnson, **may I introduce** Mr. Bentley? Mr. Bentley – Mrs. Johnson.

Less formal alternatives to May I introduce...? Are (in order of decreasing formality):

**Let me introduce... I'd like to meet... This is...Meet...** - mainly American

**How do you do?** – in formal and semi-formal situations

**Hallo** – in informal and semi-formal situations **Pleased/ Glad to meet you** – is fairly common in America but is generally avoided in Britain by educated people.

**Have you met...? I don't think you've met...**

If you have to introduce **yourself**, you may say:

**May I introduce myself?** – this is the formal style. Less formal is

**Let me introduce myself.**

**Ladies and gentlemen, I have great pleasure in introducing ...**

**Is this your first visit to...? Have you been here/ to... before? Have you visited/ seen...? How do you like/ find (our) ...? (How) are you enjoying...? Are you finding ... interesting/ useful? What do you think of...? Are you interested in ...?**

**I believe/ hear... I've been told... I expect/ suppose/ imagine...**

**LAS 4. Self-improvement work (15 min): CHOICE TEST IN DOCTOR-PATIENT CONVERSATIONAL FORMU-**

**Use the appropriate verb. Pay attention to tense forms.**

1. When ... your most recent hospitalization?

- 1) is
- 2) was
- 3) has been
- 4) all of the above

2. When were you last ... chest x-ray?

- 1) gave
- 2) given
- 3) giving
- 4) all of the above

3. When ... you last given kidney x-ray?

- 1) were
- 2) was
- 3) are
- 4) all of the above

4. How long ... you... ill?

- 1) are...
- 2) had ... been
- 3) have ... been
- 4) all of the above

5. ... a doctor ever ... you that your tonsils have been enlarged?

- 1) Has ... told
- 2) Do ... tell
- 3) Have ... told
- 4) All of the above

6... you ever ... that you have a heart murmur?

- 1) Have ... told
- 2) Have... been told
- 3) Did... tell
- 4) All of the above

7. Have you ever ... for any serious disease or major surgery?

- 1) hospitalized
- 2) be hospitalized
- 3) been hospitalized
- 4) none of the above about

8. When ... the symptom appear the first time?

- 1) do
- 2) did
- 3) does
- 4) all of the above

9. Which method of weight loss ... you prefer?

- 1) are
- 2) did
- 3) does
- 4) all of the above

10. What prior treatment did you ... for this problem/these problems?

- 1) received
- 2) receive
- 3) to receive
- 4) all of the above

## 5. Home work interview

### Home work: 1. Translate the following sentences.

#### TASK 1

1. Как Вас зовут? 2. Когда Вы родились? Дата Вашего рождения? 3. Где Вы живете? Ваш адрес? 4. Вы женаты (замужем)? 5. Как давно Вы женаты (замужем)? 6. Вы живете отдельно от супруга (супруги)? 7. Как давно Вы живете отдельно? 8. Вы разведены? 9. Как давно Вы разведены? 10. Вы вдовец (вдова)? Как давно? 11. Вы холостой (не замужем)? 12. Какое у Вас образование? 13. Где Вы учитесь (работаете)? 14. Ваш домашний (служебный) номер телефона? 15. Где Вы работаете? 16. Ваша профессия? Чем Вы занимаетесь? 17. Как здоровье Ваших родителей? 18. Были ли у Ваших родителей какие-либо серьезные заболевания? 19. Как здоровье Вашего супруга (Вашей супруги)? 20. Какими серьезными заболеваниями болели (болеют) Ваши родственники по материнской (отцовской) линии? 21. Вам никогда не отказывали в страховании жизни, военной службе, приеме на работу из-за состояния Вашего здоровья? 22. Вас когда-нибудь госпитализировали по поводу какого-либо серьезного заболевания или хирургической операции? 23. По поводу какого заболевания Вас госпитализировали? Сколько раз Вас госпитализировали? Когда была Ваша первая госпитализация? 24. В какой клинике Вас госпитализировали? 25. Где расположена эта клиника? 26. Какие анализы и тесты Вам делали в последнее время? 27. Принимаете ли Вы какие-либо лекарственные препараты в настоящее время? 28. Бывают ли у Вас аллергические реакции к лекарствам? 29. К каким препаратам Вы чувствительны?

### 2. Make up your own dialogue. Use Present Perfect and Past Simple.

#### Basic literature:

Английский язык: учебник / И.Ю. Марковина, З.К. Максимова, М.Б. Вайнштейн.- М.: «ГЭОТАР-МЕДИА», 2010.

#### Optional literature:

Головин В.А. Medical English for First-Year Students (английский язык для студентов-медиков) Киров: Кировская ГМА, 2011

**Тема 1.6.:** Особенности употребления повелительного наклонения и модальных глаголов в деловом медицинском дискурсе.

**Aim of the lesson:** development of speaking, reading, retelling, translation, and comprehension skills, competence within the above topic.

**Educational importance of the topic:** Cultural development and moral education of students in doctor's training. Formation of systematic approach to the analysis of medical information, the perception of innovation; the formation of ability and readiness to self-improvement and self-education, personal and subject reflection.

**Practical skills before the lesson:** the students should know basic tense- and voice forms, rules of reading.

**Practical skills and knowledge after the lesson:** the students should ask and answer questions and make up recommendations using Imperative Mood.

#### Algorithm of the lesson:

**1. Introduction: Answer the following questions (15 min):** Have you ever had any joints surgically replaced? Have you had difficulty performing daily activities? Have you suffered from irregular heartbeat? Have you had a vision change? Have you ever tried to quit smoking?

When was your most recent hospitalization? When was your first (second, third, fourth) hospitalization? What illness (operation) were you hospitalized for? Which method of weight loss did you prefer? What prior treatment did you receive for this problem/these problems?

## **2. Lexical and grammar practice(45 min): Imperative Mood in doctor-patient questionnaires.**

### **Read and translate the following sentences. Pay attention to Imperative Mood.**

Follow your doctor's recommendations. Wash your hands well with warm, soapy water before and after handling or preparing food. Use hot, soapy water to wash the utensils, cutting board and other surfaces you use. Wash your hands thoroughly after using the toilet.

Keep raw foods separate from ready-to-eat foods. Cook foods to a safe temperature. Refrigerate or freeze perishable foods within two hours of purchasing or preparing them. Defrost food safely. Don't taste food that you're unsure about — just throw it out.

Use the refrigerator to thaw frozen items. Watch what you eat. Eat hot, well-cooked foods. Avoid raw fruits and vegetables unless you can peel them yourself. Avoid raw or undercooked meats and dairy foods.

Wash frequently. Wash your hands after preparing food, handling uncooked meat, using the toilet, changing diapers, sneezing, coughing and blowing your nose. Use hand sanitizer when washing isn't possible. Use an alcohol-based hand sanitizer when you can't get to a sink. Serve food right away or refrigerate it after it has been cooked or reheated. Wash work surfaces frequently to avoid spreading germs from one food item to another. Wash your hands and your work surfaces several times during food preparation.

Drink plenty of liquids. Watch what you drink. Drink bottled water, soda, beer or wine served in its original container. Avoid tap water and ice cubes. Use bottled water even for brushing your teeth. Keep your mouth closed while you shower.

Eat healthy foods. Eat less saturated fat and total fat. Decrease the salt in your diet. Choose a low-fat diet. Choose a diet that emphasizes fresh fruits and vegetables, whole grains, and lean protein, and that limits fats. Drink more water. Eat a high-fiber diet. Choose lots of high-fiber foods, including fruits, vegetables, beans and whole-grain cereals and breads. Try fiber supplements. Adjust your eating routine. Try to eat when you have good muscle strength. Take your time eating and rest between bites. Try soft foods. Avoid sticky foods that require lots of chewing.

Exercise regularly. Engage in regular physical exercise, such as walking, biking or swimming, to help stimulate intestinal function. Be careful about introducing stimulant laxatives. Exercise regularly. Avoid exercising tender, injured or severely inflamed joints. Apply heat or cold. Take a hot shower or bath for 15 minutes. Find relief by soaking your aching joints in warm water for four minutes and then in cool water for a minute. Relax. Find ways to cope with pain by reducing stress in your life. Exercise your lower calf muscles if you'll be sitting a long time. Walk around. Move.

Make lifestyle changes. Get active. Lose weight. Maintain a healthy weight. Maintain a healthy weight. Lose excess pounds.

Don't smoke. Quit smoking. Limit alcohol. Drink alcohol in moderation, if at all.

Control your blood pressure. Control high blood pressure, high cholesterol and diabetes. Monitor your blood pressure at home.

Wear compression stockings to help prevent blood clots in the legs if your doctor recommends them. Rest when you're tired. Ask family members and friends to lend a hand. Get plenty of potassium, which can help prevent and control high blood pressure.

Stay physically active. Increase physical activity. Strive for at least 30 minutes of physical activity a day. Manage stress. Reduce stress as much as possible. Practice relaxation or slow, deep breathing. Exercise regularly. Practice good dental hygiene. Protect your child from injuries that could cause bleeding. Limit or avoid alcohol. Avoid nonsteroidal anti-inflammatory drugs (NSAIDs). Control acid reflux. Eat smaller, more frequent meals to help ease the effects of stomach acid. Don't skip meals. Try to stick to your usual mealtimes each day. Exercise most days of the week. Lose weight slowly. Take your medication correctly. Get enough sleep. Wear a medical alert bracelet. Have regular eye exams. Quit smoking. Wear sunglasses. Take care of other health problems. Follow your treatment plan. Treat elevated eye pressure. Control your weight and blood pressure. Wear eye protection. Maintain good posture. Prevent falls. Wear low-heeled shoes with nonslip soles. Keep rooms brightly lit. Make sure you can get in and out of your bed easily.

Take any prescribed medications as directed. Manage pain. Discuss pain management strategies with your doctor. Don't ignore chronic pain. Stop using illicit drugs. Be cautious about body piercing and tattooing. Practice safer sex if you choose to have sex. Ask about the hepatitis B vaccine before you travel. Ask your doctor about using antibiotics. Check in



with your doctor regularly to see if your medication or treatments need to be modified. Avoid certain medications that can aggravate bleeding including aspirin and nonsteroidal anti-inflammatory drugs.

Ask your doctor about supplementing your diet. Maintain an adequate intake of calcium. Ask your doctor about taking vitamin D supplements along with the calcium. Eat fewer oxalate-rich foods. Restrict foods rich in oxalates. These include beets, spinach, sweet potatoes, tea, chocolate and soy products. Choose a diet low in salt and animal protein. Reduce the amount of salt. Eat and choose non-animal protein sources, such as nuts. Continue eating calcium-rich foods, but use caution with calcium supplements. Avoid high-fat foods and instead focus on choosing a variety of fruits, vegetables and whole grains.

Apply cool compresses to your eyes. Use eye drops. Elevate the head of your bed.

Try over-the-counter creams for swollen skin. Drink more water throughout the day.

Protect your ears in the workplace. Have your hearing tested.

Avoid recreational risks. Get an annual flu vaccination. Keep in mind that the flu vaccine doesn't offer complete protection, especially for older adults, but it can reduce the risk and severity of illness.

Wash your hands. Eat right, sleep tight. Exercise regularly. Avoid crowds during flu season. Choose a healthy diet full of fruits and vegetables. Talk to your doctor if you think you have an increased risk of prostate cancer. Bathe less frequently.

Use clear water elsewhere. Dry yourself carefully. Brush your skin rapidly with the palms of your hands, or gently pat your skin dry with a soft towel after bathing. Moisturize your skin. Avoid the sun between 10 a.m. and 4 p.m. Use sunscreen when you're in the sun.

Don't smoke. Dress to protect yourself. Wear long-sleeved shirts and long pants if you're outside between dusk and dawn. Apply mosquito repellent. Don't spray insect repellent on your face; spray it on your hands and then apply it to your face. Avoid mosquitoes. Keep mosquitoes out of your home. Repair holes in screens on doors and windows. Get rid of water sources outside your home. Wear long pants and sleeves. Check yourself, your children and your pets for ticks. Be especially vigilant after spending time in wooded or grassy areas. Gently grasp the tick near its head or mouth. Don't squeeze or crush the tick, but pull carefully and steadily.

### **3. Optional materials for discussion: conversational formulas(45 min):**

**Make up a dialogue using the following conversational formulas:**

#### **Saying good-bye:**

See you tomorrow. – Bye-bye. So long.

Have a nice weekend. – Thanks, you too. See you on Monday.

Have fun! – Thanks, you too.

It's getting late. And I really hate to say good-bye. – Please, don't go. - I have to go home.

It was nice seeing you again. I enjoyed seeing you again. – It was so nice. – I enjoyed it too.

Good-bye, Harry, Say "hello" to Mary. – I will. Say "hello" to Bill.

Bye-bye, Jack, say "hello" to Gill. Tell her I missed her.

We are going to miss you. We really are.

I must be going, Mr. West. Good luck and all the best.

See you later. See you tonight. See you soon, Mr. White.

Remember me to your family and friends from your close friends in Vyatka Lands.

Give my love to your charming wife. She's sure to play a big part in your life.

### **4. Self-improvement work (15 min): CHOICE TEST IN DOCTOR-PATIENT CONVERSATIONAL FORMULAS**

**Use the appropriate verb.**

1. ... smoking.

1) Give up

2) Quit

3) Stop

4) All of the above

2. ... a diet rich in fruit and vegetables.

1) Follow

2) Keep to

- 3) Adhere to
- 4) All of the above

3. ... cool compresses to your eyes.

- 1) Follow
- 2) Keep to
- 3) Apply
- 4) All of the above

4. ... a healthy diet full of fruits and vegetables.

- 1) Give up
- 2) Quit
- 3) Choose
- 4) All of the above

5. Discuss pain management strategies with your doctor.

- 1) speak
- 2) discuss
- 3) give up
- 4) all of the above

## 5. Give your recommendations to the patient you treat (the diagnosis is M.I.)

### 6. Home work interview

#### Home work: 1. Translate the following sentences.

##### TASK 10 (RECOMMENDATIONS)

1. Бросайте курить! 2. Воздерживайтесь от алкоголя! 3. Придерживайтесь диеты с низким содержанием жиров и холестерина! 4. Контролируйте Ваше давление и холестерин! 5. Сохраняйте свой вес в рекомендуемых пределах! 6. Избегайте стрессов! 7. Соблюдайте постельный режим! 8. Регулярно отдыхайте! 9. Выполняйте физические упражнения в толерантных пределах! 10. Предупреждение лучше, чем лечение! 11. Здоровье лучше, чем богатство! 12. После обеда поспите немножко, после ужина прогуляйтесь! 13. Принимайте лекарство 4 раза в день! 14. Принимайте лекарство в одно и то же время! 15. Принимайте лекарство с молоком для того, чтобы уменьшить побочные эффекты! 16. Принимайте лекарство сразу же после еды (до еды).

#### 2. Give your recommendations to the patient you treat (the diagnosis is R.A.)

#### Basic literature:

Английский язык: учебник / И.Ю. Марковина, З.К. Максимова, М.Б. Вайнштейн.- М.: «ГЭОТАР-МЕДИА», 2010.

#### Optional literature:

Головин В.А. Medical English for First-Year Students (английский язык для студентов-медиков) Киров: Кировская ГМА, 2011

#### Тема 1.7.: Диалогические клише по темам «В аптеке», «В регистратуре».

**Aim of the lesson:** development of speaking, reading, retelling, translation, and comprehension skills, competence within the above topic.

**Educational importance of the topic:** Cultural development and moral education of students in doctor's training. Formation of systematic approach to the analysis of medical information, the perception of innovation; the formation of ability and readiness to self-improvement and self-education, personal and subject reflection.

**Practical skills before the lesson:** the students should know basic tense- and voice forms, rules of reading.

**Practical skills and knowledge after the lesson:** the students should ask and answer questions and make up a dialogue on the above topic.

#### Algorithm of the lesson:

##### 1. Introduction (15 min):

**Answer the following questions:** Do you drive a motor vehicle more than 25,000 miles per year? How often do you use seat belts when riding in cars? Are you troubled by heartburn? Do you feel bloated after eating? Are you troubled

by belching? Do you suffer discomfort in the pit of your stomach? Have you ever had seizures or convulsions? Has your handwriting changed lately? Have you ever considered committing suicide? Have you ever desired or sought psychiatric help? Have you gained or lost more than 10 pounds in the last 6 months? Are you having headaches? Are you feeling nausea? Are you currently receiving treatment? Are you having any eye conditions or problems? Is your eyesight getting worse? Have you ever tried to quit smoking? When was your most recent hospitalization? When was your first (second, third, fourth) hospitalization? What illness (operation) were you hospitalized for? What hospital were you hospitalized in?

## **2. Lexical and grammar practice (45 min): Dialogue clichés. At the reception.**

### **Read and translate the following clichés.**

Can you spare me a few minutes? How can I help you? How may I help you? What is the matter with you? What brings you here? I'd like to see a doctor. Do you need urgent care? Do you have an appointment? Is it urgent? I need a doctor. Please, get me a doctor.

I'll fit you in between the appointments. Would you like to suggest time? When would you be available to come in to see the doctor? I'll pencil you in for three o'clock next Wednesday. You are on the waiting list. Which doctor did you see on your last check-up? I'd like to make an appointment to see Dr. Robinson. Does he have anything open in the afternoon? Is there anything available after three?

Wait a moment please. Wait for a while please. Would you wait for a moment please? You will have to wait for five minutes. Sorry to have kept you waiting.

Let me pull up your file. We just need to fill in some information for our files. Do you have any doctors who speak Russian? What seems to be the problem? Do you have private medical insurance? Have you got a European Health Insurance card?

Please take a seat. Please have a seat. The doctor is ready to see you now. Thank you so much for squeezing me in to your schedule. I'll come right away. I'm going to make arrangements for your admission.

## **3. Make up your own short dialogues on the above topic (45 min).**

## **4. Optional materials for discussion: conversational formulas (15 min):**

### **Make up a dialogue using the following conversational formulas:**

#### **Giving and receiving compliments:**

You look wonderful today. – So do you.

That's a nice colour on you. – Thanks a lot. I'm very glad you like it.

That's a nice sweater. Is it new? – Yes, it is. Where did you get it? – I got it in Paris. It's beautiful. – Thank you. I'm glad you like it.

I like your gloves. Are they new? – Oh, no, I've had them for years. – Where did you get them? – I got them in London. – They are beautiful. Thank you.

I like your ring. Is it new? – Oh, no, I've had it for years.

You look marvellous. You haven't changed a bit. – Neither have you.

You look wonderful. – So do you. You look terrific. – So do you.

You speak English very well. – Oh, no, not really. – Yes, you do, you really do. You really speak English very well. – Thank you, you are very kind. – No, I mean it. I really mean it. You really speak English very well. – I'm afraid my English is not very good. – Don't be silly. It's wonderful. – It's terrible.

I wish I had your beautiful car. By such a car I'd travel far.

That's a comfortable nice house. Who designed it? You or your spouse?

You were wonderful! You were great! You had the highest level rate.

You did a good job! You did very well, my dear colleague, my dear pal!

## **5. Home work interview**

### **Home work: 1. Translate the following sentences.**

#### **TASK 2 (NERVOUS SYSTEM)**

1. На что Вы жалуетесь? 2. Как давно Вы болеете? 3. Есть ли у Вас температура? 4. Есть ли у Вас головные боли? Как давно у Вас болит голова? Не было ли у Вас серьезной травмы головы? 5. Что Вы принимаете от головной боли? Как давно Вы принимаете эти лекарства? Кто Вам прописал эти лекарства? 6. У Вас не было сильных эмоциональных стрессов в последнее время? 7. Вы не падаете в обморок? 8. Вам трудно бывает расслабиться? 9. Вы часто плачете? 10. Были ли у Вас припадки или конвульсии? 11. Бывают ли у Вас депрессии? 12. Бывают ли у Вас пугающие сны или мысли? 13. Вас не беспокоят проблемы, связанные с Вашей работой или семейные проблемы? 14. Вам никогда не приходила в голову мысль покончить жизнь самоубийством? 15. Нет ли у Вас сексуальных затруднений? 16. У Вас когда-нибудь было желание обратиться к психиатру?

## 2. Make up your own dialogue. Use dialogue clichés.

### Basic literature:

Английский язык: учебник / И.Ю. Марковина, З.К. Максимова, М.Б. Вайнштейн.- М.: «ГЭОТАР-МЕДИА», 2010.

### Optional literature:

Головин В.А. Medical English for First-Year Students (английский язык для студентов-медиков) Киров: Кировская ГМА, 2011

### Topic 1.8.: Диалогические клише по темам «Осмотр врача», «Обсуждение симптомов».

**Aim of the lesson:** development of speaking, reading, retelling, translation, and comprehension skills, competence within the above topic.

**Educational importance of the topic:** Cultural development and moral education of students in doctor's training. Formation of systematic approach to the analysis of medical information, the perception of innovation; the formation of ability and readiness to self-improvement and self-education, personal and subject reflection.

**Practical skills before the lesson:** the students should know basic tense- and voice forms, rules of reading.

**Practical skills and knowledge after the lesson:** the students should ask and answer questions and make up a dialogue on the above topic.

