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Министерства здравоохранения Российской Федерации

УТВЕРЖДАЮ
Проректор по учебной работе

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ФОНД ОЦЕНОЧНЫХ СРЕДСТВ

по дисциплине:

ДЕЛОВОЙ АНГЛИЙСКИЙ ЯЗЫК

направление подготовки **32.04.01 Общественное здравоохранение**

профиль **Управление здравоохранением**

Квалификация выпускника:

Магистр

Форма обучения:

очно-заочная

Нижний Новгород

2021

Фонд оценочных средств по дисциплине «ДЕЛОВОЙ АНГЛИЙСКИЙ ЯЗЫК» предназначен для контроля знаний по программе подготовки в магистратуре по направлению подготовки 32.04.01 «Общественное здравоохранение», профиль «Управление здравоохранением».

1. Паспорт фонда оценочных средств по дисциплине «ДЕЛОВОЙ АНГЛИЙСКИЙ ЯЗЫК»

Компетенция	Результаты обучения	Виды занятий	Оценочные средства
УК-4.	<p>Способен применять современные коммуникативные технологии, в том числе на иностранном языке, для академического и профессионального взаимодействия</p> <p>ИД-1_{УК-4.1.} Умеет выстраивать эффективную коммуникацию с партнерами в процессе профессионального взаимодействия на государственном и иностранных языках.</p> <p>ИД-2_{УК-4.2.} Ведет деловую переписку, учитывая особенности стилистики официальных и неофициальных писем, социокультурные различия в формате корреспонденции на государственном и иностранном языке.</p> <p>ИД-3_{УК-4.3.} Демонстрирует умение выполнять перевод академических и профессиональных текстов с иностранного на государственный язык.</p>	Практические занятия, самостоятельная работа	<p>Письменный перевод иноязычного текста. Тесты.</p> <p>Кейсы.</p> <p>Терминологический словарь.</p> <p>Аннотация, резюме, тезисы.</p> <p>Устное сообщение, беседа по содержанию сообщения, перевод академических материалов с русского на иностранный, с иностранного на русский языки, презентации.</p>
УК-5	<p>Способен анализировать и учитывать разнообразие культур в процессе межкультурного взаимодействия</p> <p>ИД-1_{УК-5.1.} Находит и использует необходимую для саморазвития и взаимодействия с другими информацию о культурных особенностях и традициях различных сообществ.</p> <p>ИД-2_{УК-5.2.} УК-5.2. Демонстрирует уважительное отношение к историческому наследию и социокультурным традициям различных народов и культурных традиций мира, в зависимости от среды взаимодействия и задач профессиональной деятельности</p> <p>ИД-3_{УК-5.3.} Умеет толерантно и конструктивно взаимодейство-</p>	Практические занятия, самостоятельная работа	<p>Аннотация, резюме, тезисы, доклады.</p> <p>Терминологический словарь.</p> <p>Устное сообщение, беседа по содержанию, пере-</p>

Компетенция	Результаты обучения	Виды занятий	Оценочные средства
	вать с представителями сообщества с учетом их социокультурных особенностей в целях успешного выполнения профессиональных задач и усиления социальной интеграции.		вод академических материалов с русского на иностранный, с иностранного на русский, презентации

Текущий контроль по дисциплине «Деловой английский язык» осуществляется в течение всего срока освоения данной дисциплины. Выбор оценочного средства для проведения текущего контроля на усмотрение преподавателя.

Промежуточная аттестация обучающихся по дисциплине «Деловой английский язык» проводится по итогам обучения и является обязательной.

2. Критерии и шкала оценивания

Данная дисциплина предусматривает проведение традиционной формы аттестации в виде зачета.