### Algorithm of the lesson:

#### 1. Introduction (15 min):

**Read and discuss the following information:**

#### Who is a bad doctor?

- Rushes through the appointment
- [Doesn't listen, unresponsive](#)
- Disregards your concerns and questions
- [An indifferent or uncaring attitude](#)
- Treats the symptoms instead of the cause
- Talks to you in a disrespectful or impatient way
- [Lack of knowledge](#)
- [Poor recommendations](#)
- [Always pushes further tests and procedures](#)
- [Not respectful of your time](#)
- [Spotty credentials and affiliations](#)

#### Who is a good doctor?

- has good training,
- keeps current in what he does,
- focuses on you when with you,
- is willing to listen to what you say,
- gives professionally adequate time for your case,
- is reasonably caring,
- is as thorough as professionally needed,
- is honest, and acts with integrity (honestly),
- is trustworthy,
- is helpful to you,
- exhibits common sense, wisdom, and decisiveness,
- makes the care of his patients his first concern
- is competent,
- establishes and maintains good relationships with patients and colleagues

#### 2. Lexical and grammar practice (45 min): Dialogue clichés. Examination. Discussing symptoms.

**Read and translate the following clichés.**

**Examination:** Preliminary tests indicate a risk of heart disease. The patient did not exhibit regular heart attack symptoms but his condition warrants further investigation. The patient is showing signs of continuously high blood pres-

sure.

Can I have a look? Where does it hurt? Let me examine you please. Let me check your forehead. I'll just check your breathing.

Does it hurt here? It hurts here. Does it hurt when I press here?

I'm going to take your blood pressure (temperature, pulse). Could you roll up your left sleeve? I'd like to take your blood pressure. Your blood pressure's quite low (normal, rather high, very high). Your blood pressure is quite normal too. 130 over 80. Your pulse is 70, your BP 120 over 70. Your temperature's normal (a little high, very high).

Open your mouth, please. Cough, please. Breathe in and hold your breath.

Please don't eat anything tomorrow morning before blood test. Please wait for the result of your hemoglobin test.

Please pull up your shirt, and breathe deeply. I'll examine if you could just strip to your waist. Remove your clothes to the waist. Please take off your shoes and lie down. Please unbutton your shirt and loosen your belt. Please take off your trousers. Please lie on your back (stomach, right side, left side). Please bend your knees.

**Discussing symptoms:** How can I help you? What's the problem? What are your symptoms? Are you having any other problems? Is there anything worrying you? How long has the pain been bothering you? I've been suffering from pains and fever for the past two days. The pain is killing me. I have a great deal of pain. I only feel a mild pain. I don't think a pain-killer is necessary. The pain is very severe. Is the pain continuous or does it come and go? How long have you been feeling like this? How have you been feeling generally? It's difficult to say just now exactly what's wrong.

Have you ever had jaundice (low grade fever, any chronic ailments, cold sweats at night, attacks of asthma)? Do you suffer from heartburn stomachaches (loose bowel movements, chest pains)?

Do you want to have your tooth extracted (tooth filled, blood pressure checked)? I think I might have fever. I can't stand it. I'm still suffering from shortness of breath, chest pains and dizzy spells. I've got low grade fever (high fever), a sore throat, headaches and rash. I've been feeling sick. I've been having headaches. I'm very congested. I feel terrible, my stomach hurts, my head hurts and my throat is very dry, I've got a pain in my back (chest). My joints are aching. I've got diarrhea. I've got a lump. I've got a swollen ankle. I suspect that your arteries have narrowed. I was not able to get much sleep last night. I'm in a lot of pain. I have a high fever and a splitting headache. I lost my appetite, too. I think I've pulled a muscle in my leg. I'm an asthmatic (a diabetic, an epileptic). I need another inhaler (some more insulin). I'm having difficulty breathing. I've got very little energy. I've been feeling very tired. I've been feeling depressed. I've been having difficulty sleeping. Do you have any allergies? We'll do a CT scan to rule out anything else. It is not serious. Don't worry. / There is nothing to worry about. You need a thorough examination.

This is quite common among people of your age. / This often happens to people of your age. / This often occurs at your age. This kind of illness usually occurs among people whose work requires a lot of concentration (who undergo a lot of stress).

You will have to stay in hospital for several days. / We think that you had better be hospitalized. You should stay in bed for a few days.

### **3. Make up your own short dialogues on the above topic (45 min).**

### **4. Optional materials for discussion: conversational formulas (15 min):**

**Make up a dialogue using the following conversational formulas:**

#### **Congratulations and wishes:**

Congratulations on your promotion (presentation, article, report).

Well done. - Thank you. Thanks.

Happy/ Merry Christmas! Happy New Year! Happy Easter!

Thank you, and the same to you.

Very best wishes for World Teachers' Day. My/ our (very) best wishes for the International Day of Older Persons.

Many happy returns (of the day)! Happy birthday! Thank you.

Congratulations. I wish you every happiness. I hope you will be very happy.

Congratulations on your marriage. I hear you've got married. Congratulations.

Have a good/ nice holiday. Have a good/ nice time. Enjoy yourself. Have a good journey. Good luck! The best of luck!

Thank you or Thanks. I shall need it.

All the best! I hope you'll soon be/ feel better.

## 5. Home work interview

### Home work: 1. Translate the following sentences.

#### TASK 8 (MUSCLES)

1. Подвергаетесь ли Вы воздействию холода? Бывают ли у Вас боли в запястьях, в суставах коленей, большом пальце ноги, бедрах, локтях, плече? Бывают ли у Вас боли в шейной части позвоночника, в пояснице? 2. Есть ли у Вас отеки суставов? 3. Вас беспокоит тугоподвижность по утрам? Бывает ли у Вас тугоподвижность в суставах пальцев руки? 4. Уменьшается ли ощущение тугоподвижности в течение дня? 5. Вам следует сделать рентген больного сустава. 6. Вам нужно сделать анализы крови для того, чтобы исключить возможность ревматоидного артрита. 7. Вам необходимо сделать анализ культуры горла для того, чтобы исключить стрептококковую инфекцию. 8. Нужно сделать специальные серологические анализы и эхокардиограмму. Эхокардиограмма может выявить поражение клапана или дисфункцию сердца. 9. Вам следует принимать противовоспалительные препараты и иммуносупрессоры. 10. Курс физиотерапии уменьшит боль в суставах и развитие заболевания. 11. Вам следует принимать антибиотики внутривенно. 12. Какой у Вас вес? Вам нужно уменьшить свой вес.

#### 2. Make up your own dialogue. Use dialogue clichés.

#### Basic literature:

Английский язык: учебник / И.Ю. Марковина, З.К. Максимова, М.Б. Вайнштейн.- М.: «ГЭОТАР-МЕДИА», 2010.

#### Optional literature:

Головин В.А. Medical English for First-Year Students (английский язык для студентов-медиков) Киров: Кировская ГМА, 2011

#### Тема 1.9.: Диалогические клише по темам «Осмотр врача», «Обсуждение симптомов».

**Aim of the lesson:** development of speaking, reading, retelling, translation, and comprehension skills, competence within the above topic.

**Educational importance of the topic:** Cultural development and moral education of students in doctor's training. Formation of systematic approach to the analysis of medical information, the perception of innovation; the formation of ability and readiness to self-improvement and self-education, personal and subject reflection.

**Practical skills before the lesson:** the students should know basic tense- and voice forms, rules of reading.

**Practical skills and knowledge after the lesson:** the students should ask and answer questions and make up a dialogue on the above topic.

#### Algorithm of the lesson:

##### 1. Introduction (15 min):

##### Read and discuss the following information:

##### Advice how to be a good doctor

- Respect people, healthy or ill, regardless of who they are.
- Support patients and their loved ones when and where they are needed.
- Promote health as well as treat disease.
- Embrace the power of information and communication technologies to support people with the best available information, while respecting their individual values and preferences.
- Always ask courteous questions, let people talk, and listen to them carefully.
- Give unbiased advice, let people participate actively in all decisions. related to their health and health care, assess each situation carefully, and help whatever the situation.
- Humbly accept death as an important part of life; and help people make the best possible arrangements when death is close.
- Work cooperatively with other members of the healthcare team.
- Be ready to learn from others, regardless of their age, role, or status.

##### ABC of a good doctor

##### A good doctor should be:

- A: attentive (to patient's needs), analytical, adviser, approachable, assuring
- B: balanced, believer, bold (смелый), brave
- C: caring, concerned, competent, compassionate, confident, creative, communicative, calm, comforter, cooperative

- D: detective (a good doctor is like a good detective), a good discussion partner, decisive, delicate (don't play "God")
- E: ethical, effective, enduring, energetic, enthusiastic
- F: friendly, faithful to his or her patients, flexible
- G: a "good person,"
- H: a "human being," honest, humorous, humanistic, humble, hopeful
- I: intellectual, investigative, informative
- J: wise in judgment, just
- K: knowledgeable, kind
- L: learner, good listener, loyal
- M: mature, modest
- N: noble
- O: open minded, open hearted, optimistic
- P: professional, passionate, patient, positive, persuasive, philosopher
- Q: qualified
- R: realistic, respectful (of autonomy), responsible, reliever (of pain and anxiety)
- S: sensitive, selfless, scholarly, skilful, speaker, sympathetic
- T: trustworthy, a great thinker, teacher, thorough, thoughtful
- U: understanding, up to date (with literature)
- V: vigilant, veracious
- W: warm, wise, watchful, willingness to listen, learn, and experiment
- Y: yearning, yielding
- Z: zestful

**2. Lexical and grammar practice (45 min): Dialogue clichés. Examination. Discussing symptoms. Read and translate the following clichés.**

**Giving consent:** Could you fill out these forms? Could you also sign that form? We need your permission to do this. Have you handed in your consent yet? "I, Mr. Brown, the undersigned have requested and consented to a laparoscopic cholecystectomy."

**Diagnosis:** We need to take a urine sample (a blood sample). You need to have a blood test. There doesn't seem to be anything serious, but we'll take an x-ray just to be certain. Please wait until we get the result of the x-ray (blood-test). I need a sick note. Your WBC (RBC, hemoglobin, urine, stool, sputum) should be checked. A smear should be taken. A culture should be done. I want to send you for an x-ray. I want you to see a specialist.

**Treatments, advice, and recommendations:** You're going to need a few stitches. I'm going to give you an injection. I'm so scared. There is nothing to worry about. You should be very careful for a week or two. Try to relax and keep calm. Do you smoke? You should stop smoking. How much alcohol do you drink a week? You should cut down on your drinking. Try walking around the room or corridor. You need to try and lose some weight. I warn you off fatty foods. Don't eat any rice, except for rice porridge. When you have an upset stomach, you shouldn't eat anything at all for a whole day. You should be on liquid diet. First of all you need to reduce the amount of fat in your diet, you need to stop smoking and I really think you should start some form of exercise. Take good care of yourself. Stay calm. Avoid any mental stress and have a good rest. You'd better rest in bed. You need to stay in bed for three days. You'll soon be all right. Feeling well again is a slow process, I'm afraid.

I suggest you take Chinese herbs. I suggest that you get physiotherapy treatment. I would like to transfer you to the gynecology (surgery, dermatology, urology) department.

Complete recovery will take a long time. If the trouble persists, come back again. If you feel worse, please come back to the clinic right away. If you feel worried, don't hesitate to go to the clinic any time, day or night. I suggest you do some light exercises. I suggest you have a course of acupuncture. Is there anything else you would like me to explain to you? Shall I explain it again?

**Medications:** Are you on any sort of medication? I'll write out a prescription for you. I'm sure this medicine will help you a great deal. I'm going to prescribe you some antibiotics. Take two of these pills three times a day. Take this prescription to the chemist. Are you allergic to any medications? I'm allergic to antibiotics. Please take this drug after meals. Please take this medication before meals. Take one pill about 30 minutes before you go to bed. I want you to take two pills three times a day. This medication is very effective, but be careful using it.

**Doctors' good advice in proverbs:** Health is better than wealth! Wealth is nothing without health. Folks spend their health to acquire wealth and later spend their wealth in an effort to regain their health. A good wife and health are a

man's best wealth. A sound mind in a sound body. What cannot be cured must be endured.

The best doctors are Dr. Diet, Dr. Quiet, and Dr. Merryman. Laughter is the best medicine. Patience is often better than medicine. Mother Nature, time and patience are the three best doctors. An apple a day keeps the doctor away. An aspirin a day keeps heart diseases away. A garlic a day keeps any disease away. Prevention is better than cure!

Eat at pleasure, drink with measure. Eat well, drink in moderation, and sleep sound, in these three good health abound. Suppers have killed more than doctors have ever cured. After dinner sleep a while! After supper walk a mile! Enjoy breakfast all alone, share lunch with your best friend and give dinner to your enemy. Diet cures more than doctors. Eat to live; do not live to eat. Being overweight is being halfway sick. Fresh pork and new wine kill a man before his time. Where wine appears the doctor disappears. When the beer goes in the wits go out. [Drunkenness is nothing but voluntary madness](#). Eat little, sleep sound. When diet is wrong medicine is of no use. When diet is correct medicine is of no need.

A disease known is half cured. The beginning of health is to know the disease. Desperate diseases must have desperate remedies. There are no incurable diseases but only incurable people. Diseases are the tax on pleasures.

Early to bed and early to rise makes a man healthy, wealthy and wise! An early bird catches a worm. Better late than never but better never late. Eat less food to find more sleep.

Good medicine often has a bitter taste. Many medicines, few cures. Medicine cures the man who is fated not to die.

### **3. Make up your own short dialogues on the above topic (45 min).**

### **4. Optional materials for discussion: conversational formulas (15 min):**

**Make up a dialogue using the following conversational formulas:**

#### **Inviting, accepting, refusing:**

When is the best time to call you ? – I'm usually at home after 7.

Can you come over the dinner tonight ? – I like that very much. - What time should I come ? – Come around 6 if you can. – Bye.

Can you come over for the lunch tomorrow ? – I wish I could, but I'm afraid I can't.

We'll have a party next Saturday night. Can you come? – I'd love to. - That sounds great. That sounds nice.

I feel like going to the movies tonight. I don't feel like studying tonight. – Neither do I. Let's go.

Would you like to go to the restaurant "Russian Food" – It's very popular. The food is good.

Do you feel like going out of town? You'll like our nature, Mr. Brown.

That would be very nice. Thank you. And many thanks for what you do.

I'm afraid I can't. I'm sorry I can't. Excuse me please, dear Mr. Brand.

I wish I could but I'm afraid I can't. Excuse me please, dear Mr. Brand.

### **5. Home work interview**

#### **Home work: 1. Translate the following sentences.**

##### **TASK 7 (BLOOD)**

1. Вы чувствуете слабость, сильную усталость? 2. У Вас бывают обморочные или предобморочные состояния? 3. У Вас часто бывает учащенное сердцебиение? 4. У Вас бывает одышка при нагрузке? 5. У Вас легко возникают синяки? 6. Бывают ли у Вас кровотечения из десен, носа? Какого цвета Ваш стул? Бывает ли Ваш стул черного дегтярного цвета? 7. Вы сильно похудели в последнее время? 8. Не подвергались ли Вы воздействию радиации или химикатов? 9. Были ли у Вас какие-либо вирусные заболевания? 10. У Вас в семье никто не болел лейкемией? 11. Вы регулярно питаетесь? 12. Вы не страдаете аутоиммунным заболеванием? 13. Какие лекарства Вы принимаете? 14. Подвергались ли Вы химиотерапии? 15. Не было ли у Вас в последнее время каких-либо травм с большой кровопотерей? 16. Не было ли у Вас в последнее время сильного отравления продуктами, содержащими свинец или мышьяк? 17. Вам следует сделать общий анализ крови, анализ на витамин В12, биохимический анализ крови, анализ на уровни железа, биопсию костного мозга, аспирацию и анализ кала.

#### **2. Make up your own dialogue. Use dialogue clichés.**

#### **Basic literature:**

Английский язык: учебник / И.Ю. Марковина, З.К. Максимова, М.Б. Вайнштейн.- М.: «ГЭОТАР-МЕДИА», 2010.

#### **Optional literature:**

Головин В.А. Medical English for First-Year Students (английский язык для студентов-медиков) Киров: Ки-



## **Раздел 2 Особенности вопросников и викторин для пациентов**

### **Тема 2.1.: Вопросники об общем состоянии здоровья пациента**

**Aim of the lesson:** development of speaking, reading, retelling, translation, and comprehension skills, competence within the above topic.

**Educational importance of the topic:** Cultural development and moral education of students in doctor's training. Formation of systematic approach to the analysis of medical information, the perception of innovation; the formation of ability and readiness to self-improvement and self-education, personal and subject reflection.

**Practical skills before the lesson:** the students should know basic tense- and voice forms, rules of reading.

**Practical skills and knowledge after the lesson:** the students should translate, ask and answer questions and make up a dialogue on the above topic.

#### **Algorithm of the lesson:**

##### **1. Introduction (15 min):**

**Read and discuss the following information:**

#### **Qualities of a Good Nurse**

- It's not that easy to make a career in nursing profession. For that, you should be prepared for extreme hard work and dedication. Here are some qualities that a good nurse should have:
- A good nurse should be highly qualified and trained. She/he should have a sound knowledge of the nursing profession, obtained from a reputed institute. He/she should always be ready to learn more. Good professional skills are a must for the nurse.
- As a nurse is more frequently in contact with the patients, he/she should have excellent communication skills. These include speaking as well as listening skills. The nurse should be able to openly talk with the patients and their family members in order to understand their needs and expectations. He/she should be able to explain the treatment given to the patient.
- Watchfulness is an important quality of a good nurse. He/she should be alert every moment about the condition of a patient. He/she should be able to notice a minor change in the patient's health status.
- A good nurse should have an emotional stability. Nursing is a very stressful job. Everyday the nurses witness severe traumatic situations, surgeries and deaths. The nurse should be mentally strong and should not get disturbed by such incidences.
- Good presence of mind is crucial in the nursing profession. In any critical condition or medical emergency, if the doctor is not there, then the nurse should not get confused. He/she should be confident enough to take the correct decisions.
- Kindness and empathy are the qualities that every nurse should possess. The nurse should be calm and kind to the patients, even if they are aggressive. The nurse should understand the pains and suffering of patients. He/she should provide comfort and sympathy to the patients, instead of getting angry with them.
- A good nurse should be flexible about his/her working hours and responsibilities. Nursing is a time demanding profession. It's not like that to work for specific hours. Medical emergencies can occur at any time. Nurses often have to extend their duty hours, work in overnight shifts, or work on weekends too. They should not complain about that.
- A good nurse should have a strong physical endurance. He/she should be able to perform a number of taxing maneuvers, stand up for a long period of time or lift heavy objects/people on a daily basis.
- A nurse should have a respect for people and rules. He/she should be devoted to the profession. He/she should be aware of different cultures and traditions and confidentiality requirements of the patients. He/she should respect the wishes of the patients.  
A nurse should be active and cheerful. Her/his presence should make the patient relaxed and comfortable. The nurse's pleasant appearance can reduce the patient's stress and pains. His/her voice should be soft and gentle.

##### **2. Lexical and grammar practice (45 min): General Health Questionnaire.**

**Read and translate the following doctor-patient questionnaires.**

**Consider your current symptoms and overall sense of well-being and answer:**

- Do you feel basically healthy? es o
- Do you consider yourself happy? es o

**List any negative health symptoms you're experiencing:**

**Do you have chronic inflammation in your body?**

**If you answer 3 or more questions "YES" you may have chronic inflammation.**

- Do you have elevated cholesterol or triglycerides? es o
- Do you have numbness or tingling in your arms or legs? es o
- Do you eat meat, commercially baked sweets, fried foods, or use vegetable oil daily? es o
- Do you consume fish less than two times per week? es o
- Do you have high blood pressure, asthma, or colitis? es o
- Do you smoke? es o
- Do you have gingivitis, periodontal disease, or not have regular dental cleansings and check-ups at least once every six months? es o

**1.**

2. Do you have poor nutrition and digestion?

**If you answer 4 or more questions "YES" you may have poor nutrition and digestion.**

- Do you regularly include fast food in your diet (three or more times per week)? es o
- Do you experience belching, bloating, or persistent fullness soon after eating, or do you experience excess gas often? es o
- Do you experience heartburn or acid reflux two or more times per week? es o
- Are you allergic to any specific foods? es o
- Do you feel fatigued or lethargic after eating? es o
- Do you commonly have bad breath or a bad taste in your mouth? es o
- Do you use digestive aids such as laxatives, antacids, or acid-blocking drugs? es o
- Do you often feel "older" than you should for your age? es o
- Does your skin look gray, wrinkled, or aged? es o

**Do you have abnormal blood sugar levels? Are you pre-diabetic or at risk?**

**If you answer 3 or more questions "YES" you could have abnormal blood sugar levels.**

- Does your waistline extend beyond your hips or are you overweight? es o
- Do you become tired or light-headed or do you feel the need to eat again just two or three hours after your last meal? es o
- Do you eat dried beans less than three times per week? es o
- Do you exercise less than three times each week? es o
- Do you eat two or more servings of bread, pasta, candy, colas, or fruit juice a day? es o

Do you eat fewer than five servings of fresh, raw vegetables and fruits per day? es o

Do you have high blood triglyceride levels or suffer from hypertension? es o

**Do you have impaired cellular function?**

**If you answer 3 or more questions "YES" you may have impaired cellular function.**

Are you frequently tired for no reason (especially around 3 P.M.)? es o

Do you have stiff and sore muscles (unrelated to recent exercise)? es o

Do you have shortness of breath, or feel exhausted after exercising? es o

Do you exercise less than two hours per week? es o

Have you ever been diagnosed with iron deficiency or do you have heavy menses? es o

Do you look older than your true age? es o

Have you ever been exposed to toxic chemicals or heavy metals? es o

**What is the quality of your immune system function?**

**If you answer 4 or more questions "YES" your immune system may be overworked.**

Do you catch colds or the flu easily? es o

Do colds, flu, or other infections tend to linger (last) in your system more than 5 days? es o

Do you have a chronic cough, scratchy throat, sinus congestion, or excess mucous production making it necessary to clear your throat often? es o

Do you have seasonal allergies or known allergies to dust, animals, or mould? es o

Have you ever been diagnosed with an autoimmune disease? es o

Do you have dark circles under your eyes? es o

Do you have difficulty seeing at night, or do you have white spots on your fingernails? es o

Have you recently had any vaccinations? es o

Have you or anyone in your family served in the military in the last 15 to 20 years? es o

**Are your kidney and urinary systems functioning properly?**

**If you answer 5 or more questions "YES" your kidneys may be overworked.**

Do you have pain in your muscles and joints? es o

Have you had kidney or bladder infections in the last year? es o

Have you experienced ankle pain or swelling in the last year? es o

Do you have left shoulder pain? es o

Do your fingernails break easily? es o

Do you have puffiness, "bags", or dark circles under your eyes? es o

Is your hair thinning? es o

Do you have frequent scalp irritations?

es o

Do you have painful menstrual cycles?

es o

Do you wake up often during the night to urinate?

es o

Do you feel exhausted in the morning even after sleeping 8 or more hours?

es o

Have you ever been diagnosed with thyroid problems?

es o

### 3. Make up your own short dialogues on the above topic (45 min).

### 4. Optional materials for discussion (15 min): conversational formulas: Make up a dialogue using the following conversational formulas:

#### Expressions of likes and dislikes:

I really like it a lot. I love it very much. – Do you really like it? – I like it a lot. – I am glad.

Do you enjoy it? – I love it very much.

I'm fond of gardening. I'm keen on fishing. I'm mad about her. I'm crazy about him.

How do you like it? Is this all right? – It's wonderful.

Is this OK? – It's all right, I guess.

Are you sure it's OK? – It's all right, I guess

It's not quite right I'm afraid.

I dislike criticism. I don't like it at all. I hate it. I cannot stand it. I cannot bear it. I don't like it a bit. I am not very/ too/ particularly keen on it.

### 5. Home work interview

#### Home work: 1. Translate the following sentences.

##### TASK 5 (RESPIRATORY SYSTEM)

1. У Вас есть температура, жар озноб? Какая у Вас температура? 2. Вы кашляете? Как давно Вы кашляете? В последнее время у Вас не было инфекций верхних дыхательных путей? Какого цвета у Вас мокрота? У Вас обычно сухой кашель или кашель с выделениями? Бывает ли у Вас кашель с прожилками крови? 3. Бывает ли у Вас озноб с дрожью? 4. Бывают ли у Вас хрипы при дыхании? 5. Есть ли у Вас одышка? 6. Вы не контактировали с инфицированными людьми? 7. Бывают ли у Вас ночные потоотделения? 8. Не ощущаете ли Вы тяжесть в груди? 9. Не подвергаетесь ли Вы воздействию химикатов, асбеста, угольной пыли? 10. Как давно Вы курите? 11. Вы чувствуете усталость или недомогание? 12. У Вас обычно бывают боли в груди? 13. Я бы хотел осмотреть Вас. Разденьтесь до пояса. Дышите. Задержите дыхание. 15. Вам следует сделать общий и биохимический анализ крови, анализ культур мокроты, рентген легких, анализ газов артериальной крови. 16. Вы испытываете затруднения при глотании? Вы можете открыть рот? 17. Есть ли у Вас насморк? 18. Есть ли у Вас капли в нос? Капли могут быть полезны при насморке.

#### 2. Make up your own dialogue. Use doctor-patient questionnaires.

#### Basic literature:

Английский язык: учебник / И.Ю. Марковина, З.К. Максимова, М.Б. Вайнштейн.- М.: «ГЭОТАР-МЕДИА», 2010.

#### Optional literature:

Головин В.А. Medical English for First-Year Students (английский язык для студентов-медиков) Киров: Кировская ГМА, 2011

#### Тема 2.2.: Составление истории болезни пациентом.

**Aim of the lesson:** development of speaking, reading, retelling, translation, and comprehension skills, competence within the above topic.

**Educational importance of the topic:** Cultural development and moral education of students in doctor's training. Formation of systematic approach to the analysis of medical information, the perception of innovation; the formation of ability and readiness to self-improvement and self-education, personal and subject reflection.

**Practical skills before the lesson:** the students should know basic tense- and voice forms, rules of reading.

**Practical skills and knowledge after the lesson:** the students should translate, ask and answer questions and make up a dialogue on the above topic.

**Algorithm of the lesson:**

**1. Introduction (15 min):**

**Read and discuss the following information:**

#### **List of never events**

**Never events** are occurrences on a United States list of inexcusable outcomes in a health care setting. As defined by the National Quality Forum and commonly agreed upon by health care providers, the never events are:

1. Artificial insemination with the wrong donor sperm or donor egg
2. Unintended retention of a foreign object in a patient after surgery or other procedure
3. Patient death or serious disability associated with patient elopement (disappearance)
4. Patient death or serious disability associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation or wrong route of administration)
5. Patient death or serious disability associated with a hemolytic reaction due to the administration of ABO/HLA-incompatible blood or blood products
6. Patient death or serious disability associated with an electric shock or elective cardioversion while being cared for in a healthcare facility
7. Patient death or serious disability associated with a fall while being cared for in a healthcare facility
8. Surgery performed on the wrong body part
9. Surgery performed on the wrong patient
10. Wrong surgical procedure performed on a patient
11. Intraoperative or immediately post-operative death in an ASA Class I patient
12. Patient death or serious disability associated with the use of contaminated drugs, devices, or biologics provided by the healthcare facility
13. Patient death or serious disability associated with the use or function of a device in patient care, in which the device is used or functions other than as intended
14. Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a healthcare facility
15. Infant discharged to the wrong person
16. Patient suicide, or attempted suicide resulting in serious disability, while being cared for in a healthcare facility
17. Maternal death or serious disability associated with labor or delivery in a low-risk pregnancy while being cared for in a health care facility
18. Patient death or serious disability associated with hypoglycemia, the onset of which occurs while the patient is being cared for in a healthcare facility
19. Death or serious disability (kernicterus) associated with failure to identify and treat hyperbilirubinemia in neonates
20. Stage 3 or 4 pressure ulcers acquired after admission to a healthcare facility
21. Patient death or serious disability due to spinal manipulative therapy
22. Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances
23. Patient death or serious disability associated with a burn incurred (подвергаться) from any source while being cared for in a healthcare facility
24. Patient death or serious disability associated with the use of restraints (ограничения) or bed rails while being cared for in a healthcare facility
25. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider
26. Abduction of a patient of any age
27. Sexual assault on a patient within or on the grounds of the healthcare facility
28. Death or significant injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of the healthcare facility

**2. Lexical and grammar practice (45 min): How to write a personal medical history form.**

**Read and translate the following information.**

These are the following elements that ought to be recorded in your final personal medical history:

- 1) Name, gender, birth date, marital status, religion

- 2) Spouse name, emergency contact person, health proxy, children's names and birth dates
- 3) Address, home phone, work phone, Email, fax
- 4) Insurance company and number
- 5) Names and phone numbers of significant and recent practitioners seen - primary care doctor, specialists, chiropractor, pharmacist
- 6) Present Medical Conditions - for example, diabetes, high blood pressure, hay fever, and other conditions that are current or chronic in nature; diseases and illnesses that affect your body often or always
- 7) Current Medications - correct names, doses, when taken, when began, who prescribed, side effects, over-the-counter products, vitamins, herbs, etc.
- 8) Allergies - to medicines, foods, chemicals, natural and man-made substances, insects, and anything that causes an unusual reaction to your body; note how you respond to it
- 9) Past Medical History - childhood illnesses, immunization history, pregnancies, significant, short term illnesses, longer term conditions, and other diseases that affected you in the past and are not mentioned in present medical conditions
- 10) Hospitalizations - include in-patient stays, ER visits (emergency room visits)
- 11) Surgeries - minor and major, with anesthesia, out-patient, deliveries, invasive procedures, etc.
- 12) Significant and recent Blood Tests - most doctors will give you a copy of any blood work that is done on you; record only the significant values in this document and file lab records; some of the important numbers include glucose (sugar), fasting cholesterol, white blood cell count, cancer values, kidney function, and several others that your doctor should tell you about (so have your practitioner help you with this section to be more accurate)
- 13) Special tests and Procedures - Examples include X-rays and other radiology tests, ECG, stress test, echocardiogram, colonoscopy, and other similar procedures done at a health facility
- 14) Family History - limit it to the significant diseases of your grandparents, parents, siblings, and children
- 15) Injuries, Accidents, Disabilities - what happened and was done for it; how it has and does affect you now
- 16) Review of Systems - this is a section for any other problem you may be having or have had in the fairly recent past. Under each of the following body systems, note any problems, symptoms and signs you experience, recent sicknesses, and other aspects that may be related to that particular part of the body:
  - a. Neurological - brain, nerves, headache, etc.;
  - b. Eyes - wear glasses?, vision test results;
  - c. Ears - hearing, infections;
  - d. Nose, Sinus;
  - e. Throat;
  - f. Neck;
  - g. Lungs (Respiratory);
  - h. Heart (Cardiac and Vascular);
  - i. Gastrointestinal - particularly esophagus, stomach, intestines, rectum, liver, gallbladder, pancreas;
  - j. Urinary - kidneys, bladder, etc.;
  - k. Sexual Organs - STDs, recent activity and problems, drive;
  - l. Musculoskeletal - spine, bones, joints, muscles;
  - m. Endocrine - glands, hormones, thyroid, diabetic symptoms, and related functions;
  - n. Blood and Lymph Systems - anemia, iron deficiency;
  - o. Psychological - depression, anxiety, mood swings, and mental problems;
  - p. General - fatigue, weakness, memory loss, confusion, weight changes, appetite, pain;
- 17) Social History and Lifestyle - Habits, diet, exercise, sports, hobbies, household situation, frequent activities, significant relationships, etc.
- 18) Work History - current jobs, recent jobs and significant, past occupations; particularly if you endured special work hazards, risks, stress, and other factors that have affected your health
- 19) A chronological list of significant practitioner office visits in the past year or two.

Recording a medical history in this manner will greatly help you in understanding and gaining control of your health. It will also help your present and future practitioners treat you much more effectively.

If done with persistence and patience, keeping a personal health history and taking a copy of it with you when you visit a doctor or other health practitioner, over time, will enable you to become more familiar with your body's conditions and help you to take care of yourself better.

**3. Write a personal medical history of a foreigner who is on a business trip to your city and needs your medical consultation. (45 min)**

**4. Optional materials for discussion (15 min): conversational formulas:**

**Make up a dialogue using the following conversational formulas:**

**Inviting, accepting, refusing:**

When is the best time to call you ? – I'm usually at home after 7.

Can you come over the dinner tonight ? – I like that very much. - What time should I come ? – Come around 6 if you can. – Bye.

Can you come over for the lunch tomorrow ? – I wish I could, but I'm afraid I can't.

We'll have a party next Saturday night. Can you come? – I'd love to. - That sounds great. That sounds nice. I feel like going to the movies tonight. I don't feel like studying tonight. – Neither do I. Let's go.

Would you like to go to the restaurant "Russian Food" – It's very popular. The food is good.

Do you feel like going out of town? You'll like our nature, Mr. Brown.  
That would be very nice. Thank you. And many thanks for what you do.  
I'm afraid I can't. I'm sorry I can't. Excuse me please, dear Mr. Brand.  
I wish I could but I'm afraid I can't. Excuse me please, dear Mr. Brand.

## 5. Home work interview

### Home work: 1. Translate the following sentences.

#### TASK 3 (CARDIOVASCULAR SYSTEM)

1. Как давно Вы ощущаете боли в груди? Вы ощущаете боль за грудиной? Не испытываете ли Вы сжатие в груди? 2. Это обычно тупая боль? Боль отдает в левую руку или нижнюю челюсть? 3. Бывают ли у Вас сердечные приступы? 4. Бывает ли у Вас ощущение, напоминающее изжогу? Бывает ли у Вас тошнота, рвота, обморочное состояние? 5. У Вас бывает одышка при нагрузке и/или когда Вы лежите в горизонтальном положении? 6. У Вас бывает потоотделение ночью? 7. Бывают ли у Вас боли в верхней части полости живота? Отдают ли эти боли в спину? 8. Вы курите? Как давно Вы курите? Сколько Вы в день выкуриваете? 9. Какой у Вас вес? Вам следует уменьшить вес. Контролируйте свой вес. 10. У Вас в семье было повышенное давление? Контролируйте свое давление. 11. Не было ли у Вас ранее инфаркта? Нет ли у Вас в семье людей перенесших инфаркт? 12. Когда Вы делали ЭКГ, рентген груди, анализы крови на холестерин и сахар? Вам сделают все необходимые обследования, такие как ЭКГ, рентген груди, анализы крови на холестерин и сахар, общий анализ крови и биохимический анализ крови. 13. Принимайте нитроглицерин. Он улучшает кровоток через коронарные артерии. 14. Вас следует госпитализировать. 15. Прекратите курить. Придерживайтесь диеты с низким содержанием жиров и холестерина.

### 2. Make up your own dialogue. Use doctor-patient questionnaires.

#### Basic literature:

Английский язык: учебник / И.Ю. Марковина, З.К. Максимова, М.Б. Вайнштейн.- М.: «ГЭОТАР-МЕДИА», 2010.

#### Optional literature:

Головин В.А. Medical English for First-Year Students (английский язык для студентов-медиков) Киров: Кировская ГМА, 2011

### Тема 2.3.: Викторины для пациентов.

**Aim of the lesson:** development of speaking, reading, retelling, translation, and comprehension skills, competence within the above topic.

**Educational importance of the topic:** Cultural development and moral education of students in doctor's training. Formation of systematic approach to the analysis of medical information, the perception of innovation; the formation of ability and readiness to self-improvement and self-education, personal and subject reflection.

**Practical skills before the lesson:** the students should know basic tense- and voice forms, rules of reading.

**Practical skills and knowledge after the lesson:** the students should translate, ask and answer questions and make up a dialogue on the above topic.

#### Algorithm of the lesson:

##### 1. Introduction (15 min):

##### Read and discuss the following information:

##### Mistakes of doctors and patients

**Individual doctors' mistakes:** Your doctor can obviously make a mistake in various ways.

Simple human mistakes: everyone makes them, even the best doctors.

Doctors who are drunk or on illicit drugs.

Poor handwriting: can lead to errors in filling prescriptions or wrong hospital medications or tests.

Poor dosage instructions: difficult to read numbers, such as zeroes and decimal points, can lead to wrong dosages.

Patients' mistakes: The patient can contribute to an error occurring in their health care. Patients should view achieving good medical care as something over which they have partial control.

Failure to report symptoms: some patients do not tell the doctor about all their symptoms for various reasons (embarrassment, thinking it will be irrelevant, the doctor didn't specifically ask about it, etc.).

Delay in reporting symptoms: this is a very common human tendency, a form of denial that something is wrong.

Failure to report other medications they are on, either prescription or over-the-counter medications.

Failure to report other alternative medicines they are taking.

Non-compliance with treatment plan or medications: over-looked medications, financial troubles, laziness, etc.

Dishonesty of patients: certain hypochondriac and factitious syndromes, desire to obtain restricted drugs, malingering, insurance fraud, getting time off work, etc.

Fear of legal issues: e.g. failure to admit to taking illicit drugs

Fear of social issues: e.g. failure to admit to lifestyle or social habits.

Fear of doctor's scolding: e.g. failure to admit to not following treatments.

Patient pressure: the tendency to push the doctor for certain treatments, such as antibiotics, sleeping pills, or behavioral drugs, even when they may not be in the best interests of health. This creates a conflict between the doctor's desire to give correct medical care and keeping the patient happy.

Failure to read medication labels and instructions fully.

## **2. Lexical and grammar practice (45 min): Doctor-Patient Communication Quiz.**

### **Read and translate the following. Give your recommendations to the patient.**

You and your doctor are partners, working together for your optimal health. That's why it's important to find a doctor you feel comfortable with, someone who listens to your questions, and takes the time to ask his or her own. Find out more about doctor-patient relations by taking this quiz.

#### **1. Your doctor knows which medications you're taking, so you don't need to bother reminding him.**

You answered B. False. The correct answer is B. False.

You may see other doctors—specialists, for instance—who may have prescribed medication for a specific condition. It's a good idea to bring a list of all medications you are currently taking, or bring all the bottles in a bag to show your regular doctor.

#### **2. If you wear glasses don't forget to bring them with you to the doctor's office.**

You answered A. True. The correct answer is A. True.

Also, if you use a hearing aid, don't forget that, either. If you have a hard time seeing or hearing, tell your doctor that. Ask him or her to speak more slowly if you are having difficulty following the conversation.

#### **3. A friend or relative who accompanies you to the office must stay in the waiting room during your exam.**

You answered B. False. The correct answer is B. False.

If you think you might have trouble remembering what to ask the doctor, or remembering what the doctor tells you, bring a family member or close friend with you to the exam room. Tell the person ahead of time what you need to discuss with the doctor. Your friend can gently remind you about anything you forget to mention, and help you keep track of what the doctor recommends. If you don't bring someone with you, do write down any questions or concerns you have; if you have several, put them in order, with the most important at the top. And take notes during the office visit.

#### **4. It's not the doctor's business to know about your personal life, so he or she shouldn't ask you about anything other than health matters.**

You answered B. False. The correct answer is B. False.

What happens in your life—the death of a close family member, a change in your living arrangements—can affect your health. A doctor who asks you about your personal life isn't being nosy, but is trying to make sure he or she knows about any major changes or stresses you may be facing. You don't need to give a lot of detail. It's enough to say, for example, I have had to sell my house and move in with my daughter.

#### **5. It's OK to fudge the truth about your smoking or dieting when talking with your doctor.**

You answered B. False. The correct answer is B. False.

Your doctor can't give you the best care if you don't say what's really going on. Also, don't hesitate to mention any symptoms that concern you. Although a physical exam and medical tests provide valuable information about you, it is the symptoms you report that help guide your doctor to the right tests. It's not a sign of weakness to talk about your symptoms.

#### **6. Your doctor has only a limited time for you, so limit your questions.**

You answered B. False. The correct answer is B. False.

Although it's true that your doctor is busy, you can't get the best care if you don't understand what he or she is telling you. If you keep silent, your doctor may think you don't have questions. Don't worry about sounding silly. Ask questions when you don't understand a medical term—aneurysm, for instance—or when you don't understand the instructions—when to take medicine with food, for instance.

#### **7. You can find out more about your particular medical condition by reading brochures your doctor has.**

You answered A. True. The correct answer is A. True.

Doctors often have brochures and pamphlets available, as well as cassette tapes and videotapes about certain medical conditions. Ask your doctor if he or she has printed instructions available, and ask for a list of resources—books, organizations, and government agencies—that can provide additional information.

#### **8. Problems with depression or memory are a normal part of aging and don't merit concern by your doctor.**

You answered B. False. The correct answer is B. False.

Depression, memory problems, sexual function problems, and incontinence are not normal. Your doctor needs to know about any of these and discuss possible treatment with you. If your doctor doesn't seem concerned, you should look for another doctor.

#### **9. The best time to talk to your doctor about serious illness is when you're healthy.**

You answered A. True. The correct answer is A. True.



While you're still healthy, talk with your doctor about advance directives. Examples of advance directives are a living will and durable power of attorney. They let you specify the type of care you want. An advance directive will speak for you, or allow designated family member to speak for you, when you are too ill to make decisions for yourself.

**Your score was: 100%**

### **HOW MUCH DO YOU KNOW ABOUT DRUG INTERACTIONS?**

Every year, thousands of people experience interactions between prescribed drugs and over-the-counter (OTC) drugs, or between drugs and herbal products. Other unexpected interactions can occur between drugs and certain foods or health conditions. Learn what you can do to prevent these interactions by taking this quiz, based on information from the American Pharmacists Association's publication "Pocket Guide to Evaluations of Drug Interactions" and the Food and Drug Administration (FDA).

#### **1. A variety of substances can alter a drug's effects.**

You answered A. True. The correct answer is A. True.

Some interactions reduce a drug's effectiveness; others can dramatically increase a drug's effect or cause side effects. For example, alcohol consumed along with acetaminophen can damage the liver. Viagra and nitrites or nitrates can cause low blood pressure (hypotension), a sometimes fatal condition. The organ transplant drug cyclosporin taken with St. John's wort can cause sudden rejection of the transplanted organ. Warfarin, a blood thinner, and either vitamin E or aspirin may cause hemorrhaging.

#### **2. A drug-drug interaction occurs when two drugs together produce a beneficial side effect.**

You answered B. False. The correct answer is B. False.

Problems often occur between prescribed medication and OTC drugs. It is important to read the label on any OTC drug you take. The label includes information on possible drug interactions. Drug labels can change, so it's critical to look at the label each time you buy a new supply. For example, taking an antihistamine and a sedative at the same time can make you very drowsy. This can be dangerous if you are driving or need to operate machinery.

#### **3. A drug-food interaction occurs when a medication interacts with a substance in a food or beverage.**

You answered A. True. The correct answer is A. True.