Индикаторы компетенции	Критерии оценивания	
	Не зачтено	Зачтено
Полнота знаний	Уровень знаний ниже минимальных требований. Имели место грубые ошибки.	Уровень знаний в объеме, соответствующем программе подготовки. Могут быть допущены несущественные ошибки
Наличие умений	При решении стандартных задач не продемонстрированы основные умения. Имели место грубые ошибки.	Продемонстрированы основные умения. Решены типовые задачи, выполнены все задания. Могут быть допущены несущественные ошибки.
Наличие навыков (владение опытом)	При решении стандартных задач не продемонстрированы базовые навыки. Имели место грубые ошибки.	Продемонстрированы базовые навыки при решении стандартных задач. Могут быть допущены несущественные ошибки.
Мотивация (личностное отношение)	Учебная активность и мотивация слабо выражены, готовность решать поставленные задачи качественно отсутствуют	Проявляется учебная активность и мотивация, демонстрируется готовность выполнять поставленные задачи.
Характеристика сформированности компетенции	Компетенция в полной мере не сформирована. Имеющихся знаний, умений, навыков недостаточно для решения практических (профессиональных) задач. Требуется повторное обучение	Сформированность компетенции соответствует требованиям. Имеющихся знаний, умений, навыков и мотивации в целом достаточно для решения практических (профессиональных) задач.
Уровень сформированности компетенций	Низкий	Средний/высокий

код компетенции	ЗАЧТЕНО			НЕ ЗАЧТЕНО
ИЗУЧАЮЩЕЕ ЧТЕНИЯ (ПЕРЕВОД)				
УК-4	<p>Полный перевод (100%) адекватный смысловому содержанию текста на русском языке. Текст – грамматически корректен, лексические единицы и синтаксические структуры, характерные для научного стиля речи, переведены адекватно</p>	<p>Полный перевод (100%–90%). Встречаются лексические, грамматические и стилистические неточности, которые не препятствуют общему пониманию текста, однако не согласуются с нормами языка перевода и стилем научного изложения.</p>	<p>Фрагмент текста переведён не полностью (2/3 – 1/2) или с большим количеством лексических, грамматических и стилистических ошибок, которые препятствуют общему пониманию текста.</p>	<p>Неполный перевод (менее 1/2). Непонимание содержания текста, большое количество смысловых и грамматических ошибок.</p>
ПРОСМОТРОВОЕ ЧТЕНИЕ				
	<p>Текст передан в сжатой форме адекватно содержанию текста, ограничен меньшим объёмом, полное изложение основного содержания фрагмента текста</p>	<p>Текст передан семантически адекватно, ограничен меньшим объёмом, но содержание передано недостаточно полно.</p>	<p>Текст передан в сжатой форме с существенным искажением смысла.</p>	<p>Передано менее 50% основного содержания текста, имеется существенное искажение содержания текста.</p>
УСТНАЯ КОММУНИКАЦИЯ (сообщение и собеседование по научной и профессиональной деятельности обучающегося)				
УК-4 УК-5	<p>Речь грамотная и выразительная. Правильно используются лексико-грамматические конструкции, если допускаются ошибки, то тут же исправляются говорящим. Стыль научного высказывания выдержан в течение всей беседы. Объём высказывания соответствует требованиям. Говорящий понимает и адекватно отвечает на вопросы.</p>	<p>При высказывании встречаются грамматические ошибки. Объём высказывания соответствует требованиям или не составляет более чем 20–25 предложений. Вопросы говорящий понимает полностью, но ответы иногда вызывают затруднения. Научный стиль выдержан в 70–80% высказываний.</p>	<p>При высказывании встречаются грамматические ошибки, иногда очень серьёзные. Объём высказывания составляет не более 1/2. Как вопросы, так и ответы вызывают затруднение. Научный стиль выдержан не более чем в 30–40% высказываний.</p>	<p>Неполное высказывание (менее 1/2), более 15 грамматических/лексических/фонетических ошибок, грамматически не оформленная речь.</p>

В результате изучения дисциплины «Деловой английский язык» обучающийся должен:

На зачете представить доклад-презентацию академического материала и ответить на вопросы, связанные с темой доклада. Обучающийся должен продемонстрировать умение пользоваться иностранным языком как средством профессионального общения и академических исследований.