Here are examples of a drug-food interaction: Orange juice or other acidic beverage can hinder the absorption of nicotine from nicotine gum. Grapefruit juice should not be taken with some blood pressure medications or cyclosporin (taken by organ transplant patients). Dairy products, antacids, and vitamins with iron can make antibiotics less effective. Eating cheese or drinking wine while taking a monoamine oxidase inhibitor may cause a severe blood pressure reaction.

#### **4. A drug-alcohol interaction can lead to extreme drowsiness and other effects.**

You answered A. True. The correct answer is A. True.

Drinking alcohol when taking a sedative, for example, can make you feel tired or slow your reaction time, the FDA says. Having three or more drinks a day when taking acetaminophen can lead to liver damage. Drinking alcohol when taking aspirin, ibuprofen, or naproxen may cause ulcers.

#### **5. A drug-condition interaction occurs when a medication is harmful to someone with certain medical conditions.**

You answered A. True. The correct answer is A. True.

If you have kidney disease, your condition could be made worse if you take ibuprofen. If you have high blood pressure, your condition could worsen if you take a nasal decongestant or use a nasal spray. Antihistamines can worsen a problem with urination caused by prostate problems. Sleeping pills can complicate sleep apnea or emphysema.

#### **6. OTC and prescription medications don't interact with herbal remedies and supplements.**

You answered B. False. The correct answer is B. False.

When your doctor prescribes a new drug, the FDA says, discuss all OTC and prescription drugs, dietary supplements, vitamins, botanicals, minerals, and herbals you take, as well as the foods you eat. Any of these may interact with the new medication.

#### **7. Using the same pharmacy for all your prescriptions can help reduce drug interactions.**

You answered A. True. The correct answer is A. True.

Doing so let your pharmacist check for interactions.

#### **8. You don't need to read the labels of OTC medications if you have taken them before.**

You answered B. False. The correct answer is B. False.

OTC drug labels can change, so be sure to read the label each time you buy an OTC product. Drug labels contain information about ingredients, uses, warnings, and directions, as well as information about possible drug interactions, the FDA says. Different OTC drugs may contain the same active ingredient. If you are taking more than one OTC drug, pay attention to the active ingredients used in the products to avoid taking too much of a particular ingredient.

#### **9. Talk to your pharmacist or health care provider before taking any new OTC medication.**

You answered A. True. The correct answer is A. True.

Read the label first, and call your pharmacist or health care provider if you have questions about whether it's safe to take with other medications, vitamins, or herbal products you already take.

#### **10. If you experience a drug interaction, call your health care provider.**

You answered A. True. The correct answer is A. True.

In the case of a serious reaction, call 911.

**Your score was: 100%**

### 3. Give your recommendations to the patient. (30 min)

#### 4. Optional materials for discussion (30 min): conversational formulas:

**Make up a dialogue using the following conversational formulas:**

##### **Giving and receiving thanks:**

Thank you very much. – You are welcome.

Thank you very much. I appreciate your hospitality.

Thanks a lot (for everything). – Don't mention it. I was happy to do it.

Thanks a million. It's just what I wanted. – I'm so glad you like it. It's just the right size (right colour). It's perfect. – It's my pleasure. I enjoyed doing it. The pleasure is mine.

Thank you very much Thank you ever so much. Thank you very much indeed, Mr. March.

Thanks. That's awfully kind of you. Thanks for what you are and do.

You're welcome. That's all right. That's OK. Not at all. - casual, informal

Don't mention it. You are welcome, Mr. Hall.

### 5. Home work interview

#### **Home work: 1. Translate the following sentences.**

##### **TASK 4 (DIGESTIVE SYSTEM)**

1. Вы часто ощущаете жгучую боль в верхней части живота под грудной клеткой? Отдает ли боль в спину?  
2. Не жалуетесь ли Вы на раннее насыщение, чувство полноты в самом начале приема пищи?  
3. Бывает ли у Вас отрыжка?  
4. Вы не потеряли в весе? Сколько килограммов Вы потеряли за последние шесть месяцев?  
5. Боль часто ухудшается когда желудок пустой? Боль становится хуже ночью или между приемами пищи?  
6. Тошнит ли Вас? Бывает ли Ваш стул черного дегтярного цвета?  
7. Вы курите? Как давно Вы курите? Сколько Вы в день выкуриваете?  
8. Какое количество алкоголя вы употребляете в день?  
9. Вы потребляете кофеинезированные напитки?  
9. Вы часто употребляете аспирин?  
10. Вы часто испытываете сильные эмоциональные стрессы или физическую нагрузку?  
11. Есть ли у Вас в семье родственники, страдающие язвенной болезнью?  
12. Вам следует сделать биохимический анализ крови, рентген живота и эндоскопию желудочно-кишечного тракта.  
13. Бросайте курить. Избегайте сильных эмоциональных и физических стрессов.  
14. Избегайте употребления аспирина и противовоспалительных препаратов. Придерживайтесь диеты.  
15. Избегайте употребления алкогольных напитков и напитков, содержащих кофеин.

#### **2. Make up your own dialogue. Use doctor-patient questionnaires.**

##### **Basic literature:**

Английский язык: учебник / И.Ю. Марковина, З.К. Максимова, М.Б. Вайнштейн.- М.: «ГЭОТАР-МЕДИА», 2010.

##### **Optional literature:**

Головин В.А. Medical English for First-Year Students (английский язык для студентов-медиков) Киров: Кировская ГМА, 2011

#### **Тема 2.4.: Вопросы пациентов к врачу.**

**Aim of the lesson:** development of speaking, reading, retelling, translation, and comprehension skills, competence within the above topic.

**Educational importance of the topic:** Cultural development and moral education of students in doctor's training. Formation of systematic approach to the analysis of medical information, the perception of innovation; the formation of ability and readiness to self-improvement and self-education, personal and subject reflection.

**Practical skills before the lesson:** the students should know basic tense- and voice forms, rules of reading.

**Practical skills and knowledge after the lesson:** the students should translate, ask and answer questions and make up a dialogue on the above topic.

##### **Algorithm of the lesson:**

## **1. Introduction (15 min):**

### **Read and discuss the following information:**

#### **Mistakes of doctors and patients**

Pharmacists' mistakes: The dispensing of medications at the pharmacy can be the source of various mistakes.

Wrong medication dispensed

Similarly labeled or packaged medications wrongly given.

Similarly named medications confused (by doctor or pharmacist)

Wrong dosage dispensed

Failure to communicate instructions on taking medication

Pathology laboratory mistakes: The various laboratory tests used for diagnosis (and sometimes treatment planning) can have several types of errors:

Errors in labeling samples: mix-ups in patient samples

Cross-contamination during testing

Inherent known risks in various tests (false positives, false negatives)

Limitations of certain tests for certain patients

Human error in examining visual slides (e.g. cell biopsy, Pap smears)

## **2. Lexical and grammar practice (45 min): What do I ask the doctor?**

### **Read and translate the following.**

#### **Questions to ask your specialist:**

What is your diagnosis? What treatment do you recommend? How soon do I need to begin the new treatment? Will you discuss my care with my primary doctor?

#### **Questions to ask about your diagnosis:**

What may have caused this condition? Will it be permanent? How is this condition treated or managed? What will be the long-term effects on my life? How can I learn more about my condition?

#### **Questions to ask about medical tests:**

Why is the test being done? What steps does the test involve? How should I get ready? Are there any dangers or side effects? How will I find out the results? How long will it take to get the results? What will we know after the test?

#### **Questions to ask your surgeon:**

What is the success rate of the operation? How many of these operations have you done successfully? What problems occur with this surgery? What kind of pain or discomfort can I expect? What kind of anesthesia will I have? Are there any risks associated with it for older people? Will I have to stay in the hospital overnight? How long is recovery expected to take? What does it involve?

#### **Questions to ask about medications:**

What are the common side effects? What should I pay attention to? When will the medicine begin to work? What should I do if I miss a dose? Should I take it at meals or between meals? Do I need to drink a whole glass of water with it? Are there foods, drugs, or activities I should avoid while taking this medicine? Will I need a refill? How do I arrange that? When can I get back to my normal routine?

#### **Questions to ask medical staff in the hospital:**

How long can I expect to be in the hospital? When will I see my doctor? What doctors and health professionals will I see? What is the daily routine in this part of the hospital?

#### **Questions to ask medical staff in the emergency room:**

Will you talk to my primary doctor about my care? Do I need to arrange any further care?

May I get instructions for further care in writing? Is there someone here who speaks my language and can explain the instructions?

### **Top 7 Questions to Ask Your Doctor Before Accepting Any Kind of Medical Treatment:**

1. How long have you been in practice? 2. What is your experience with this condition?
3. What are my treatment options, and what other options are available that you or my health plan is not offering?
4. What are the possible complications of the proposed treatments or surgeries? If there are any complications, how will you correct the problem? 5. Aside from your own partners, whom would you go to for treatment if you had this condition?
6. Are you personally going to perform the surgery? Will others assist and participate in a major way? 7. Can I ask your bookkeeper what my financial responsibility will be? (You need to know in advance.. and don't be afraid to negotiate!)

#### **Summary of what to find out from your doctor:**

What is the condition? How serious is my condition and how can I expect it to affect my home and work life? What is the short and long term prognosis for my condition? What caused the condition? Is there more than one condition that could be causing my symptoms? How can I tell if my symptoms or condition is getting worse? Should I be tested for a certain condition? How can I confirm the diagnosis? What symptoms should I look out for? How can I be tested for a condition? What tests will be involved in diagnosing a condition and what will the tests tell me? When will I know the results

of the tests? Do I need to prepare in any way for the test? How safe and accurate are the tests? Will I need to have more tests? Do I need a follow-up visit and if so, when? Do I need to take precautions to avoid infecting other people? How is the condition treated? How can I determine my risk for a condition? What do I do if my symptoms or condition deteriorate?

### **20 Questions RA Patients Should Ask a Doctor**

3. How long have you been practicing? Why did you decide to practice in this field?
4. Will I be able to contact you outside of office hours? Do you take any calls, faxes, e-mails?
5. Will you assist me in getting copies of my test results?
6. How much do you read current research on RA and new treatments? Are you a member of the ACR (American College of Rheumatology) or EULAR (European League Against Rheumatism)?
7. How heavily do you rely on blood tests in my treatment?
8. Do you use patient assessments of disease activity? Such as RAPID (Routine Assessment of Patient Index Data) or an HAQ (Health Assessment Questionnaire)?
9. How aggressively do you treat the disease / Rheumatoid Arthritis?
10. What do you think is the significance of the Rheumatoid factor test?
11. What is my anti-CCP level? What is its significance?
12. What kind of pain relief do you prescribe?
13. What would you recommend to your mother if she were in my situation?
14. Do you want me to participate in decisions about my own treatment?
15. What do I do if I have a problem with someone on your staff?
16. Can anything be done to help me function better?
17. Do you want me to continue my treatments if I get a virus? An infection?
18. Will I see an occupational therapist to learn ways to reduce damage or preserve function?
19. Are there any clinical trials available to me? Do you participate?
20. If I write something down or fill something out, will you read it? My hands hurt.
21. Will you help me file for disability?
22. Do you have any friend or relative with this disease / Rheumatoid Arthritis?

#### **What questions should I ask my doctor about heart disease?**

What is my risk for heart disease? What is my blood pressure? What does it mean for me and what do I need to do about it? What are my cholesterol numbers (including total cholesterol, LDL or “bad” cholesterol, HDL or “good” cholesterol, and triglycerides)? What do they mean for me and what do I need to do about them? What are my “body mass index” and waist measurement? Do they indicate that I need to lose weight for my health? What is my blood sugar level, and does it mean I’m at risk for diabetes? What other screening tests for heart disease do I need? How often should I return for checkups for my heart health? What can you do to help me quit smoking? (if applicable) How much physical activity do I need to help protect my heart? What type of exercise should I be doing to control my risk? What is a heart-healthy eating plan for me? Should I see a registered dietitian or qualified nutritionist to learn more about healthy eating? What types of foods will help me control my risk or disease? What can I do to lower my risk of heart disease? What kinds of tests are available to diagnose heart disease? What are the treatment options for heart disease?

How can I tell if I’m having a heart attack? What questions should I ask about women’s heart disease? How is heart disease different between men and women? How do heart attack symptoms differ in women and men? Are the risk factors different for men and women? Is the treatment for heart disease different for women? How will menopause affect my heart? What about hormone replacement therapy? How does the birth control pill affect heart disease risk? What can women do to reduce their risks of heart disease? Should I take aspirin? What’s a normal weight for a woman my height? How much weight should I try to lose?

### **3. Make up your own short dialogues on the above topic. (30 min)**

#### **4. Optional materials for discussion: conversational formulas (30 min):**

**Make up a dialogue using the following conversational formulas:**

##### **Expressing confusion:**

I’m confused. I cannot understand what he’s saying. He’s talking too quickly.  
Does this make sense to you? - I’m totally lost.

##### **Making plans:**

What are you going to do? - I’m not quite sure I haven’t decided  
What are your plans?

### Let's make a date:

Let's make a date. Will you be busy tomorrow? – I'll be free at two. - What about you? – That'll be fine with me. I'll meet you at two.

When are you free? – Call me tomorrow. I'll finish at three.

Can we get together tomorrow at three? – I'm sorry that'll be a little too early for me. - How about eight? – That'll be a little too late. I'm sorry but eight is a little too late.

How about 9? – 9 is fine.

How about 3? – That's fine with me.

How about two? – It's up to you.

Is 2 OK? – Whatever you say.

## 5. Home work interview

### Home work: 1. Translate the following sentences.

#### TASK 6 (ENDOCRINE SYSTEM)

1. Не кажется ли Вам, что Вы всегда испытываете голод? 2. За последние 6 месяцев Вы прибавили в весе или похудели? На сколько килограммов Вы похудели (прибавили в весе)? 3. Вы не потеряли аппетит? У Вас бывают боли в животе? 4. Не мучает ли Вас жажда больше, чем обычно? 5. Не наблюдается ли у Вас повышенная частота мочеиспускания? Вы часто встаете ночью? 6. Были ли у Вас какие-либо проблемы с глазами за последние два года? Не снизилась ли у Вас острота зрения? 7. Не чувствуете ли Вы онемения, пощипываний (покалываний) в руках и ступнях? 8. Есть ли у Вас в настоящее время какие-либо сексуальные расстройства? 9. Есть ли у Вас какие-либо проблемы с кожей? У Вас есть зуд кожи или жжение? Порезы или раны заживают медленно? 10. Есть ли у Вас какие-либо проблемы с почками? 11. Вы страдаете бессонницей? 12. У Вас бывают головокружения, сильные головные боли? 13. У Вас есть тошнота, рвота, понос? 14. У Вас дрожат руки? 15. Вас беспокоят боли в сердце, одышка? 16. Не считает ли Вы, что у Вас плохая память? 17. Не считаете ли Вы, что Вам трудно сосредоточиться? 18. У Вас бывает сухой кашель, охриплость? 19. У Вас бывают затруднения при проглатывании? 20. Вас не беспокоят боли в мышцах? 21. У Вас есть чувство кома, давления, утолщения на передней поверхности шеи?

### 2. Make up your own dialogue. Use doctor-patient questionnaires.

### Basic literature:

Английский язык: учебник / И.Ю. Марковина, З.К. Максимова, М.Б. Вайнштейн.- М.: «ГЭОТАР-МЕДИА», 2010.

### Optional literature:

Головин В.А. Medical English for First-Year Students (английский язык для студентов-медиков) Киров: Кировская ГМА, 2011

### Topic 2.5.: Модели общения врача с пациентом.

**Aim of the lesson:** development of speaking, reading, retelling, translation, and comprehension skills, competence within the above topic.

**Educational importance of the topic:** Cultural development and moral education of students in doctor's training. Formation of systematic approach to the analysis of medical information, the perception of innovation; the formation of ability and readiness to self-improvement and self-education, personal and subject reflection.

**Practical skills before the lesson:** the students should know basic tense- and voice forms, rules of reading.

**Practical skills and knowledge after the lesson:** the students should translate, ask and answer questions and make up a dialogue on the above topic.

### Algorithm of the lesson:

#### 1. Introduction (15 min):

#### Read and discuss the following information:

##### Mistakes of doctors and patients

Pharmaceutical industry mistakes: The drug industry has contributed to certain medical mistakes such as:

Naming similarities in medication brand names

Inadequate safety testing of some drugs leading to drug withdrawal

Hospital mistakes: The hospital is a large institution that can make numerous types of mistakes.

Nosocomial infections: these are infections that are caught during a hospital stay, either from the environment or from surgery or other treatments.

Surgical mistakes

Errors in transferring and re-labeling medicines into smaller containers

Medication errors: wrong medication, wrong dosage, etc.

Surgical mistakes: Any type of surgical procedure has various risks and there are certain errors that can occur.

Wrong patient surgery

Wrong site surgery: e.g. surgery on the wrong organ.

Failure to suspend other medications before/during/after surgery: e.g. deaths from lactic acidosis due to Metformin usage in surgical recovery.

## 2. Lexical and grammar practice (45 min): Doctor-patient questionnaire.

Read and translate the following doctor-patient questionnaires.

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Race \_\_\_\_\_ Date \_\_\_\_\_ of  
birth \_\_\_\_\_ Address \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_  
\_\_\_\_ Single  
Education \_\_\_\_\_ years Elementary \_\_\_\_\_ years High School \_\_\_\_\_ Years College  
Telephone \_\_\_\_\_ Home number \_\_\_\_\_ Work number \_\_\_\_\_  
Social security or Medicare No. \_\_\_\_\_ Occupation \_\_\_\_\_

How is your father's (mother's, sister's, brother's) state of health? (good health, poor health, deceased). Has he (she) had allergies (asthma, anemia, blood clotting problems, diabetes, cancer, tumor, epilepsy, glaucoma, genetic diseases, alcoholism, kidney or bladder trouble, stomach ulcer, duodenal ulcer, rheumatism or arthritis, high blood pressure, heart trouble, gout)? How is your spouse's health? How is your child's (your children's) health? How many paternal (maternal) relatives are affected with (allergies, asthma, anemia, blood clotting problems...)?

Have you ever had eye infections (thyroid diseases, eczema, hives or rashes, bronchitis, emphysema, pneumonia, pancreatitis, liver disease, diverticulosis, hernia, hemorrhoids, neuralgia or neuritis, tension, anxiety, depression, childhood hyperactivity, chicken pox, German measles, scarlet fever, measles, mumps, polio, rheumatic fever, malaria, mononucleosis, venereal disease, yellow jaundice, tuberculosis)?

Have you ever been turned down for life insurance, military service or employment because of health problems? Have you ever been hospitalized for any major medical illness or operations? Have you had more than four such hospitalization? When was your most recent hospitalization? When was your first (second, third, fourth) hospitalization? What illness (operation) were you hospitalized for? What hospital were you hospitalized in? What city (state) is the hospital located in?

Have you had chest x-ray (kidney x-ray, G.I series, colon x-ray, electrocardiogram, gallbladder x-ray, TB test, sigmoidoscopy, mammogram, tetanus "shots", polio series, typhoid "shots", flue infections, mumps "shots", measles "shots")? When were you last given chest x-ray...?

Are you now taking antibiotics (penicillin, sulfa, opiates, codeine, diuretics, water pills, sedatives, stimulants, caffeine, Demedrol, blood pressure medicine, aspirin, diet pills, antacids, laxatives, cold tables)? Are you sensitive or allergic to antibiotics...?

Do you have any skin problems? Does your skin itch or burn? Do you have trouble stopping even a small cut from bleeding? Do you bruise easily?

Do you ever faint or feel faint? Is any part of your body always numb? Have you ever had seizures or convulsions? Has your handwriting changed lately? Do you have a tendency to shake or tremble? Are you very nervous around strangers? Do you find it hard to make decisions? Do you find it hard to concentrate or remember? Do you usually feel lonely or depressed? Do you often cry? Would you say you have a hopeless outlook? Do you have difficulty relaxing? Do you have a tendency to worry a lot? Are you troubled by frightening dreams or thoughts? Do you have a tendency to be shy or sensitive? Do you have a strong dislike for criticism? Do you lose your temper often? Do little things often annoy you? Are you disturbed by any work or family problems? Are you having any sexual difficulties? Have you ever considered committing suicide? Have you ever desired or sought psychiatric help?

Have you gained or lost more than 10 pounds in the last 6 months? Do you have a tendency to be too hot or too cold? Have you lost your interest in eating lately? Do you always seem to be hungry? Are you more thirsty than usual lately?

Are there any swellings in your armpits or groin? Do you seem to feel exhausted or fatigued most of the time? Do you have difficulty either falling asleep or staying asleep? Do you exercise more than three times a week?

How much do you smoke per day? Do you take two or more alcoholic drinks a day? Do you drink more than six cups/glasses of coffee, tea or cola soda per day? Are you a regular user of sleeping pills, marijuana, tranquilizers, pain killers, etc.? Have you ever used heroin, cocaine, LSD, etc.?

Do you drive a motor vehicle more than 25,000 miles per year? How often do you use seat belts when riding in cars? List any country outside the United States you visited in the past six months.

Are you troubled by heartburn? Do you feel bloated after eating? Are you troubled by belching? Do you suffer discomfort in the pit of your stomach? Do you easily become nauseated (feel like vomiting)? Have you ever vomited blood? Is it difficult or painful for you to swallow? Are you constipated more than twice a month? Are your bowel movements ever loose for more than one day? Are your bowel movements ever black or bloody? Do you suffer pains when you move your bowels? Have you had any bleeding from your rectum?

Do you frequently get up at night to urinate? Do you urinate more than five or six times a day? Do you wet your pants or wet your bed? Have you ever had burning or pains when you urinate? Has your urine ever been brown, black or bloody? Do you have any difficulty starting your urine flow? Do you have a constant feeling that you have to urinate?

Are you troubled with stiff or painful muscles or joints? Are your joints ever swollen? Are you troubled by pains in the back or shoulder? Are your feet often painful? Are you handicapped in any way? Do you have headaches more than once a week? Does twisting your neck quickly cause pain? Have you ever had lumps or swelling in your neck?

Do you wear glasses? Does your eyesight ever blur? Is your eyesight getting worse? Do ever see double? Do you ever see colored halos around lights? Do you ever have pains or itching in or around your eyes? Do your eyes blink or water most of the time? Have you had any trouble with your eyes in the last two years?

Do you have difficulty hearing? Have you had any earaches lately? Do you have a repeated buzzing or other noises in your ears? Have you been troubled by running nose lately? Do you get motion sickness riding in a car or plane?

Do you have any problems with your teeth? Do you have any sore swellings on your gums or jaws? Is your tongue sore or sensitive? Have your taste senses changed lately?

Is your nose stuffed up when you don't have a cold? Does your nose run when you don't have a cold? Do you ever have sneezing spells? Do you ever have head colds two or more months in a row? Does your nose ever bleed for no reason at all? Is your throat ever sore when you don't have a cold? Has a doctor told you that your tonsils have been enlarged? Has your voice ever been hoarse when you didn't have a cold? Do you wheeze or have to gasp to breathe? Are you bothered by coughing spells? Do you cough up a lot of phlegm (thick spit)? Have you ever coughed up blood? Do you get chest colds more than once a month?

Are you sweating more than usual or having night sweats? Have you ever been told that you had high blood pressure? Have you been bothered by a thumping or racing heart? Do you ever get pains or tightness in your chest? Do you have trouble with dizziness or lightheadedness? Does every little effort leave you short of breath? Do you wake up at night of breath? Are you using more pillows to help you breathe at night? Do you have trouble with swollen feet or ankles? Are you getting cramps in your legs at night or upon walking? Have you ever been told that you have a heart murmur?

### **3. Make up your own short dialogues on the above topic. (30 min)**

### **4. Optional materials for discussion: conversational formulas (30 min):**

**Make up a dialogue using the following conversational formulas:**

#### **Preference and lack of preference:**

Would you like tea or coffee? – I'd prefer tea to coffee. I like tea better. I'd rather have tea. I like them both. I haven't (got) any particular preference.

I can't say I prefer any. They both have advantages. It's all the same to me.

It makes no difference to me. It's up to you (to decide). I leave it to you (to decide).

### **5. Home work interview**

#### **Home work: 1. Translate the following sentences.**

##### **TASK 9 (INFECTIONS)**

1. Болел ли Ваш ребенок ветряной оспой, свинкой, скарлатиной, коклюшем? 2. Делали ли Вашему ребенку прививку от дифтерии (энцефалита, полиомиелита, кори, краснухи)? 3. Когда Вашему ребенку делали прививку от дифтерии? 4. Жалуется ли Ваш ребенок на недомогание? 5. Есть ли у Вашего ребенка какие-либо зрительные расстройства? 6. Есть ли у Вашего ребенка признаки конъюнктивита? 7. Вас не беспокоит тугоподвижность мышц шеи? 8. Как давно у Вашего ребенка наблюдается вздутие щек? 9. Есть ли у Вашего ребенка сыпь на туловище и конечностях? 10. Я пропишу Вам ацетоминофен для снижения температуры. 11. Не давайте вашему ребенку аспирин. 12. Лечение должно включать постельный режим и много жидкости. 13. Каламин или каладрил или бенадрил поможет уменьшить зуд. 14. Эти препараты доступны без рецепта в вашей аптеке. 15. Кажется, что у Вашего ребенка дифтерия. 16. Вашего ребенка следует госпитализировать. 17. Давайте Вашему ребенку больше жидкости. 18. Вашему ребенку следует принимать лекарства, снижающие температуру. Через 10-12 дней Ваш ребенок выздоровеет.

#### **2. Make up your own dialogue. Use doctor-patient questionnaires.**

#### **Basic literature:**

**Optional literature:**

Головин В.А. Medical English for First-Year Students (английский язык для студентов-медиков) Киров: Кировская ГМА, 2011

**Раздел 3 Аннотация лекарственного средства на иностранном языке**

**Тема 3.1.: Аннотация лекарственного средства на иностранном языке.**

**Aim of the lesson:** development of speaking, reading, retelling, translation, and comprehension skills, competence within the above topic.

**Educational importance of the topic:** Cultural development and moral education of students in doctor's training. Formation of systematic approach to the analysis of medical information, the perception of innovation; the formation of ability and readiness to self-improvement and self-education, personal and subject reflection.

**Practical skills before the lesson:** the students should know basic tense- and voice forms, rules of reading.

**Practical skills and knowledge after the lesson:** the students should translate from English into Russian.

**Algorithm of the lesson:**

**1. Introduction (15 min):**

**Analyze pragmatic peculiarities of the following phrases:**

How can I help you? Do you have a tendency to shake or tremble? Are you very nervous around strangers? Do you find it hard to make decisions? Do you find it hard to concentrate or remember? Would you say you have a hopeless outlook? Do you have a tendency to be shy or sensitive? Do you have a strong dislike for criticism? Have you lost your interest in eating lately? Do you always seem to be hungry? Do you seem to feel exhausted or fatigued most of the time? Do you have difficulty either falling asleep or staying asleep? Do you take two or more alcoholic drinks a day? Are you a regular user of sleeping pills, marijuana, tranquilizers, pain killers, etc.? Have you ever used heroin, cocaine, LSD, etc.? Do you drive a motor vehicle more than 25,000 miles per year? Have you ever been told that you had high blood pressure?

**2. Lexical and grammar practice (55 min): Annotation.**

**Read and translate the following annotation. Pay attention to structure and language.**

**PENICILLINS**

**GENERIC AND BRAND NAMES**

See complete list of generic and brand names in the *Generic and Brand Name Directory*, page 889

**BASIC INFORMATION**

**Habit forming?** No

**Prescription needed?** Yes

**Available as generic?** Yes

**Drug class:** Antibiotic (penicillin)

**USES**

Treatment of bacterial infections that are susceptible to penicillin, including lower respiratory tract infections, otitis media, sinusitis, skin and skin structure infections, urinary tract infections, gastrointestinal disorders, ulcers, endocarditis, pharyngitis. Different penicillins treat different kinds of infections.

**DOSAGE & USAGE INFORMATION**

**How to take:**

- Tablet or capsule – Swallow with liquid on an empty stomach 1 hour before or 2 hours after eating. You may take amoxicillin, penicillin V, pivampicillin or pivmecillinam on a full stomach.
- Chewable tablet – Chew or crush before swallowing.
- Oral suspension – Measure each dose with an accurate measuring device (not a household teaspoon). Store according to instructions.

**When to take:**

Follow instructions on prescription label, or take as directed by doctor. The number of doses, the time between doses and the length of treatment will depend on the problem being treated.

**If you forget a dose:**

Take as soon as you remember, then continue regular schedule. If it is almost time for the next dose, wait for that



dose (don't double that dose).

## **OVERDOSE**

### **Symptoms:**

Severe diarrhea, nausea or vomiting.

### **WHAT TO DO:**

Overdose unlikely to threaten life. If person takes much larger amount than prescribed, call doctor, poison control center or hospital emergency room for instructions.

### **What drug does:**

Destroys susceptible bacteria. Does not kill viruses (e.g. colds or influenza), fungi or parasites.

### **Time lapse before drug works:**

May be several days before medicine affects infection.

### **Don't take with:**

Any other medicine without consulting your doctor or pharmacist.

## **POSSIBLE ADVERSE REACTIONS OR SIDE EFFECTS**

### **Symptoms**

### **What to do**

#### **Life-threatening:**

Hives, rash, intense itching, shortness of breath, faintness soon after a dose (anaphylaxis).

Seek emergency treatment immediately.

#### **Common:**

Nausea, vomiting or diarrhea (all mild); sore mouth or tongue; white patches in mouth or on tongue; vaginal itching or discharge; stomach pain.

Continue. Call doctor when convenient.

#### **Infrequent:**

None expected.

#### **Rare:**

Unexplained bleeding or bruising, weakness, sore throat, fever, severe abdominal cramps, diarrhea (watery and severe), convulsions.

Discontinue. Call doctor right away.

## **WARNINGS & PRECAUTIONS**

### **Don't take if:**

You are allergic to penicillins or cephalosporins. A life-threatening reaction may occur.

### **Before you start, consult your doctor:**

- If you are allergic to any substance or drug.
- If you have mononucleosis.
- If you have congestive heart failure.
- If you have high blood pressure or any bleeding disorder.
- If you have cystic fibrosis.
- If you have kidney disease or a stomach or intestinal disorder.

### **Over age 60:**

No special problems expected.

### **Pregnancy:**

Consult doctor. Risk category (see page xxiii).

### **Breast-feeding:**

Drug passes into milk. Child may become sensitive to penicillins and have allergic reactions to penicillin drugs.

Discuss risks and benefits with your doctor.

### **Infants & children:**

No special problems expected.

### **Prolonged use:**

- You may become more susceptible to infections caused by germs not responsive to penicillins.
- Talk to your doctor about need for follow-up medical examinations or laboratory studies.

### **Skin & sunlight:**

No problems expected.

### **Driving, piloting or hazardous work:**

Usually not dangerous. Most hazardous reactions likely to occur a few minutes after taking penicillin.

### **Discontinuing:**

Don't discontinue without doctor's advice until you complete prescribed dose, even though symptoms diminish or disappear.

**Others:**

- Urine sugar test for diabetes may show false positive result.
- If your symptoms don't improve within a few days (or if they worsen), call your doctor.
- Don't take medicines for diarrhea without your doctor's approval.
- Birth control pills may not be effective. Use additional birth control methods.

**POSSIBLE INTERACTION WITH OTHER DRUGS**

<b>GENERIC NAME OR DRUG CLASS</b>	<b>COMBINED EFFECT</b>
<b>Chloramphenicol</b>	Decreased effect of both drugs.
<b>Cholestyramine</b>	May decrease penicillin effect.
<b>Colestipol</b>	May decrease penicillin effect.
<b>Contraceptives, oral</b>	Impaired contraceptive efficiency.
<b>Erythromycins</b>	Decreased effect of both drugs.
<b>Methotrexate</b>	Increased risk of methotrexate toxicity.
<b>Probenicid</b>	Increased effect of all penicillins.
<b>Sodium benzoate &amp; sodium phenylacetate</b>	May reduce effect of sodium benzoate & sodium phenylacetate.
<b>Sulfonamides</b>	Decreased effect of both drugs.
<b>Tetracyclines</b>	Decreased effect of both drugs.

**POSSIBLE INTERACTION WITH OTHER SUBSTANCES**

<b>INTERACTS WITH</b>	<b>COMBINED EFFECT</b>
<b>Alcohol:</b>	Occasional stomach irritation.
<b>Beverages:</b>	None expected.
<b>Cocaine:</b>	No proven problems.
<b>Foods:</b>	
Acidic fruits or juices, aged cheese, wines, Syrups (if taken with penicillin G).	Decreased antibiotic effect.
<b>Marijuana:</b>	No proven problems.
Tobacco:	None expected.

**3. Optional materials for discussion (50 min): conversational formulas:****Make up a dialogue using the following conversational formulas:****Asking the way:**

Is there a bank near here? – Yes, there is. Walk two blocks and turn right.

Is there a phone near here? – Yes, there is. Walk two blocks and turn right.

Is there a coffee shop near here? – Yes, there is. Walk two blocks and turn left.

Who? What? When? Where? Why? Who did it? What did he do? Why did he do it? Why?

Is the post office open tomorrow? – It is open from 9 to 5.

What time does it open? – It opens at 9. - What time does it close? – It closes at 5.

Are the stores open tomorrow? – They are open from 9 to 5. - When do they open? – They open at

When do they close? – They close at 5.

9.

**4. Home work interview****Home work: 1. Revise Tasks 1-10.****2. Do The Multiple Choice Test.**

1. You (to have) chest x-ray lately?

1) Did you have chest x-ray lately

2) Do you have chest x-ray lately

3) Have you had chest x-ray lately

4) You have chest x-ray lately

2. When you last (to give) chest x-ray?

1) When will you last give chest x-ray

2) When are you last given chest x-ray

3) When were you last given chest x-ray

4) When are you last give chest x-ray

3. You now (to take) antibiotics?

- 1) Do you now take antibiotics
- 2) Are you now taking antibiotics
- 3) Are you now take antibiotics
- 4) Do you now taking antibiotics

4. You (to be) sensitive or allergic to antibiotics?

- 1) You are sensitive or allergic to antibiotics
- 2) Do you be sensitive or allergic to antibiotics
- 3) Do you be sensitive or allergic to antibiotics
- 4) Are you sensitive or allergic to antibiotics

5. You ever (to have) seizures or convulsions?

- 1) Do you ever have seizures or convulsions
- 2) Did you ever have seizures or convulsions
- 3) Are you ever have seizures or convulsions
- 4) Have you ever had seizures or convulsions

6. You (to gain) or (to lose) more than 10 pounds in the last 6 months?

- 1) Have you gained or lost more than 10 pounds in the last 6 months
- 2) Did you gain or lose than 10 pounds in the last 6 months
- 3) Do you gain or lose than 10 pounds in the last 6 months
- 4) Have you gain or lose more than 10 pounds in the last 6 months

7. You (to lose) your interest in eating lately?

- 1) Have you lose your interest in eating lately
- 2) Have you lost your interest in eating lately
- 3) Did you lose your interest in eating lately
- 4) Do you lose your interest in eating lately

8. How much you (to smoke) per day?

- 1) How much do you smoke a day
- 2) How much you smoke a day
- 3) How much are you smoke a day
- 4) How much are you smoking a day

9. You (to take) two or more alcoholic drinks a day?

- 1) You take two or more alcoholic drinks a day
- 2) Do you take two or more alcoholic drinks a day
- 3) Are you taking two or more alcoholic drinks a day
- 4) Have you taken two or more alcoholic drinks a day

10. You (to feel) bloated after eating?

- 1) Do you feel bloated after eating
- 2) Do you feeling bloated after eating
- 3) Are you feel bloated after eating
- 4) You feel bloated after eating

11. You (to suffer) discomfort in your stomach?

- 1) You suffer discomfort in your stomach
- 2) You suffering discomfort in your stomach
- 3) You suffer discomfort in your stomach, aren't you
- 4) Do you suffer discomfort in your stomach

12. You easily (to become) nauseated?

- 1) Are you easily become nauseated
- 2) Are you easily becoming nauseated
- 3) Do you easily become nauseated
- 4) You easily become nauseated

13. You ever (to vomit) blood?

- 1) Did you ever vomit blood
- 2) Have you ever vomited blood
- 3) Are you ever vomit blood
- 4) Are you ever vomiting blood

14. It (to be) difficult or painful for you to swallow?

- 1) It is difficult or painful for you to swallow
- 2) Does it difficult or painful for you to swallow
- 3) Is it difficult or painful for you to swallow
- 4) Has it been difficult or painful for you to swallow

15. You (to constipate) more than twice a month?

- 1) Do you constipate more than twice a month
- 2) Will you constipate more than twice a month
- 3) Are you constipate more than twice a month
- 4) Are you constipated more than twice a month

16. Your stool (to be) ever black or bloody?

- 1) Is your stool ever black or bloody
- 2) Will your stool ever be black or bloody
- 3) Does your stool ever be black or bloody
- 4) Has your stool ever been black or bloody

17. Have you had any bleeding from your rectum.

- 1) No, I haven't
- 2) No, I am not
- 3) No, I don't
- 4) No, I hadn't

18. You (to cough up) much phlegm?

- 1) Are you cough up much phlegm
- 2) You cough up much phlegm
- 3) Are you coughed up much phlegm
- 4) Do you cough up much phlegm

19. You ever (to cough) up blood?

- 1) Will you ever cough up blood
- 2) Did you ever cough up blood
- 3) Have you ever coughed up blood
- 4) Have you ever been coughing up blood

20. You (to get) chest colds more than once a month?

- 1) Do you get chest colds more than once a month
- 2) Are you get chest colds more than once a month
- 3) You get chest colds more than once a month
- 4) Have you get chest colds more than once a month

21. You (to have) night sweats?

- 1) Are you having night sweats
- 2) Do you have night sweats
- 3) Are you have night sweats
- 4) Can you have night sweats

22. Are you sneezing?

- 1) Yes, I do
- 2) Yes, I am
- 3) Yes, I can
- 4) I am sneezing

23. Do you have a family history of a serious disease?

- 1) No, I am not

- 2) No, I didn't
- 3) No, I haven't
- 4) No, I don't

24. \_\_\_ you allergic to any drugs?

- 1) are
- 2) do
- 3) have
- 4) how

**Basic literature:**

Английский язык: учебник / И.Ю. Марковина, З.К. Максимова, М.Б. Вайнштейн.- М.: «ГЭОТАР-МЕДИА», 2010.

**Optional literature:**

Головин В.А. Medical English for First-Year Students (английский язык для студентов-медиков) Киров: Кировская ГМА, 2011

**Тема 3.2.: Аннотация лекарственного средства на иностранном языке и компьютерное тестирование.**

**Aim of the lesson:** control of speaking, reading, translation, and comprehension skills, competence within the above topics.

**Educational importance of the topic:** Cultural development and moral education of students in doctor's training. Formation of systematic approach to the analysis of medical information, the perception of innovation; the formation of ability and readiness to self-improvement and self-education, personal and subject reflection.

**Algorithm of the lesson:**

**1. Introduction (30 min):**

**Read and translate the extract from the following annotation. Pay attention to structure and language.**

**ASPIRIN**

**How to take:**

- Tablet or capsule – Swallow with liquid or food to lessen stomach irritation.
- Extended-release tablets or capsules – Swallow each dose whole.
- Effervescent tablets – Chew completely. Don't swallow whole.
- Dispersible tablets – Dissolve in the mouth before swallowing.
- Chewable tablets – Chew before swallowing or dissolve in small amount of liquid before swallowing.
- Suppositories – Remove wrapper and moisten suppository with water. Gently insert into rectum, large end first.

**When to take:**

Pain, fever, inflammation – As needed, no more often than every 4 hours.

**If you forget a dose:**

- Pain, fever – Take as soon as you remember. Wait 4 hours for next dose.
- Arthritis – Take as soon as you remember up to 2 hours late. Return to regular schedule.

**What drug does:**

- Affects hypothalamus, the part of the brain which regulates temperature by dilating small blood vessels in skin.
- Prevents clumping of platelets (small blood cells) so blood vessels remain open.
- Decreases prostaglandin effect.
- Suppresses body's pain messages.

**2. Home work interview (20 min)**

**3. Final Computer Test (60 min)**

1. How \_\_\_ your father's (mother's, sister's, brother's) state of health?

- 1) are
- 2) is
- 3) am
- 4) all of the above

2. .... you .... any infections lately?

- 1) have...had

- 2) do ... have
- 3) are ... having
- 4) all of the above

3. .... you ever ....for life insurance, military service or employment because of health problems?

- 1) Have ... been turned down
- 2) Have ... turned down
- 3) Do ... turn down
- 4) all of the above

4. Have you ever been ... for any major medical illness or operations?

- 1) hospitalized
- 2) sent to the hospital
- 3) referred to the hospital
- 4) all of the above

5. When ... your most recent hospitalization?

- 1) is
- 2) was
- 3) has been
- 4) all of the above

6. ... you now ... antibiotics?

- 1) Are ... taking
- 2) Do ... take
- 3) Have ... taken
- 4) all of the above

7. Are you sensitive or allergic ...antibiotics?

- 1) for
- 2) in
- 3) on
- 4) to

8. ... your skin itch or burn?

- 1) do
- 2) have
- 3) does
- 4) all of the above

9. .... you ever ... seizures or convulsions?

- 1) Had ... had
- 2) 1) Have ... had
- 3) Will... have
- 4) all of the above

10. ... you very nervous around strangers?

- 1) Do
- 2) Are
- 3) Did
- 4) all of the above

11. ... you ... by frightening dreams or thoughts?

- 1) Did ... trouble
- 2) Have ... troubled
- 3) Are ... troubled
- 4) all of the above

12. ... you ... more than 10 pounds in the last 6 months?

- 1) Do ... lose
- 2) Have ... lost

- 3) Have ... been lost
- 4) all of the above

13. How long ... you... ill?

- 1) are...
- 2) had ... been
- 3) have ... been
- 4) all of the above

14. Have you lost your interest ... eating lately?

- 1) on
- 2) at
- 3) in
- 4) all of the above

15. ... you ... by heartburn?

- 1) Do ... trouble
- 2) Are ... troubled
- 3) Had ... troubled
- 4) Had ... been troubled

16. ... a doctor ever ... you that your tonsils have been enlarged?

- 1) Has ... told
- 2) Do ... tell
- 3) Have ... told
- 4) all of the above

17. Are you ... more than usual?

- 1) sweeting
- 2) sweating
- 3) sweet
- 4) sweat

18. ... you ever ... that you have a heart murmur?