Обучающиеся должны владеть орфографической, орфоэпической, лексической и грамматической нормами изучаемого языка и правильно использовать их во всех видах речевой коммуникации, представленных в сфере профессионального общения и академических исследований

На зачете обучающийся должен продемонстрировать владение подготовленной монологической речью, а также неподготовленной монологической и диалогической речью в ситуации профессионального общения в пределах программных требований. Оценивается содержательность, адекватная реализация коммуникативного намерения, логичность, связанность, смысловая и структурная завершенность, нормативность высказывания.

Объектом контроля на зачете являются навыки владения подготовленной и неподготовленной монологической речи.

При беседе на иностранном языке по вопросам, связанным с темой доклада и академическими исследованиями обучающегося, оцениваются умения монологической речи на уровне самостоятельно подготовленного и неподготовленного высказывания по теме курса и умения диалогической речи, позволяющими ему принимать участие в обсуждении вопросов, связанных с его научной деятельностью.

3. Оценочные средства

Для текущего контроля	Лексико-грамматические тесты
	Перевод словосочетаний с терминами с русского языка на иностранный
	Терминологический словарь
	Собеседование по содержанию текста
	Письменный перевод статьи с иностранного языка на русский
Для промежуточного контроля	Составление аннотаций, резюме, постера
	Перевод словосочетаний с терминами с русского языка на иностранный
	Собеседование по прочитанному тексту на иностранном языке
	Письменный перевод научной статьи на русский язык. Сообщение по заданной теме.
	Лексико-грамматический тест, аннотация, сообщение, беседа, презентация.

3.1 Текущий контроль

3.1.1 Контролируемый раздел дисциплины «лексика, грамматика»

Задание 1. Выполните тесты по изученной теме.

Post-Test

Part I

Choose the best word to complete the sentences. Circle the right answers. Only *one* variant is possible.

e.g.: A lot of students ... their scholarships by doing some part-time work.

a) **supplement** b) utilize c) verify

1. A computer ... shows what will happen if the blood flow does indeed change its direction.

a) stage b) procedure c) simulation

2. The research assistance had to ... a huge amount of data to run the experiment.
a) insert b) input c) display
3. Students may submit their poster drafts in ... or in handwriting.
a) format b) typescript c) manuscript
4. The dentist stopped drilling as soon as he felt me... .
a) flinch b) snort c) sniff
5. As the next ... in our research we plan to carry out some experiments.
a) step b) behavior c) application
6. As well as pros, there are also... .
a) advantages b) cons c) compromises
7. Are there any ... questions? We have a few minutes.
a) few b) fast c) quick
8. Let's put the plan ... practice.
a) into b) for c) in
9. Ballpark figures are
a) exact b) the main c) approximate
10. The opposite of responsible is
a) unresponsible b) nonresponsible c) irresponsible
11. A Research Associate is a person working at a University and
a) will receive a higher degree (Master's or Doctor's)
b) has a higher degree
c) is preparing a Doctoral Dissertation
12. a) The Academy of Sciences named after Ivanov.
b) The Ivanov Science Academy.
c) The Ivanov's Science Academy.
13. This period of time is real
a) innovative b) innovatory c) innovation
14. As I said at the beginning, I'm sorry I didn't have enough time to prepare this presentation.
a) This phrase is good for any presentation.
b) The phrase is bad for the presentation.
c) The phrase is sometimes possible.
15. Presentations are good if everyone ... for them very carefully in advance.
a) summaries b) prepares c) works

Part II

Complete the sentences using the acquired knowledge. *Variants* are possible. The first sentence has been done as an example.