- 1) Have ... told
- 2) Have... been told
- 3) Did... tell
- 4) all of the above

19. How ... I help you?

- 1) can
- 2) could
- 3) may
- 4) all of the above

20. Wait ... please.

- 1) a moment
- 2) for a while
- 3) a minute
- 4) all of the above

21. Your blood pressure is ... 120 over 70.

- 1) high
- 2) low
- 3) increased
- 4) normal

22. What are your ...?

- 1) symptoms
- 2) signs
- 3) clinical manifestations

4) all of the above

23. I don't think ... is necessary.

- 1) a pain killer
- 2) a pain reliever
- 3) an analgetic
- 4) all of the above

24. This ...at your age.

- 1) happens
- 2) occurs
- 3) is common
- 4) all of the above

25. ... a diet rich in fruit and vegetables.

- 1) Follow
- 2) Keep to
- 3) Adhere to
- 4) all of the above

26. ... smoking.

- 1) Give up
- 2) Quit
- 3) Stop
- 4) all of the above

27. You should ... drinking alcohol.

- 1) keep off
- 2) avoid
- 3) cut down on
- 4) all of the above

28. Are you ...any sort of medication?

- 1) in
- 2) on
- 3) with
- 4) all of the above

29. I'm sure this ... will help you a great deal.

- 1) medicine
- 2) medication
- 3) pharmaceutical drug
- 4) all of the above

30. Take these pills ....

- 1) three times a day
- 2) every eight hours
- 3) at 6 a.m., at 2 p.m. and at 10 p.m.
- 4) all of the above

31. Take one pill about 30 minutes before you go ... bed.

- 1) in
- 2) for
- 3) to
- 4) all of the above

32. This medication may have ...

- 1) unwanted side effects
- 2) unwanted consequences
- 3) adverse reactions



- 4) all of the above
33. Complete the following proverb: Health is better than ...
- 1) much property
  - 2) wealth
  - 3) millions of dollars
  - 4) all of the above
34. Complete the following proverb: A good wife and health are a man's best ...
- 1) property
  - 2) wealth
  - 3) health
  - 4) all of the above
35. Complete the following proverb: A disease known is half...
- 1) treated
  - 2) cured
  - 3) diagnosed
  - 4) all of the above
36. Complete the following proverb: Early to bed and early to rise makes a man healthy, wealthy and ...!
- 1) nice
  - 2) wise
  - 3) intelligent
  - 4) all of the above
37. Complete the following proverb: An early bird catches ...
- 1) a bird
  - 2) a butterfly
  - 3) a worm
  - 4) all of the above
38. Complete the following proverb: What cannot be cured must be ...
- 1) treated
  - 2) avoided
  - 3) endured
  - 4) all of the above
39. Complete the following proverb: Prevention is better than ...!
- 1) hospitals
  - 2) treatment
  - 3) cure
  - 4) all of the above
40. Complete the following proverb: An hour in the morning is ... two in the evening.
- 1) worse
  - 2) worth
  - 3) better
  - 4) all of the above
41. Have you ever had epileptic ... ?
- 1) seizures
  - 2) attacks
  - 3) symptoms
  - 4) all of the above
42. Have you been immunized ... tick-borne encephalitis?
- 1) in
  - 2) on
  - 3) of
  - 4) for

43. Have you ever been hospitalized ... any serious disease or major surgery?

- 1) in
- 2) of
- 3) for
- 4) about

44. Over-the-counter medications are also called ...

- 1) prescription medications
- 2) non-prescription medications
- 3) antibiotics
- 4) all of the above

45. You should follow the doctor's ...

- 1) advice
- 2) instructions
- 3) recommendations
- 4) all of the above

46. ... you ... ?

- 1) Do... marry
- 2) Do ... married
- 3) Are ... married
- 4) all of the above

47. How long ... you ... ?

- 1) are ... married
- 2) have ... married
- 3) have ... been married
- 4) all of the above

48. You should have all the required laboratory tests ...

- 1) do
- 2) done
- 3) –
- 4) all of the above

49. The most important life style changes are ...

- 1) physical exercises
- 2) diet rich in fruit and vegetables
- 3) avoidance of smoking, alcohol and sedentary life style
- 4) all of the above

**ФЕДЕРАЛЬНОЕ ГОСУДАРСТВЕННОЕ БЮДЖЕТНОЕ**  
образовательное учреждение высшего образования  
«Кировский государственный медицинский университет»  
Министерства здравоохранения Российской Федерации

**Кафедра иностранных языков**

**Приложение Б к рабочей программе дисциплины**

**ОЦЕНОЧНЫЕ СРЕДСТВА**

для проведения текущего контроля и промежуточной аттестации обучающихся  
по дисциплине

**«ДЕЛОВОЙ ИНОСТРАННЫЙ ЯЗЫК»  
(АНГЛИЙСКИЙ ЯЗЫК)**

Специальность 31.05.02 Педиатрия  
Направленность (профиль) ОПОП - Педиатрия

**1. Перечень компетенций с указанием этапов их формирования в процессе освоения образовательной программы**

Код компетенции	Содержание компетенции	Результаты обучения			Разделы дисциплины, при освоении которых формируется компетенция	Номер семестра, в котором формируется компетенция
		<i>Знать</i>	<i>Уметь</i>	<i>Владеть</i>		
ОПК-2	готовностью к коммуникации в устной и письменной формах на русском и иностранном языках для решения задач профессиональной деятельности	31. Лексический минимум в объеме 4000 учебных лексических единиц общего и терминологического характера; основы техники перевода научного текста по специальности, основы аннотирования и реферирования научного текста.	У1. Использовать иностранный язык для получения профессионально значимой информации (читать оригинальный текст со словарем с полным и точным пониманием содержания, а также без словаря с целью ознакомления с содержанием).	В1. Владеть иностранным языком в объеме, необходимом для коммуникации и возможности получения информации из зарубежных источников.	1. Деловая медицинская коммуникация; особенности речевого этикета в общении с коллегами и пациентами за рубежом. 2. Особенности вопросов и викторин для пациентов. 3. Аннотация лекарственного средства на иностранном языке.	2 Семестр
		32. Основную медицинскую терминологию	У2. Устно и письменно аргументиро-	В2. Навыками устной и письменной		

		на русском и иностранном языке.	вать, вести дискуссию с использованием научной медицинской терминологии на русском и иностранном языках.	речи, проведения дискуссии с использованием научной медицинской терминологии на русском и иностранном языках.		
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## 2. Показатели и критерии оценивания компетенций на различных этапах их формирования, описание шкал оценивания

Показатели оценивания	Критерии и шкалы оценивания		Оценочное средство	
	не зачтено	зачтено	для текущего контроля	для промежуточной аттестации
<i>ОПК-2</i>				
Знать	Не знает лексический минимум в объеме 4000 учебных лексических единиц общего и терминологического характера; имеет фрагментарные знания основ техники перевода научного текста по специальности. Не знает основную медицинскую терминологию на русском и иностранном языке.	Знает лексический минимум в объеме 4000 учебных лексических единиц общего и терминологического характера; имеет сформированные систематические знания основ техники перевода научного текста по специальности. Знает основную медицинскую терминологию на русском и иностранном языке.	-перевод текстов; - собеседование по содержанию прочитанного текста.	- компьютерное тестирование - перевод аннотации лекарственного средства с английского языка на русский. - устный перевод вопросов врача к пациенту.
Уметь	Не умеет использовать иностранный язык для получения профессионально значимой информации (читать оригинальный текст со словарем с полным и точным пониманием содержания, а также без словаря с целью ознакомления с содержанием)	Правильно использует иностранный язык для получения профессионально значимой информации (читать оригинальный текст со словарем с полным и точным пониманием содержания, а также без словаря с целью ознакомления с содержанием)	-перевод текстов; - собеседование по содержанию прочитанного текста.	- компьютерное тестирование - перевод аннотации лекарственного средства с английского языка на русский. - устный перевод вопросов врача к пациенту.
Владеть	Не владеет иностранным языком в объеме, необходимом для коммуникации и возможности получения информации из зарубежных источников.	Владеет иностранным языком в объеме, необходимом для коммуникации и возможности получения информации из зарубежных источников.	-перевод текстов; - собеседование по содержанию прочитанного	- компьютерное тестирование - перевод аннотации лекарственного средства с английского языка на русский.

			го текста.	- устный перевод вопросов врача к пациенту.
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### 3. Типовые контрольные задания и иные материалы

#### 3.1. Примерные вопросы к зачету для собеседования, критерии оценки (ОПК-2)

1. Личная информация о пациенте
2. Нервная система
3. Сердечно-сосудистая система
4. Пищеварительная система
5. Дыхательная система
6. Эндокринная система
7. Кровеносная система
8. Опорно-двигательный аппарат
9. Инфекционные заболевания
10. Рекомендации по поддержанию здорового образа жизни.
11. Перевод аннотации к лекарственному средству.

#### 3.1.1. Содержание вопросов

##### 1. TASK 1

1.Как Вас зовут? 2.Когда Вы родились? Дата Вашего рождения? 3.Где Вы живете? Ваш адрес? 4.Вы женаты (замужем)? 5.Как давно Вы женаты (замужем)? 6.Вы живете отдельно от супруга (супруги)? 7.Как давно Вы живете отдельно? 8.Вы разведены? 9.Как давно Вы разведены? 10.Вы вдовец (вдова)? Как давно? 11.Вы холостой (не замужем)? 12.Какое у Вас образование? 13.Где Вы учитесь (работаете)? 14.Ваш домашний (служебный) номер телефона? 15.Где Вы работаете? 16.Ваша профессия? Чем Вы занимаетесь? 17.Как здоровье Ваших родителей? 18.Были ли у Ваших родителей какие-либо серьезные заболевания? 19.Как здоровье Вашего супруга (Вашей супруги)? 20.Какими серьезными заболеваниями болели (болеют) Ваши родственники по материнской (отцовской) линии? 21.Вам никогда не отказывали в страховании жизни, военной службе, приеме на работа из-за состояния Вашего здоровья? 22.Вас когда-нибудь госпитализировали по поводу какого-либо серьезного заболевания или хирургической операции? 23.По поводу какого заболевания Вас госпитализировали? Сколько раз Вас госпитализировали? Когда была Ваша первая госпитализация? 24.В какой клинике Вас госпитализировали? 25.Где расположена эта клиника? 26.Какие анализы и тесты Вам делали в последнее время? 27.Принимаете ли Вы какие-либо лекарственные препараты в настоящее время? 28.Бывают ли у Вас аллергические реакции к лекарствам? 29. К каким препаратам Вы чувствительны?

##### TASK 2 (NERVOUS SYSTEM)

1.На что Вы жалуетесь? 2.Как давно Вы болеете? 3.Есть ли у Вас температура? 4.Есть ли у Вас головные боли? Как давно у Вас болит голова? Не было ли у Вас серьезной травмы головы? 5.Что Вы принимаете от головной боли? Как давно Вы принимаете эти лекарства? Кто Вам прописал эти лекарства? 6.У Вас не было сильных эмоциональных стрессов в последнее время? 7.Вы не падаете в обморок? 8.Вам трудно бывает расслабиться? 9.Вы часто плачете? 10.Были ли у Вас припадки или конвульсии? 11.Бывают ли у Вас депрессии? 12.Бывают ли у Вас пугающие сны или мысли? 13.Вас не беспокоят проблемы, связанные с Вашей работой или семейные проблемы? 14.Вам никогда не приходила в голову мысль покончить жизнь самоубийством? 15.Нет ли у Вас сексуальных затруднений? 16.У Вас когда-нибудь было желание обратиться к психиатру?

##### TASK 3 (CARDIOVASCULAR SYSTEM)

1.Как давно Вы ощущаете боли в груди? Вы ощущаете боль за грудиной? Не испытываете ли Вы сжатие в груди? 2.Это обычно тупая боль? Боль отдает в левую руку или нижнюю челюсть? 3.Бывают ли у Вас сердечные приступы? 4.Бывает ли у Вас ощущение, напоминающее изжогу? Бывает ли у Вас тошнота, рвота, обморочное состояние? 5.У Вас бывает одышка при нагрузке и/или когда Вы лежите в горизонтальном положении? 6.У Вас бывает потоотделение ночью? 7.Бывают ли у Вас боли в верхней части полости живота? Отдают ли эти боли в спину? 8.Вы курите? Как давно Вы курите? Сколько Вы в

день выкуриваете? 9.Какой у Вас вес? Вам следует уменьшить вес. Контролируйте свой вес. 10.У Вас в семье было повышенное давление? Контролируйте свое давление. 11.Не было ли у Вас ранее инфаркта? Нет ли у Вас в семье людей перенесших инфаркт? 12.Когда Вы делали ЭКГ, рентген груди, анализы крови на холестерин и сахар? Вам сделают все необходимые обследования, такие как ЭКГ, рентген груди, анализы крови на холестерин и сахар, общий анализ крови и биохимический анализ крови. 13.Принимайте нитроглицерин. Он улучшает кровоток через коронарные артерии. 14.Вас следует госпитализировать. 15.Прекратите курить. Придерживайтесь диеты с низким содержанием жиров и холестерина.

#### TASK 4 (DIGESTIVE SYSTEM)

1.Вы часто ощущаете жгучую боль в верхней части живота под грудной клеткой? Отдает ли боль в спину? 2.Не жалуется ли Вы на раннее насыщение, чувство полноты в самом начале приема пищи? 3.Бывает ли у Вас отрыжка? 4.Вы не потеряли в весе? Сколько килограммов Вы потеряли за последние шесть месяцев? 5.Боль часто ухудшается когда желудок пустой? Боль становится хуже ночью или между приемами пищи? 6.Тошнит ли Вас? Бывает ли Ваш стул черного дегтярного цвета? 7.Вы курите? Как давно Вы курите? Сколько Вы в день выкуриваете? 8.Какое количество алкоголя вы употребляете в день? 9.Вы употребляете кофеинезированные напитки? 9.Вы часто употребляете аспирин? 10.Вы часто испытываете сильные эмоциональные стрессы или физическую нагрузку? 11.Есть ли у Вас в семье родственники, страдающие язвенной болезнью? 12.Вам следует сделать биохимический анализ крови, рентген живота и эндоскопию желудочно-кишечного тракта. 13.Бросайте курить. Избегайте сильных эмоциональных и физических стрессов. 14.Избегайте употребления аспирина и противовоспалительных препаратов. Придерживайтесь диеты. 15.Избегайте употребления алкогольных напитков и напитков, содержащих кофеин.

#### TASK 5 (RESPIRATORY SYSTEM)

1.У Вас есть температура, жар озноб? Какая у Вас температура? 2.Вы кашляете? Как давно Вы кашляете? В последнее время у Вас не было инфекций верхних дыхательных путей? Какого цвета у Вас мокрота? У Вас обычно сухой кашель или кашель с выделениями? Бывает ли у Вас кашель с прожилками крови? 3.Бывает ли у Вас озноб с дрожью? 4.Бывают ли у Вас хрипы при дыхании? 5.Есть ли у Вас одышка? 6.Вы не контактировали с инфицированными людьми? 7.Бывают ли у Вас ночные потоотделения? 8.Не ощущаете ли Вы тяжесть в груди? 9.Не подвергаетесь ли Вы воздействию химикатов, асбеста, угольной пыли? 10.Как давно Вы курите? 11.Вы чувствуете усталость или недомогание? 12.У Вас обычно бывают боли в груди? 13.Я бы хотел осмотреть Вас. Разденьтесь до пояса. Дышите. Задержите дыхание. 15.Вам следует сделать общий и биохимический анализ крови, анализ культур мокроты, рентген легких, анализ газов артериальной крови. 16.Вы испытываете затруднения при глотании? Вы можете открыть рот? 17.Есть ли у Вас насморк? 18.Есть ли у Вас капли в нос? Капли могут быть полезны при насморке.

#### TASK 6 (ENDOCRINE SYSTEM)

1.Не кажется ли Вам, что Вы всегда испытываете голод? 2.За последние 6 месяцев Вы прибавили в весе или похудели? На сколько килограммов Вы похудели (прибавили в весе)? 3.Вы не потеряли аппетит? У Вас бывают боли в животе? 4.Не мучает ли Вас жажда больше, чем обычно? 5.Не наблюдается ли у Вас повышенная частота мочеиспускания? Вы часто встаете ночью? 6.Были ли у Вас какие-либо проблемы с глазами за последние два года? Не снизилась ли у Вас острота зрения? 7.Не чувствуете ли Вы онемения, пощипываний (покалываний) в руках и ступнях? 8.Есть ли у Вас в настоящее время какие-либо сексуальные расстройства? 9.Есть ли у Вас какие-либо проблемы с кожей? У Вас есть зуд кожи или жжение? Порезы или раны заживают медленно? 10.есть ли у Вас какие-либо проблемы с почками? 11.Вы страдаете бессонницей? 12.У Вас бывают головокружения, сильные головные боли? 13.У Вас есть тошнота, рвота, понос? 14.У Вас дрожат руки? 15.Вас беспокоят боли в сердце, одышка? 16.Не считает ли Вы, что у Вас плохая память? 17.Не считаете ли Вы, что Вам трудно сосредоточиться? 18.У Вас бывает сухой кашель, охриплость? 19.У Вас бывают затруднения при проглатывании? 20.Вас не беспокоят боли в мышцах? 21.У Вас есть чувство кома, давления, утолщения на передней поверхности шеи?

#### TASK 7 (BLOOD)

1.Вы чувствуете слабость, сильную усталость? 2.У Вас бывают обморочные или предобморочные

состояния? 3. У Вас часто бывает учащенное сердцебиение? 4. У Вас бывает одышка при нагрузке? 5. У Вас легко возникают синяки? 6. Бывают ли у Вас кровотечения из десен, носа? Какого цвета Ваш стул? Бывает ли Ваш стул черного дегтярного цвета? 7. Вы сильно похудели в последнее время? 8. Не подвергались ли Вы воздействию радиации или химикатов? 9. Были ли у Вас какие-либо вирусные заболевания? 10. У Вас в семье никто не болел лейкемией? 11. Вы регулярно питаетесь? 12. Вы не страдаете аутоиммунным заболеванием? 13. Какие лекарства Вы принимаете? 14. Подвергались ли Вы химиотерапии? 15. Не было ли у Вас в последнее время каких-либо травм с большой кровопотерей? 16. Не было ли у Вас в последнее время сильного отравления продуктами, содержащими свинец или мышьяк? 17. Вам следует сделать общий анализ крови, анализ на витамин В12, биохимический анализ крови, анализ на уровень железа, биопсию костного мозга, аспирацию и анализ кала.

#### TASK 8 (MUSCLES)

1. Подвергаетесь ли Вы воздействию холода? Бывают ли у Вас боли в запястьях, в суставах коленной, большом пальце ноги, бедрах, локтях, плече? Бывают ли у Вас боли в шейной части позвоночника, в пояснице? 2. Есть ли у Вас отеки суставов? 3. Вас беспокоит тугоподвижность по утрам? Бывает ли у Вас тугоподвижность в суставах пальцев руки? 4. Уменьшается ли ощущение тугоподвижности в течение дня? 5. Вам следует сделать рентген большого сустава. 6. Вам нужно сделать анализы крови для того, чтобы исключить возможность ревматоидного артрита. 7. Вам необходимо сделать анализ культуры горла для того, чтобы исключить стрептококковую инфекцию. 8. Нужно сделать специальные серологические анализы и эхокардиограмму. Эхокардиограмма может выявить поражение клапана или дисфункцию сердца. 9. Вам следует принимать противовоспалительные препараты и иммуносупрессоры. 10. Курс физиотерапии уменьшит боль в суставах и развитие заболевания. 11. Вам следует принимать антибиотики внутривенно. 12. Какой у Вас вес? Вам нужно уменьшить свой вес.

#### TASK 9 (INFECTIONS)

1. Болел ли Ваш ребенок ветряной оспой, свинкой, скарлатиной, коклюшем? 2. Делали ли Вашему ребенку прививку от дифтерии (энцефалита, полиомиелита, кори, краснухи)? 3. Когда Вашему ребенку делали прививку от дифтерии? 4. Жалуется ли Ваш ребенок на недомогание? 5. Есть ли у Вашего ребенка какие-либо зрительные расстройства? 6. Есть ли у Вашего ребенка признаки конъюнктивита? 7. Вас не беспокоит тугоподвижность мышц шеи? 8. Как давно у Вашего ребенка наблюдается вздутие щек? 9. Есть ли у Вашего ребенка сыпь на туловище и конечностях? 10. Я пропишу Вам ацетоменофен для снижения температуры. 11. Не давайте вашему ребенку аспирин. 12. Лечение должно включать постельный режим и много жидкости. 13. Каламин или каладрил или бенадрил поможет уменьшить зуд. 14. Эти препараты доступны без рецепта в вашей аптеке. 15. Кажется, что у Вашего ребенка дифтерия. 16. Вашего ребенка следует госпитализировать. 17. Давайте Вашему ребенку больше жидкости. 18. Вашему ребенку следует принимать лекарства, снижающие температуру. Через 10-12 дней Ваш ребенок выздоровеет.