1. I'm a professor ...at... the University of Moscow.
2. I work the Academy of Science.

3. Let's start with some information.
4. I'd like to on to the next point.
5. Please if you have anything to add.
6. I'll summarize the main issues because we don't have much time.
7. So, that me to the end of my presentation.
8. That everything I want to say.
9. Now we'll go over the points again.
10. The conference was a success.
11. The posters will from 9 am till 5 pm.
12. The congress an excellent opportunity for young scientists.
13. The chair asked for, because the idea was not clear enough.
14. The speaker almost of time.
15. That's a good idea to some graphs into the second part of the article.
16. the agenda is the responsibility of the secretary.
17. Yours,
Lucy Rich.
18. A fact which is well-expressed and easy to follow is
19. A covering letter accompanies an article to a journal.
20. A well-designed poster has a title.
21. A poster title banner should be readable from m.
22. The case is full of hidden difficulties. It's really.....
23. This block may prevent the agreement.
24. These anatomical structures have close with modern humans. A lot in common.
25. The article a lot of anger among female scientists.
26. Avoid colors for slides.
27. read your slides during the presentation!
28. The member of such problems decreased It went down 60%.
29. (28%) 30% of patients were over 50 years of old.
30. He is the most of my friends. He always does his work on time.
31. We need your Resume asap! (That is).
32. You've missed D.O.B. in your application. It means.....
33. The book is It's no longer being printed.
34. I can't catch what you are at. It's not clear.
35. I if it's possible.
36. Is there a office here? I've lost my camera.
37. I missed my I had to wait 3 hours in the airport for another flight.
38. Feel free to in with me. My contact details are in the handouts.
39. I'm by what I have learned here.
40. in mind all this information!

ЭТАЛОНЫ ОТВЕТОВ

Part I

1. a 2. c 3. b 4. b 5. a 6. a 7. b 8. c 9. a 10. c 11. c 12. a 13. b 14. c 15. a 16. b

Part II

- a) are b) would have been c) have been

TEST PAPER
Variant 2

1. They ... an interesting lecture on Public Health yesterday.
a) has b) will have c) had
2. Usually a surgical nurse ... instruments for the operation.
a) prepares b) have prepared c) are preparing
3. He ... constantly ... at the library preparing for his classes.
a) work b) is working c) have worked
4. During the operation the muscles from her back and abdomen ... to the thigh.
a) transplants b) has transplanted c) were transplanted
5. The heart ... pump blood harder to warm the body better.
a) are able to b) am to c) has to
6. The doctor was told that the patient ... well the night before.
a) is sleeping b) will sleep c) had slept
7. ... the necessary fluid we could continue our experiments.
a) having obtained b) obtained c) is obtaining
8. The method ... by him will help greatly to cure people.
a) are developing b) developed c) have developed
9. He told us of his ... to frequent heart attacks.
a) being exposed b) to be exposed c) exposes
10. The doctor expected the analyses ... normal.
a) are b) was c) to be
11. The patient was considered ... some kidney disease.
a) will have b) had had c) to have
12. The physical examination ..., tenderness in the left lower part of the abdomen was revealed.
a) being carried on b) have carried on c) are carried on
13. If you follow the prescribed treatment, you ... soon.
a) to be recovered b) has recovered c) will recover

TEST PAPER
Variant 3

1. Students ... many special subjects next year.
a) has b) will have c) is having
2. Last year my father ... from regular attacks of chest pain.

- a) suffered b) were suffered c) am suffered
3. The investigator ... important findings before he finished his observations.
a) are obtaining b) had obtained c) obtained
4. A patient ... by a famous cardiologist now.
a) examine b) are examining c) is being examined
5. Aerobic microorganisms ... have oxygen for their life and growth.
a) must b) is able to c) has to
6. The doctor was sure that the patient ... soon.
a) will walk b) would walk c) have been walking
7. Physical overstrain increases the incidence of heart attacks in people ... from angina pectoris.
a) suffering b) were suffered c) suffers
8. The device ... in our scientific laboratory is up to date.
a) is used b) are being used c) used
9. The cardiologist insisted on ... an electrocardiogram as soon as possible.
a) to take b) taking c) has taken
10. She considers him ... a promising scientist.
a) is b) to be c) were
11. Nausea is known ... in some stomach diseases.
a) to develop b) will develop c) develops
12. In chronic cholecystitis patients complain of pain in the right hypochondrium, it ... to the right shoulder.
a) radiating b) are radiated c) has radiated
13. Had you consulted the doctor in time you
a) is not hospitalized b) wouldn't have been hospitalized c) wouldn't hospitalized

TEST PAPER

Variant 4

1. The patient ... the disease of the joints in his childhood.
a) have b) will be having c) had
2. Every mother ... for her children.
a) cares b) are cared c) to care
3. Now my father ... a bed regimen because he has a bad heart disease.
a) to follow b) is following c) are followed
4. A patient suffering from a disease ... by several specialists next week.
a) will examine b) to examine c) will be examined

- a) producing b) were produced c) are producing
9. He told us of his ... to the Congress of Public Health specialists with his report.
a) being sent b) to send c) are sending
10. Next day he felt the pains ... worse.
a) to get b) get c) gotten
11. Three general types of substances are known ... the atmosphere of all industrial environments.
a) to pollute b) polluted c) will pollute
12. Involving of the liver and bile ducts is often found after gastrointestinal diseases, gastritis ... one of them.
a) to be b) being c) were
13. ... I a doctor, I would administer him a strict diet.
a) were b) am c) are

TEST PAPER
Variant 6

1. Case 5 ... his high blood pressure over all period of investigation.
a) have b) had c) are having
2. Some days ago I ... some interesting laboratory findings of my experiments.
a) am b) get c) got
3. He ... English for 5 years already.
a) has been studying b) was studied c) am studying
4. The patient ... since morning because he will be operated on today.
a) is not feeding b) has not been fed c) were not fed
5. Heart failure ... occur during the operation on the heart.
a) must b) may c) have to
6. The therapist knew that the patient ... well gradually.
a) are getting b) was getting c) have gotten
7. A doctor ... this patient is a well-known psychiatrist.
a) is treated b) treating c) were treated
8. The report describes an immuno ... patient with weakness, fever and general malaise.
a) suppressed b) having suppressed c) being suppressed
9. The brain is the organ of
a) to think b) am thinking c) thinking
10. The doctors know the patient with stomach ulcers ... bloody stools sometimes.
a) has b) is having c) to have

11. Gastritis and ulcers have been determined ... to the development of various tumors. a) to contribute b) are contributing c) contribute
12. The duration of symptoms prior to diagnosis ranged from 1 to 2 months, the average duration ... 5 months. a) am b) been c) being
13. If the diagnosis is correct the patient ... properly. a) will be treated b) had been treated c) were treated

Ключи к тестовым заданиям по английскому языку

1	2	3	4	5	6
1a	1c	1b	1c	1a	1b
2c	2a	2a	2a	2c	2c
3a	3b	3b	3b	3a	3a
4b	4c	4c	4c	4a	4b
5a	5c	5a	5b	5a	5b
6b	6c	6b	6a	6b	6b
7c	7a	7a	7a	7a	7b
8a	8b	8c	8a	8a	8a
9b	9a	9b	9c	9a	9c
10a	10c	10b	10c	10b	10c
11c	11c	11a	11b	11a	11a
12b	12a	12a	12a	12b	12c
13b	13c	13b	13a	13a	13a

Задание 3. Выполните перевод текста (изучающее чтение по теме «Медицинские учреждения»).

ТЕКСТ 1.

Polyclinic

institution [insti'tju: n] учреждение

ring up (rang up, rung up) звонить, вызывать по телефону

call [k :ll] вызов; **call in** вызывать (врача)

physician [fi'zi n] врач

complain [kəm'plein] жаловаться (на) (**of**)

complaint [kəm'pleint] жалоба

correct [kə'rekt] правильный; исправлять, поправлять

administer [əd'ministə] назначать; давать (лекарство)

consult [kən's lt] обращаться (к врачу); **consulting hours** приёмные часы;

consulting room кабинет врача

reception [ri'sep n] приём; получение; принятие

serious ['si(ə)riəs] серьёзный; вызывающий опасение (о болезни)

sick [sik] больной

sick-leave больничный лист

to be on a sick-leave находиться на больничном листе

definite ['definit] определённый, точный

chart [t a:t] таблица, график, диаграмма, схема, карта;

temperature chart температурный лист

patient's card карточка больного
fill in заполнять; вписывать, вносить

In our country there is a wide network of medical institutions to protect the health of our people. One of such medical institutions is the polyclinic.