#### TASK 10 (RECOMMENDATIONS)

1. Бросайте курить! 2. Воздерживайтесь от алкоголя! 3. Придерживайтесь диеты с низким содержанием жиров и холестерина! 4. Контролируйте Ваше давление и холестерин! 5. Сохраняйте свой вес в рекомендуемых пределах! 6. Избегайте стрессов! 7. Соблюдайте постельный режим! 8. Регулярно отдыхайте! 9. Выполняйте физические упражнения в толерантных пределах! 10. Предупреждение лучше, чем лечение! 11. Здоровье лучше, чем богатство! 12. После обеда поспите немножко, после ужина прогуляйтесь! 13. Принимайте лекарство 4 раза в день! 14. Принимайте лекарство в одно и то же время! 15. Принимайте лекарство с молоком для того, чтобы уменьшить побочные эффекты! 16. Принимайте лекарство сразу же после еды (до еды).

#### Критерии оценки:

#### ***Оценка «зачтено» ставится, если:***

Студент в устном сообщении в целом справился с поставленной речевой задачей; языковые и речевые средства были правильно употреблены, лексический материал соответствовал содержанию и прагматике высказывания, отсутствовали грамматические ошибки, нарушающие коммуникацию, или они были незначительны; соблюден объем высказывания. 90% высказываний соответствуют выше указанным требованиям.

**Оценка «не зачтено» ставится, если:**

1) студент в устном сообщении не справился с решением поставленной речевой задачи; продемонстрировал неспособность оперировать языковыми и речевыми средствами; смог построить менее 70% высказываний.

**3.2. Аннотация лекарственного средства**

**PENICILLINS**

**GENERIC AND BRAND NAMES**

See complete list of generic and brand names in the *Generic and Brand Name Directory*, page 889

**BASIC INFORMATION**

Habit forming? No

Prescription needed? Yes

Available as generic? Yes

Drug class: Antibiotic (penicillin)

**USES**

Treatment of bacterial infections that are susceptible to penicillin, including lower respiratory tract infections, otitis media, sinusitis, skin and skin structure infections, urinary tract infections, gastrointestinal disorders, ulcers, endocarditis, pharyngitis. Different penicillins treat different kinds of infections.

**DOSAGE & USAGE INFORMATION**

How to take:

- Tablet or capsule – Swallow with liquid on an empty stomach 1 hour before or 2 hours after eating. You may take amoxicillin, penicillin V, pivampicillin or pivmecillinam on a full stomach.
- Chewable tablet – Chew or crush before swallowing.
- 4. Oral suspension – Measure each dose with an accurate measuring device (not a household teaspoon). Store according to instructions.

When to take:

Follow instructions on prescription label, or take as directed by doctor. The number of doses, the time between doses and the length of treatment will depend on the problem being treated.

If you forget a dose:

Take as soon as you remember, then continue regular schedule. If it is almost time for the next dose, wait for that dose (don't double that dose).

**OVERDOSE**

Symptoms:

Severe diarrhea, nausea or vomiting.

**WHAT TO DO:**

Overdose unlikely to threaten life. If person takes much larger amount than prescribed, call doctor, poison control center or hospital emergency room for instructions.

What drug does:

Destroys susceptible bacteria. Does not kill viruses (e.g. colds or influenza), fungi or parasites.

Time lapse before drug works:

May be several days before medicine affects infection.

Don't take with:

Any other medicine without consulting your doctor or pharmacist.

**POSSIBLE ADVERSE REACTIONS OR SIDE EFFECTS**

Symptoms

What to do

Life-threatening:

Hives, rash, intense itching, shortness of breath, faintness soon after a dose (anaphylaxis).

Seek emergency treatment immediately.

Common:

Nausea, vomiting or diarrhea (all mild); sore mouth or tongue; white patches in mouth or on tongue; vaginal itching or

Continue. Call doctor when convenient.



discharge; stomach pain.

Infrequent:

None expected.

Rare:

Unexplained bleeding or bruising, weakness, Discontinue. Call doctor right away.

sore throat, fever, severe abdominal cramps,

diarrhea (watery and severe), convulsions.

### WARNINGS & PRECAUTIONS

Don't take if:

You are allergic to penicillins or cephalosporins. A life-threatening reaction may occur.

Before you start, consult your doctor:

- If you are allergic to any substance or drug.
- If you have mononucleosis.
- If you have congestive heart failure.
- If you have high blood pressure or any bleeding disorder.
- If you have cystic fibrosis.
- If you have kidney disease or a stomach or intestinal disorder.

Over age 60:

No special problems expected.

Pregnancy:

Consult doctor. Risk category (see page xxiii).

Breast-feeding:

Drug passes into milk. Child may become sensitive to penicillins and have allergic reactions to penicillin drugs.

Discuss risks and benefits with your doctor.

Infants & children:

No special problems expected.

Prolonged use:

- You may become more susceptible to infections caused by germs not responsive to penicillins.
- Talk to your doctor about need for follow-up medical examinations or laboratory studies.

Skin & sunlight:

No problems expected.

Driving, piloting or hazardous work:

Usually not dangerous. Most hazardous reactions likely to occur a few minutes after taking penicillin.

Discontinuing:

Don't discontinue without doctor's advice until you complete prescribed dose, even though symptoms diminish or disappear.

Others:

- Urine sugar test for diabetes may show false positive result.
- If your symptoms don't improve within a few days (or if they worsen), call your doctor.
- Don't take medicines for diarrhea without your doctor's approval.
- Birth control pills may not be effective. Use additional birth control methods.

### POSSIBLE INTERACTION WITH OTHER DRUGS

#### GENERIC NAME OR DRUG CLASS

Chloramphenicol

Cholestyramine

Colestipol

Contraceptives, oral

Erythromycins

Methotrexate

Probenicid

Sodium benzoate & sodium phenylacetate  
& sodium phenylacetate.

Sulfonamides

Tetracyclines

#### COMBINED EFFECT

Decreased effect of both drugs.

May decrease penicillin effect.

May decrease penicillin effect.

Impaired contraceptive efficiency.

Decreased effect of both drugs.

Increased risk of methotrexate toxicity.

Increased effect of all penicillins.

May reduce effect of sodium benzoate

Decreased effect of both drugs.

Decreased effect of both drugs.

### POSSIBLE INTERACTION WITH OTHER SUBSTANCES

## INTERACTS WITH

## COMBINED EFFECT

Alcohol:	Occasional stomach irritation.
Beverages:	None expected.
Cocaine:	No proven problems.
Foods:	
Acidic fruits or juices, aged cheese, wines, Syrups (if taken with penicillin G).	Decreased antibiotic effect.
Marijuana:	No proven problems.
Tobacco:	None expected.

## Аннотация 2

### ERYTHROMYCIN & SULFISOXAZOLE

#### BRAND NAMES

Eryzole Pediazole Sulfimycin

#### BASIC INFORMATION

Habit forming? No

Prescription needed? Yes

Available as generic? Yes

Drug class: Antibiotic (erythromycin), sulfa (sulfonamide)

#### USES

Treatment of infections responsive to erythromycin and sulfa.

#### DOSAGE AND USAGE INFORMATION

How to take:

Suspension – Swallow with liquid. Instructions to take on empty stomach mean 1 hour before 2 hours after eating. Shake carefully before measuring.

When to take:

At the same times each day, 1 hour before or 2 hours after eating.

If you forget a dose:

Take as soon as you remember up to 2 hours late. If more than 2 hours, wait for the next scheduled dose (don't double this dose).

What drug does:

Prevents growth and reproduction of susceptible bacteria.

Time lapse before drug works:

2 to 5 days to affect infection.

Don't take with:

Any other medicine without consulting your doctor or pharmacist.

#### OVERDOSE

##### SYMPTOMS:

Less urine, bloody urine, nausea, skin rash, vomiting, abdominal discomfort, diarrhea, coma.

##### WHAT TO DO:

- Dial 911 (emergency) or 0 (operator) for an ambulance or medical help. Then give first aid immediately.
- See emergency information on inside covers.

#### POSSIBLE ADVERSE REACTIONS OR SIDE EFFECTS SYMPTOMS

Life-threatening:

In case of overdose, see previous column.

Common:

- Headache, dizziness, itchy skin, rash, appetite loss, vomiting.
- Mild nausea.

Infrequent:

- Diarrhea, nausea, abdominal cramps, swallowing difficulty.
- Dryness, irritation, stinging with use of skin solution, mouth or tongue sore.

Rare:

- Jaundice, painful or difficult urination, muscle or joint pain, unusual tiredness, blood in urine, swelling of neck.
- Weakness.

#### WHAT TO DO

- Discontinue. Call doctor right away.
- Continue. Call doctor when convenient.
- Discontinue. Call doctor right away.
- Continue. Call doctor when convenient.
- Discontinue. Call doctor right away.
- Continue. Call doctor when convenient.

#### WARNINGS AND PRECAUTION

Don't take if:

- You are allergic to any sulfa drug or any erythromycin.
- You have had liver disease or impaired liver function.

Before you start, consult your doctor:

- If you are allergic to carbonic anhydrase inhibitors, oral antidiabetics or thiazide diuretics.
- If you are allergic by nature.
- If you have liver or kidney disease or porphyria, developed anemia from use of any drug, taken erythromycin estolate in the past.

Over age 60:

Adverse reactions and side effects may be more frequent and severe than in younger persons, especially skin reactions around genitals and anus.

Pregnancy:

Decide with your doctor if drug benefits justify risk to unborn child. Risk category C

Breast-feeding:

Drug passes into milk. Avoid drug or discontinue nursing until you finish medicine. Consult doctor for advice on maintaining milk supply.

Infants and children:

Don't give to infants younger than 1 month.

Prolonged use:

- may enlarge thyroid gland.
- Request frequent blood counts, liver and kidney function studies.
- You may become more susceptible to infections caused by germs not responsible to erythromycin or sulfa.

Skin and sunlight:

May cause rash or intensify sunburn in areas exposed to sun or ultraviolet light (photosensitivity reaction).

Avoid overexposure. Notify doctor if reaction occurs.

Driving, piloting or hazardous work:

Avoid if you feel dizzy. Otherwise, no problems expected.

Discontinuing:

Don't discontinue without doctor's advice until you complete prescribed dose, even though symptoms diminish or disappear.

Others:

- Drink extra liquid each day to prevent adverse reactions, such as kidney damage.
- If you require surgery, tell anesthetist you take sulfa.

#### POSSIBLE INTERACTION WITH OTHER DRUGS

## GENERIC NAME OR DRUG CLASS

Aminobenzoate potassium  
Aminophylline  
Anticoagulants, oral  
Anticonvulsants, hydantoin  
Antihistamines, nonsedative

Aspirin  
Astemizole  
Carbamazepine  
Flecainide

Hepatotoxics  
Isoniazid  
Lincomycins  
Methenamine  
Methotrexate  
Oxtriphylline  
Oxyphenbutazone  
Para-aminosalicylic acid (PAS)  
Penicillins  
Phenylbutazone  
Probenecid  
Sulfinpyrazone  
Terfenadine  
Theophylline  
Tocainide  
Trimethoprim

## COMBINED EFFECT

Possible decreased sulfisoxazole effect.  
Increased effect of aminophylline in blood.  
Increased anticoagulant effect.  
Toxic effect on brain.  
Serious heart rhythm problems with astemizole or terfenadine. Avoid.

Increased sulfa effect.  
Increased risk of heart toxicity.  
Increased risk of carbamazepine toxicity.  
Possible decreased blood cell production in bone marrow.  
Increased risk of liver toxicity.  
Possible anemia.  
Decreased lincomycin effect.  
Possible kidney blockage.  
Increased possibility of toxic side effects from methotrexate.  
Increased level of oxtriphylline in blood.  
Increased sulfa effect.  
Decreased sulfa effect.  
Decreased penicillin effect.  
Increased sulfa effect.  
Increased sulfa effect.  
Increased sulfa effect.  
Increased risk of heart toxicity.  
Increased level of theophylline in blood.  
Possible decreased blood cell production in bone marrow.  
Increased sulfa effect.

## POSSIBLE INTERACTION WITH OTHER SUBSTANCES

### INTERACTION WITH

Alcohol:  
Beverages:  
Cocaine:  
Foods: Wines, syrups, acidic fruits or juices (if taken with)  
Marijuana:  
Tobacco:

### COMBINED EFFECT

Increased alcohol effect. Possible liver damage.  
None expected.  
None expected.  
Decreased antibiotic effect.  
  
None expected.  
None expected

### Аннотация 3

#### **INSULIN**

#### **Basic information**

Habit forming? No

#### **Prescription**

needed? No

Available as

generic? Yes

Drug class:

Antidiabetic

**Uses**

Controls diabetes, a complex metabolic disorder, in which the body does not manufacture insulin.

**Dosage and Usage Information**

How to take: must be taken by injection under the skin. Use disposable, sterile needles. Rotate injection sites.

When to take: at the same time each day

If you forget a dose: take as soon as you remember. Wait at least 4 hours for next dose. Resume regular schedule.

What drug does: facilitates passage of blood sugar through cell membranes so sugar is usable.

Time lapse before drug works: 30 minutes to 8 hours, depending on type of insulin used.

**Overdose**

Symptoms: low blood sugar (hypoglycemia) – Anxiety; chills, cold sweats, pale skin, drowsiness; excess hunger; headache; nausea; nervousness, fast heartbeat; shakiness; unusual tiredness or weakness.

**What to do:**

- eat some type of sugar immediately, such as orange juice, honey, sugar cubes, crackers, sandwich.

- if patient loses consciousness, give glucagon if you have it and know how to use it.

- otherwise, dial 911 (emergency) or 0 (operator) for an ambulance or medical help. Then give first aid immediately.

- see emergency information on inside covers.

Don't take with: any other medicine without consulting your doctor or pharmacist.

**POSSIBLE ADVERSE REACTIONS OR SIDE EFFECTS**

<b>Symptoms</b>	<b>Whattodo</b>
<b>Life-threatening:</b> hives, rash, intense itching, faintness soon after a dose (anaphylaxis).	Seek emergency treatment immediately.
<b>Common:</b> none expected.	
<b>Infrequent:</b> <ul style="list-style-type: none"> <li>• Symptoms of low blood sugar – nervousness, hunger (excessive), cold sweats, rapid pulse, anxiety, cold skin, chills, confusion, concentration loss, drowsiness, headache, nausea, weakness, shakiness, vision changes.</li> <li>• Symptoms of high blood sugar – increased urination, unusual thirst, dry mouth, drowsiness, flushed or dry skin, fruit-like breath odor, appetite loss, stomach pain or vomiting, tiredness, trouble breathing, increased blood sugar level.</li> <li>• Swelling, redness, itch or warmth at injection site.</li> </ul>	<ul style="list-style-type: none"> <li>• Seek treatment (eat some form of quick-acting sugar – glucose tablets, sugar, fruit juice, corn syrup, honey).</li> <li>• Seek emergency treatment immediately.</li> <li>• Continue. Call doctor when convenient.</li> </ul>
<b>Rare:</b> none expected.	

**WARNINGS UND PRECAUTIONS****Don't take if:**

- Your diagnosis and dose schedule is not established.
- You don't know how to deal with overdose emergencies.

**Before you start, consult your doctor:**

- If you are allergic to insulin.
- If you take MAO inhibitors.
- If you have liver or kidney disease or low thyroid function.

**Over age 60:**

Guard against hypoglycemia. Repeated episode can cause permanent confusion and abnormal behavior.

**Pregnancy:**

Adhere rigidly to diabetes treatment program. Risk category B.

**Breast-feeding:**

No problems expected. Consult the doctor.

**Infants and children:**

Use only under medical supervision.

**Prolonged use:**

Talk to your doctor about the need for follow-up medical examinations or laboratory studies to check blood sugar, serum potassium, urine.

**Skin and sunlight:**

No problems expected.

**Driving, piloting or hazardous work:**

No problems expected after a dose is established.

**Discontinuing:**

Don't discontinue without doctor's advice until you complete prescribed dose, even though symptoms diminish or disappear.

**Others:**

- Diet and exercise affect how much insulin you need. Work with your doctor to determine accurate dose.
- Notify your doctor if you skip a dose, overeat, have fever or infection.
- Notify doctor if you develop symptoms of high blood sugar: drowsiness, dry skin, orange fruit-like odor to breath, increased urination, appetite loss, unusual thirst.
- Never freeze insulin.
- May interfere with the accuracy of some medical tests.

**POSSIBLE INTERACTION WITH OTHER DRUGS**

<b>CLASS</b>	<b>COMBINED EFFECT</b>
<b>Adrenocorticoids, systemic</b>	Decreasedinsulineffect.
<b>Anticonvulsants, hydantoin</b>	Decreasedinsulineffect.
<b>Antidiabetics, oral</b>	Increasedantidiabeticeffect.
<b>Beta-adrenergicblockingagent</b>	Possible increased difficulty in regulating blood sugar levels.
<b>Bismuthsubsalicylate</b>	Increased insulin effect. May require dosage adjustment.
<b>Carteolol</b>	Hypoglycemic effects may be prolonged.
<b>Contraceptives, oral</b>	Decreasedinsulineffect.
<b>Dexfenfluramine</b>	May require dosage change as weight loss occurs.
<b>Diuretics, thiazide</b>	Decreasedinsulineffect.
<b>Furosemide</b>	Decreasedinsulineffect.
<b>Monoamineoxidase (MAO) inhibitors</b>	Increasedinsulineffect.
<b>Nicotine</b>	Increasedinsulineffect.
<b>Oxyphenbutazone</b>	Increasedinsulineffect.
<b>Phenylbutazone</b>	Increasedinsulineffect.
<b>Salicylates</b>	Increasedinsulineffect.
<b>Smokingdeterrents</b>	May require insulin dosage adjustment.
<b>Sulfadrugs</b>	Increasedinsulineffect.
<b>Tetracyclines</b>	Increasedinsulineffect.
<b>Thyroidhormones</b>	Decreasedinsulineffect.

**POSSIBLE INTERACTION WITH OTHER SUBSTANCES**

<b>INTERACT WITH</b>	<b>COMBINED EFFECT</b>
<b>Alcohol:</b>	Increased insulin effect. May cause hypoglycemia and brain damage.
<b>Beverages:</b>	None expected.
<b>Cocaine:</b>	May cause brain damage.
<b>Foods:</b>	None expected.
<b>Marijuana:</b>	Possible increase in blood sugar.
<b>Tobacco:</b>	Decreased insulin absorption.

#### Аннотация 4

##### **CAFFEINE Basic information**

Habit forming? Yes

Prescription needed? No

Available as generic? Yes

Drug class: Stimulant (xanthine), vasoconstrictor

##### **Uses**

- Treatment for drowsiness and fatigue (occasional use only).
- Treatment for migraine and other vascular headaches in combination with ergot.

##### **Dosage and usage information**

###### **How to take:**

- Tablet or liquid – swallow with liquid or food to lessen stomach irritation. If you can't swallow whole, crumble tablet and take with liquid or food.
- Extended-release capsules – swallow whole with liquid.

**When to take:** at the same time each day.

**If you forget a dose:** take as soon as you remember up to 2 hours late. If more than 2 hours, wait for next scheduled dose (don't double this dose).

###### **What drug does:**

- Constricts blood vessel walls.
- Stimulates central nervous system.

**Time lapse before drug works:** 30 minutes.

###### **Don't take with:**

- Nonprescription drugs without consulting your doctor or pharmacist.
- See interaction column and consult doctor.

##### **Overdose**

Symptoms: excitement, insomnia, rapid heartbeat (infants can have slow heartbeat), confusion, fever, hallucinations, coma.

###### **What to do:**

- Dial 911 or 0 (operator) for an ambulance or medical help. Then give first aid immediately.

##### **POSSIBLE ADVERSE REACTIONS OR SIDE EFFECTS**

<b>Symptoms</b>	<b>What to do</b>
Life-threatening: in case of overdose, see previous column.	
Common: <ul style="list-style-type: none"> <li>• Rapid heartbeat, low blood sugar (hunger, anxiety, cold sweats, rapid pulse) with tremor, irritability (mild).</li> <li>• Nervousness, insomnia.</li> <li>• Increased urination</li> </ul>	<ul style="list-style-type: none"> <li>• Discontinue. Call doctor right away.</li> <li>• Continue. Tell doctor at next visit.</li> <li>• No action necessary.</li> </ul>
Infrequent: <ul style="list-style-type: none"> <li>• Confusion, irritability (severe)</li> <li>• Nausea, indigestion, burning feeling in stomach.</li> </ul>	<ul style="list-style-type: none"> <li>• Discontinue. Call doctor right away.</li> <li>• Continue. Call doctor when con-</li> </ul>

	venient.
Rare: noneexpected	

## WARNINGS AND PRECAUTIONS

### Don'ttakeif:

- You are allergic to any stimulant.
- Youhaveheartdisease.
- You active peptic ulcer of stomach or duodenum.

### Before you start, consult your doctor:

- If you will have irregular heartbeat.
- If you have hypoglycemia (low blood sugar).
- Ifyouhaveepilepsy.
- If you have a seizure disorder.
- If you have high blood pressure.
- Ifyouhaveinsomnia.

**Over age 60:** Adverse reactions and side effects may be more frequent and severe than in younger persons.

**Pregnancy:** Decide with your doctor if drug benefits justify risk to unborn child. Risk category C.

**Breast-feeding:** Drug passes into milk. Avoid drug or discontinue nursing until you finish medicine. Consult doctor for advice on maintaining milk supply.

**Infants and children:** Not recommended.

**Prolonged use:** Stomach ulcers.

**Skin and sunlight:** No problems expected.

**Driving, piloting or hazardous work:** No problems expected.

**Discontinuing:** Will cause withdrawal symptoms of headache, irritability, drowsiness. Discontinue gradually if you use caffeine for a month or more.

**Others:** Consult your doctor if drowsiness or fatigue continues, recurs or is not relieved by caffeine.

## POSSIBLE INTERACTION WITH OTHER DRUGS

Generic name or drug class	Combinedeffect
Caffeine-containingdrugs, other	Increasedriskofoverstimulation.
Central nervous system (CNF) stimulants	Increasedriskofoverstimulation.
Cimetidine	Increasedcaffeineeffect.
Contraceptives, oral	Increasedcaffeineeffect.
Isoniazid	Increasedcaffeineeffect.
Monoamineoxidase (MAO) inhibitors	Dangerousbloodpressurerise.
Sympathomimetics	Overstimulation.
Xanthines	Increasedriskofoverstimulation.

## POSSIBLE INTERACTION WITH OTHER SUBSTANCES

Marijuana:	Increased effect of both drugs. May lead to dangerous, rapid heartbeat. Avoid.
Alcohol:	Decreasedalcoholeffect.
Beverages: Caffeine drinks (coffee, tea, soft drinks)	Increased caffeine effect. Use cautions.
Cocaine:	Convulsionsorexcessivenervousness.
Foods:	Noprovenproblems.
Tobacco:	Increased heartbeat. Avoid. Decreased caffeine effect.



Критерии оценки:

**Оценка зачтено» ставится, если:**

Студентом в переводе иноязычного текста содержание передано адекватно и полно, сохранены коммуникативно-прагматический потенциал текста и стилевые черты, не нарушены нормы переводящего языка, допускается 1-2 лексические или грамматические ошибки.

**Оценка «не зачтено» ставится, если:**

Студентом перевод иноязычного текста выполнен ниже требований, установленных для оценки «удовлетворительно»: смысл оригинала искажен, не соблюдены стилевые черты, искажен коммуникативно-прагматический потенциал текста, в языке перевода допущено более 10 орфографических, лексических или грамматических ошибок.

### 3.3. Примерные тестовые задания, критерии оценки (ОПК-2)

№1

Соотнесите слово-идентификатор и временную группу:

**Future Simple**

last summer  
next summer  
Often  
Now  
next week

№2

Соотнесите слово-идентификатор и временную группу:

**Present Simple**

last summer  
Often  
Now  
next week  
every day

№3

Определите значение модального глагола:

**Should**

быть в состоянии сделать что-либо  
Совет  
Разрешение  
вынужденная необходимость

№4

Определите значение модального глагола

**Can**

Долженствование  
способность совершить действие  
Разрешение  
Обязательство

№5

Определите видовременную форму глагола:

**is going**

Past Simple Active

Present Simple Active

Present Continuous Active

Past Simple Passive

№6

Определите видовременную форму глагола:

**Passed**

Past Simple Active

Present Simple Active

Present Continuous Active

Past Simple Passive

№7

... city of Kirov is situated 986 km northeast of Moscow.

A

An

The

no article

№8

My favorite subject is ... English.

A

An

The

no article

№9

Вставьте подходящий артикль:

- |   |    |            |
|---|----|------------|
| — KSMA is led by ... Professor Igor V. Sheshunov. | 1] | the        |
| — ... academy consists of 7 faculties.            | 2] | A          |
| — My father is ... engineer                       | 3] | An         |
|   | 4] | No article |

№10

If the weather is fine I go to my medical school ... foot.

no preposition

on foot

with foot  
all of the above

№11

... lunch I have salad to begin with, soup, meat or fish, and a cup of green tea.

On  
At  
For  
In

№12

.... you .... any infections lately?

have...had  
do ... have  
are ... having  
all of the above

№13

.... you ever ....for life insurance, military service or employment because of health problems?

Have ... been turned down  
Have ... turned down  
Do ... turn down  
all of the above

№14

We ... wear clean shoes and white coats, otherwise we get reprimands from our professors.

have to  
May  
Can  
all of the above

№15

I think I ... know English very well because English is a must for a well educated doctor.

May  
Can  
Must  
all of the above

№16

Вставьте подходящий модальный глагол

- ... I take your pen? – Yes, please. 1] May
- Let's go for a walk. – I ... not. I haven't done my homework yet. 2] Must

- Would you like to watch this film? –
- \_ No, I ... help my mother with housework. 3] Can
- 4] should

№17

Of all the subjects, Anatomy and Histology are ... subjects.

the difficultest

the most difficult

more difficult

all of the above

№18

Which is ...: the United States or Canada?

Large

Larger

The largest

Largiest

№19

Употребите прилагательное в нужной степени сравнения:

- We should wait for a ... day to go
- \_ on the excursion. 1] dry
- The ... trees in the world grow in
- \_ California. 2] colder
- Its autumn. Every day the air
- \_ becomes ... . 3] tallest
- 4] most difficult

№20

Aspirin is used to reduce ... .

Inflammation

Inflame

Inflammatory

№21

... smoking.

Give up

Quit

Stop

Turn down

№22

Соотнесите части предложений:

- |   |  |    |                       |
|---|--|----|-----------------------|
| – | The academy is composed of...  | 1] | ...7 faculties        |
| – | The international medical conference of young researchers is held... | 2] | ...scientific reports |
| – | All the participants of the conference make...                       | 3] | ...at KSMA            |
|   |  | 4] | ... by professors     |

#### №23

СООТНЕСИ ГЛАГОЛЫ-СИНОНИМЫ

- |   |               |    |                |
|---|---------------|----|----------------|
| – | to reduce     | 1] | To evaluate    |
| – | to examine    | 2] | To lessen      |
| – | to be located | 3] | To enlarge     |
|   |               | 4] | To be situated |

#### №24

СООТНЕСИТЕ ЧАСТИ ПРЕДЛОЖЕНИЙ:

- |   |                               |    |  |
|---|-------------------------------|----|--|
| – | KSMA's emblem consists of ... | 1] | ... different subjects                             |
| – | We take exams in...           | 2] | ... a medical cross, a textbook, a cup and a snake |
| – | My hobbies are...             | 3] | ... reading, dancing, singing, cooking             |
|   |                               | 4] | ... to enter KSMA                                  |

#### №25

СООТНЕСИТЕ ВОПРОС И ОТВЕТ:

- |   |  |    |                          |
|---|--|----|--------------------------|
| – | What's the time please?                | 1] | quarter past one.        |
| – | What's your favourite day of the week? | 2] | Saturday!                |
| – | When would you like to meet?           | 3] | How about next Thursday? |
|   |  | 4] | Sounds great!            |

#### №26

СООТНЕСИТЕ ВОПРОС И ОТВЕТ:

- |   |                        |    |                     |
|---|------------------------|----|---------------------|
| – | When's your birthday?  | 1] | It's on 21st March. |
|   | What's the date today? |    | It's 19th October.  |

- 2]
- How old are you? 3] I'm thirteen.
- 4] Fine, and you?

№27

Blood for tests is usually withdrawn from a fingertip, earlobe, or a vein. Blood testing takes time and preservatives must be added to a blood specimen to **preserve** it for the whole laboratory testing. Quantitative laboratory blood analyses are a good guide to the patient's condition. Blood count includes indication of hemoglobin, erythrocytes, leukocytes, electrolytes, colour index, basophils, lymphocytes, erythrocyte sedimentation rate (COЭ), thrombocytes, protein, sugars, bilirubin, cholesterol, blood **clotting**, etc.

Fresh specimens of urine should be used for all tests because changes in the compositions occur when the urine is allowed to stand especially if it is infected. The complete **specimen** should be well mixed, but not centrifuged or filtered, before taking out a portion for testing. The specimen container should be absolutely clean and free from **contaminants**. Physical examination of the urine should include noting its

- quantity (averaged between 1200 and 1500 ml over 24 hours in adults)
- colour (usually amber but can vary from pale straw to brown)
- odour (e.g. of acetone in a diabetic, fishy in cystitis)
- sediment (e.g. white indicates phosphates).

Routine chemical analysis of urine generally includes testing for pH (acidity), protein, sugars, glucose, ketones, blood, bilirubin, nitrite.

Match the word and the meaning

- preserve 1] An example of something
- clot 2] A thick mass of coagulated liquid
- specimen 3] Maintain (something) in its original or existing state
- contaminant 4] a substance that makes something less pure

Say if it's true or false: "The urine of a diabetic patient has acetonc odour"

- True
- False
- Doesn't say

Choose the most appropriate headline to the text:

- Routine chemical analysis
- Blood and Urine Tests
- Quantitative laboratory blood analyses

№28

**Five Steps for Resolving Conflicts**

Conflicts can actually lead to increased understanding and creative thinking. It's how we deal with conflict that determines the outcome. Beyond that, conflict resolution skills can improve relationships and deepen understanding.

**Step 1:**

Conflicts can't be solved in the face of hot emotions. Take a step back, breathe deep, and gain some emotional distance before trying to talk things out.

Take a moment to think of ten things that make you feel better when you're hot under the collar. Consider some of the following: breathing deeply while making a calm statement, looking at the sky, clearing your desk, splashing cold water on the face or taking a quick walk.

**Step 2:**

By starting our sentences with "I" we take responsibility for the way we perceive the problem. "I-messages" are a tool for expressing how we feel without attacking or blaming.

This is in sharp contrast to "you-messages" which put others on the defensive and close doors to communication. A statement like "You've left the kitchen a mess again! Can't you ever clean up after yourself?" will escalate the conflict. Now take a look at how differently an "I-message" comes across: "I'm annoyed because I thought we agreed you'd clean up the kitchen after using it. What happened?"

**Step 3:**

In the majority of conflicts, both parties have some degree of responsibility. However, most of us try to blame rather than look at our own role in the problem. When we take responsibility we shift the conflict into an entirely different gear, one where resolution is possible.

**Step 4:**

Resolving conflicts is a creative act. There are many solutions to a single problem. The key is a willingness to look for compromises. Kindergarten teacher Connie Long describes how her students started having fewer conflicts when they learned how to brainstorm solutions: "My kids were constantly getting into arguments over crayons, erasers, toys. After introducing peacemaking my students started finding ways to solve the problem instead of just getting stuck in their own positions."

**Step 5:**

A handshake, hug or a kind word gives closure to the conflicts. Forgiveness is the highest form of closure. Just saying thank you at the end of a conflict, or praising the person for working things out sends a message of conciliation and gratitude. We preserve our relationships this way, strengthening our connections and working through.

Read the text and match the titles to each step. One title is extra.

- |   |        |    |   |
|---|--------|----|---|
| – | Step 1 | 1] | Take responsibility.                          |
| – | Step 2 | 2] | Brainstorm solutions.                         |
| – | Step 3 | 3] | Cool off.                                     |
| – | Step 4 | 4] | Affirm, forgive and thank.                    |
| – | Step 5 | 5] | Remember what your partner says.              |
|   |        | 6] | Tell what's bothering you using "I messages". |

Find the appropriate ending of the sentence: « Before talking things out ... »  
take a moment to remember what you wanted to say

take a step back and gain some emotional distance  
wait till you're hot under the collar  
shake hands with a person

Find the appropriate ending of the sentence: « Conflicts actually can ... »  
increase and deepen understanding  
open new possibilities  
improve relationships  
increase creative thinking

№29

### Five Steps for Resolving Conflicts

Conflicts can actually lead to increased understanding and creative thinking. It's how we deal with conflict that determines the outcome. Beyond that, conflict resolution skills can improve relationships and deepen understanding.

#### Step 1:

Conflicts can't be solved in the face of hot emotions. Take a step back, breathe deep, and gain some emotional distance before trying to talk things out.

Take a moment to think of ten things that make you feel better when you're hot under the collar. Consider some of the following: breathing deeply while making a calm statement, looking at the sky, clearing your desk, splashing cold water on the face or taking a quick walk.

#### Step 2:

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This is in sharp contrast to "you-messages" which put others on the defensive and close doors to communication. A statement like "You've left the kitchen a mess again! Can't you ever clean up after yourself?" will escalate the conflict. Now take a look at how differently an "I-message" comes across: "I'm annoyed because I thought we agreed you'd clean up the kitchen after using it. What happened?"

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Choose the appropriate answer(s) to the question: «What things give closure to the conflicts?»

a kind word



- a handshake
- a kiss
- a hug

Mark the statements True (T), False (F), Not Stated (NS).

- |   |  |    |    |
|---|--|----|----|
| – | Don't stand too close to another person or put your arm around someone's shoulder. | 1] | T  |
| – | The outcome of a conflict depends on how we deal with it.                          | 2] | F  |
| – | Conflicts should be solved in calm atmosphere.                                     | 3] | NS |

Read the text and match the titles to each step. One title is extra.

- |   |        |    |   |
|---|--------|----|---|
| – | Step 1 | 1] | Take responsibility.                          |
| – | Step 2 | 2] | Brainstorm solutions.                         |
| – | Step 3 | 3] | Cool off.                                     |
| – | Step 4 | 4] | Affirm, forgive and thank.                    |
| – | Step 5 | 5] | Remember what your partner says.              |
|   |        | 6] | Tell what's bothering you using "I messages". |

### №30

1. \_\_\_\_\_

After the disappearance of smallpox, eradicated thanks to the intensive worldwide strategy of the WHO, other viral diseases which were long unknown have come to be a serious health problem. All occurring in tropical countries, they are the Marbur virus disease first described in 1967, Lassa fever discovered in Nigeria in 1969, and Ebola fever named after a small river in northern Zaire where an epidemic broke out almost concurrently with one in southern Sudan in 1976 and took a heavy toll of life.

2. \_\_\_\_\_

Common to these three kinds of hemorrhagic fever originating in Africa is the person-to-person infection and also an exceedingly high mortality. Ebola fever claimed the lives of 52 percent of the people contracting the disease in Sudan and over 90 percent in Zaire. Up to 50 percent of the patients fell victim to Lassa fever and the Marbur virus disease was lethal in 25 percent of the cases recorded.

There is no specific therapy nor any vaccination for these diseases. Trials have been undertaken with plasma obtained from convalescents, but its effectiveness has not yet been established.

Therapy in hemorrhagic fever of the kinds mentioned is therefore only symptomatic. In doing so, attention is concentrated on the gastrointestinal and hemorrhagic symptoms although the pathogenesis of the hemorrhages is not finally clarified. This makes it difficult to administer supportive treatment.

The most dangerous virus is (the most people die of)

Lassa

Ebola

Marbur

Is smallpox an extent virus?

Yes

No

Doesn't say

**Критерии оценки:**

70% - 100 % правильных ответов – «зачтено».

0% - 69% правильных ответов – «не зачтено».

**4. Методические материалы, определяющие процедуры оценивания знаний, умений, навыков и (или) опыта профессиональной деятельности, характеризующих этапы формирования компетенций**

**4.3.Методика проведения тестирования**

**Целью** этапа промежуточной аттестации по дисциплине (модулю), проводимой в форме тестирования, является оценка уровня усвоения обучающимися знаний, приобретения умений, навыков и сформированности компетенций в результате изучения учебной дисциплины (части дисциплины).

**Локальные нормативные акты, регламентирующие проведение процедуры:**

Проведение промежуточной аттестации обучающихся регламентируется Положением о текущем контроле успеваемости и промежуточной аттестации обучающихся, введенным в действие приказом от 08.02.2018 № 61-ОД.

**Субъекты, на которых направлена процедура:**

Процедура оценивания должна охватывать всех обучающихся, осваивающих дисциплину (модуль). В случае, если обучающийся не прошел процедуру без уважительных причин, то он считается имеющим академическую задолженность.

**Период проведения процедуры:**

Процедура оценивания проводится по окончании изучения дисциплины (модуля) на последнем занятии. В случае проведения тестирования на компьютерах время и место проведения тестирования преподаватели кафедры согласуют с информационно-вычислительным центром и доводят до сведения обучающихся.

**Требования к помещениям и материально-техническим средствам для проведения процедуры:**

Требования к аудитории для проведения процедуры и необходимость применения специализированных материально-технических средств определяются преподавателем.

**Требования к кадровому обеспечению проведения процедуры:**

Процедуру проводит преподаватель, ведущий дисциплину (модуль).

**Требования к банку оценочных средств:**

До начала проведения процедуры преподавателем подготавливается необходимый банк тестовых заданий. Преподаватели кафедры разрабатывают задания для тестового этапа зачёта, утверждают их на заседании кафедры и передают в информационно-вычислительный центр в электронном виде вместе с копией рецензии. Минимальное количество тестов, составляющих фонд тестовых заданий, рассчитывают по формуле: трудоемкость дисциплины в з.е. умножить на 50.

Тесты включают в себя задания 3-х уровней:

- ТЗ 1 уровня (выбрать все правильные ответы)
- ТЗ 2 уровня (соответствие, последовательность)
- ТЗ 3 уровня (ситуационная задача)

Соотношение заданий разных уровней и присуждаемые баллы

	Вид промежуточной аттестации
	зачет
Количество ТЗ 1 уровня (выбрать все правильные ответы)	30
Кол-во баллов за правильный ответ	1
Всего баллов	<b>30</b>
Количество ТЗ 2 уровня (соответствие, последовательность)	15
Кол-во баллов за правильный ответ	2
Всего баллов	<b>30</b>
Количество ТЗ 3 уровня (ситуационная задача)	5
Кол-во баллов за правильный ответ	8
Всего баллов	<b>40</b>
Всего тестовых заданий	<b>50</b>
Итого баллов	<b>100</b>
Мин. количество баллов для аттестации	70

#### **Описание проведения процедуры:**

Тестирование является обязательным этапом зачета независимо от результатов текущего контроля успеваемости. Тестирование может проводиться на компьютере или на бумажном носителе.

##### Тестирование на бумажном носителе:

Каждому обучающемуся, принимающему участие в процедуре, преподавателем выдается бланк индивидуального задания. После получения бланка индивидуального задания обучающийся должен выбрать правильные ответы на тестовые задания в установленное преподавателем время.

Обучающемуся предлагается выполнить 30 тестовых заданий разного уровня сложности на зачете. Время, отводимое на тестирование, один академический час.

##### Тестирование на компьютерах:

Для проведения тестирования используется программа INDIGO. Обучающемуся предлагается выполнить 30 тестовых заданий разного уровня сложности на зачете. Время, отводимое на тестирование, один академический час.

#### **Результаты процедуры:**

Результаты тестирования на компьютере или бумажном носителе имеют качественную оценку «зачтено» – «не зачтено». Оценки «зачтено» по результатам тестирования являются основанием для допуска обучающихся к собеседованию. При получении оценки «не зачтено» за тестирование обучающийся к собеседованию не допускается и по результатам промежуточной аттестации по дисциплине (модулю) выставляется оценка «не зачтено» или «неудовлетворительно».

Результаты проведения процедуры в обязательном порядке проставляются преподавателем в зачетную ведомости в соответствующую графу.

#### **4.2. Методика проведения устного собеседования**

**Целью процедуры** промежуточной аттестации по дисциплине (модулю), проводимой в форме устного собеседования, является оценка уровня усвоения обучающимися знаний, приобретения умений, навыков и сформированности компетенций в результате изучения учебной дисциплины (части дисциплины).

### **Локальные нормативные акты, регламентирующие проведение процедуры:**

Проведение промежуточной аттестации обучающихся регламентируется Положением о текущем контроле успеваемости и промежуточной аттестации обучающихся, введенным в действие приказом от 08.02.2018 № 61-ОД.

### **Субъекты, на которые направлена процедура:**

Процедура оценивания должна охватывать всех обучающихся, осваивающих дисциплину (модуль). В случае, если обучающийся не прошел процедуру без уважительных причин, то он считается имеющим академическую задолженность.

### **Период проведения процедуры:**

Процедура оценивания проводится по окончании изучения дисциплины (модуля) в соответствии с расписанием учебных занятий.

### **Требования к помещениям и материально-техническим средствам для проведения процедуры:**

Требования к аудитории для проведения процедуры и необходимость применения специализированных материально-технических средств определяются преподавателем.

### **Требования к кадровому обеспечению проведения процедуры:**

Процедуру проводит преподаватель, ведущий дисциплину (модуль).

### **Требования к банку оценочных средств:**

До начала проведения процедуры преподавателем подготавливается необходимый банк оценочных материалов для оценки знаний, умений, навыков. Банк оценочных материалов включает вопросы, как правило, открытого типа, перечень тем, выносимых на опрос. Из банка оценочных материалов формируются печатные бланки индивидуальных заданий. Количество вопросов, их вид (открытые или закрытые) в бланке индивидуального задания определяется преподавателем самостоятельно.

### **Описание проведения процедуры:**

Каждому обучающемуся, принимающему участие в процедуре, преподавателем выдается бланк индивидуального задания. После получения бланка индивидуального задания и подготовки ответов обучающийся должен в меру имеющихся знаний, умений, навыков, сформированности компетенции дать устные развернутые ответы на поставленные в задании вопросы и задания в установленное преподавателем время. Продолжительность проведения процедуры определяется преподавателем самостоятельно, исходя из сложности индивидуальных заданий, количества вопросов, объема оцениваемого учебного материала, общей трудоемкости изучаемой дисциплины (модуля) и других факторов.

Результат собеседования при проведении промежуточной аттестации в форме зачета определяется оценками «зачтено» или «не зачтено».

### **Результаты процедуры:**

Результаты проведения процедуры в обязательном порядке проставляются преподавателем в зачетные книжки обучающихся и зачетные ведомости и представляются в деканат факультета, за которым закреплена образовательная программа.

По результатам проведения процедуры оценивания преподавателем делается вывод о результатах промежуточной аттестации по дисциплине.