If a person falls ill, he will ring up his local polyclinic and call in a doctor. When his condition isn't very poor and he has no high temperature, he will go to the local polyclinic and a physician will examine him there.

Many specialists including therapists, neurologists, surgeons and others work at the polyclinic. During the medical examination a physician usually asks the patient what he complains of and according to the complaints carries on the medical examination. The physician listens to the patient's heart and lungs and measures his blood pressure and if necessary, asks the patient to take the temperature. The laboratory findings which include blood analysis, the analysis of urine (urinalysis) and other tests help the physician to make a correct diagnosis and administer a proper treatment.

In addition to their consulting hours at the polyclinic local physicians go out to the calls to examine those patients who are seriously ill and whose condition is bad. Such sick persons receive a sick-leave. They usually follow a bed regimen.

Any physician of the polyclinic knows his patients very well because he treats only a definite number of patients. At the local polyclinic every patient has a personal patient's card which is filled in by his physician. Everything about the patient – the diagnosis of the disease, the administrations made by the doctor, the course of the disease, the changes in the patient's condition after the treatment – are written down in the card.

If it is necessary a nurse will come to the patient's house to give him the administered injections or carry out any of the doctor's administrations.

ТЕКСТ 2.

In-Patient Department

department [di pa:tmənt] отделение

in-patient department стационарное отделение

out-patient department амбулаторное отделение

reception ward [ri sep n w :d] приёмная, приёмный покой

initial [i ni l] начальный, первоначальный; предварительный

apply [ə plai] применять, прикладывать; **to apply cups** ставить банки

prescribe [pris kraib] прописывать, предписывать

dose [dous] доза

dosage [dousid] дозировка; **overdosage** передозировка

poisonous [p iznəs] ядовитый, отравляющий, токсический

cause [k :z] причинять, вызывать; причина

death [de] смерть; **death rate** смертность

round [raund] обход (*больных врачом*)

to make one's daily round делать ежедневный обход

relieve [ri li:v] облегчать; освобождать; снимать (*боль*)

recovery [ri k vəri] выздоровление; восстановление

intravenous [intr vi:nəs] внутривенный

intramuscular [intrə m skjulə] внутримышечный

keep (kept, kept) держать; хранить

indicate [indikeit] указывать, показывать; обозначать

When patients are admitted to the hospital first of all they are received by a nurse on duty at the reception ward.

Those patients who are to be hospitalized have already received the direction from the polyclinic. The nurse on duty fills in patients' case histories in which she writes down their names, age, place of work, occupation, address and the initial diagnosis made by a doctor at the polyclinic.

Then a doctor on duty examines the hospitalized patients and gives his instructions what department and wards the patients are to be admitted to.

At the in-patient departments of a hospital life begins early in the morning. The nurses on duty take the patients' temperature, give them intramuscular and intravenous injections, take stomach juice for analysis, apply cups and give all the prescribed remedies in the doses indicated by the ward doctors.

The nurses keep all the drugs in special drug cabinets. All the drugs have special labels. The names of drugs are indicated on them. Patients are not allowed to take the medicines themselves because some drugs are poisonous, the over-dosage of some other drugs may cause unfavorable reactions and even death.

At about nine o'clock in the morning the doctors begin the daily rounds of the wards during which they examine all the patients. After the medical examination the doctors administer the patients different procedures: electrocardiograms are taken, laboratory analyses of blood, urine and gastric juice are made. Some patients are administered a bed regimen, others are allowed to walk; some are to follow a diet to relieve stomachache or prevent unfavorable results in case of stomach troubles. All the doctors always treat the patients with great attention and care. There is no doubt that such a hearty attitude of the doctors to the patients helps much in their recovery.

ТЕКСТ №3.

At the Chemist's

to fall (fell, fallen) ill заболеть

to feel rotten плохо себя чувствовать

to run a (high) temperature иметь (высокую) температуру, температурить

chemist's department отдел ручной продажи

prescription department рецептурный отдел

to order drugs заказывать лекарства

untoward reaction [ntəw :d] нежелательная реакция

powder [paudə] порошок

ampule [æmp(j)u:l] ампула

intravenous/intramuscular injections внутривенные/внутримышечные инъекции

healing ointment [intmənt] заживляющая мазь

to rub in втирать (мазь)

to relieve pain снимать (облегчать) боль

irritation [iri tei ən] раздражение

for internal use [in t :nl] для внутреннего употребления

sedatives седативные (успокаивающие) средства

sleeping pills снотворное

laxatives [læksətivz] слабительные средства

iodine [aiədi:n] йод

eyedrops глазные капли

If you have fallen ill or feel rotten, have a bad cough, if you are running a temperature and the doctor prescribed you some medicine, you should ask somebody to go to the nearest chemist's to have all prescriptions made up.

There are two departments in the chemist's shop where you go. At the chemist's department one can have non-prescribed or so-called over-the-counter medicines right away; other drugs have to be ordered at the prescription department.

At the chemist's all drugs are kept in special drug cabinets. Every small bottle or box has a label with the name of the medicine stuck on. The dose to be taken is usually indicated on a

signature or a label. As a rule, the directions for administrations of a drug are written on the signature. It is necessary for chemists, nurses, doctors as well patients themselves, so that they won't confuse different remedies, because some of them are poisonous and their over-dosage may cause untoward reactions and sometimes even death.

In the drug cabinets you can see small parcels of different powders, ampules with medications used for intravenous and intramuscular injections, tubes of healing ointments, which are rubbed in to relieve pain or skin irritation, different pills for internal use, sedatives and tonics, vitamins, sleeping pills, laxatives, bottles of iodine, eye-drops and so on.

Задание 4. Прочитайте бегло тексты, сравните системы медицинского образования в различных странах, найдите различия и представьте выводы в виде таблицы. (просмотровое чтение по теме «Медицинское образование в России и за рубежом»).

ТЕКСТ 1.

Medical Education in Russia

completed secondary education полное среднее образование

attendance посещение

compulsory [kəmˈpʌls(ə)rɪ] обязательный

residency ординатура

Any citizen of our country who has completed secondary education may apply to medical school. Applicants are required to take entrance competitive examinations in Biology, Chemistry and the Russian language. And those who obtained the highest marks are admitted.

The instructions at higher schools are given through lectures, group instructions and practical classes. Attendance of lectures and classes is compulsory.

The academic year is divided into 2 terms, at the end of which students pass a number of examinations and credit tests. The course of studies lasts 6 years and covers basic preclinical and clinical subjects. During the first two years students study physics, different kinds of chemistry, human anatomy, biology, physiology, histology, microbiology. Beginning with the third year clinical subjects are introduced. They are: all branches of internal medicine, surgery, gynecology, obstetrics, ophthalmology, infectious diseases and others. At the end of each year students have practical work at the hospitals, first as nurses and later as assistant doctors.

At the end of the course graduates take final examination which includes theoretical questions in internal medicine, surgery, obstetrics and gynecology. They are also to demonstrate their practical skills. After that they receive a diploma. Internship and residency enable graduates to gain experience or become narrow specialists. Post-graduate education may lead to obtaining an academic degree of Candidate of Medical Science.

ТЕКСТ 2.

Medical Education in Great Britain

tuition fee [tju: ˈi (ə)n] плата за обучение

wholly or in part [ˈhəʊlɪ] полностью или частично

Bachelor of Medicine [bæt (ə)lə] бакалавр медицины

thesis [ˈi:sɪs] диссертация

mastership магистерство

In Great Britain physicians are trained in either medical schools or faculties of universities. Entry to a medical school is highly competitive and the number of candidates is much higher than the number of places.

To enter a medical school in Great Britain candidates must pass entrance examinations which are both oral and written. Such subjects as chemistry, physics and biology or mathematics should be taken at the advanced level. Tuition fees are charged. Most students receive financial assistance in the form of grants, which cover their expenses wholly or in part.

The academic year is divided into 3 terms, each 10–11 weeks' duration. Undergraduate education occupies 5 years: two years of basic sciences and three years of clinical work.

During two pre-clinical years human anatomy, biology, physiology, biochemistry, genetics and other pre-clinical subjects are studied. Students attend lectures, do dissections and practical work in labs. Latin is not taught in all medical schools because English and Latin spellings are similar and it is possible to write out prescriptions in English too.

Beginning with the third year students study the methods of clinical examination and history taking, general pathology, microbiology, pharmacology and community medicine. Senior students and especially undergraduates spend most of their time in teaching hospitals, which have both in-patient and out-patient departments, or units. Daily bedside instructions are given by teachers and doctors. Students follow up their patients, attend ward rounds, demonstrations, clinical conferences and lectures in clinical subjects.

At the end of each term or special course students take exams, which are called sessionals. Most of the exams are written.

Final examinations (or finals) include written tests and oral tests in diagnosing a case. After them graduates obtain degrees of Bachelor of Medicine or Bachelor of Surgery, which give the right to register as medical practitioners.

After that graduates work in hospitals for one year. This period is called internship. Then follows residency. Specialization in a definite field of medicine requires training in residency for one or two years.

The degree of Doctor of Medicine (M.D.) can be obtained as a postgraduate qualification by writing a thesis based on original work. Such a degree in surgery is called a mastership (M.S.).

ТЕКСТ 3.

Medical Education in the USA

curriculum [кə`rikjuləm] учебный план, учебная программа

affiliated [ə`filieitid] являться филиалом

obligatory [əb`ligət(ə)ri] обязательный, необходимый

After finishing his secondary studies, a candidate for medical school must complete at least three years of higher education in a college or university.

This period of college or university studies is called "the pre-medical phase".

Academic achievements are the most important factor in the selection of students. In most medical schools, candidates are required to pass the admission test. This is a national multiple-choice test. The test lasts about eight hours over a one-day period and includes questions in biology, chemistry and English.

Basic medical sciences are presented largely during the first two years of medical studies. In the first-year students study anatomy, biophysics, biochemistry, physiology, histology and other subjects. In the second year they study microbiology, pathology, physical diagnosis, pharmacology and laboratory diagnosis.

During the two final years the curriculum consists of clinical subjects. Medical students have practical work at teaching hospitals affiliated to the medical school. Students in small groups meet their teachers in the wards and in the out-patient departments where they participate in the treatment of patients.

At the end of the fourth year all students receive the Degree of Doctor of Medicine, that is M.D., then they must work for one year as interns. This course at the hospital or clinic is called internship.

The period of residency is obligatory for all medical graduates. It lasts three or four years. After the residency a graduate is granted a license to practice and he may work either in the government service or have private practice.

Задание 5. Выполните перевод текста (изучающее чтение по теме «Система здравоохранения в России и за рубежом») и подготовьте сообщение по теме.

ТЕКСТ 1.

Health Service in Great Britain

health care/service здравоохранение

health care system система здравоохранения

charge [t a:d] плата

general practitioner (GP) [præk`ti ənə] врач общей практики

pathogenesis [pæθ `d enisis] патогенез

psychiatry [sai`kaiətri] психиатрия

walk-in centers медицинские центры, принимающие больных без предварительной записи

advantage [əd`va:ntid] преимущество

impact (on) [`impækt] воздействие (на)

Health Service in Great Britain is ruled by the National Health Service Act which was brought into operation in 1948. Most medical treatment in Great Britain is free but charges are taken for drugs, spectacles and dental care. 97% of patients use National Health Service (NHS), but private doctors and hospitals are very important too. Moreover, a patient can take one part of his treatment with the service, the other privately. Not all the patients need highly specialized attention and a general practitioner (GP) does the main work. Such doctors are sometimes called family doctors. They deal with 90% of all medical work. Patients as well as doctors may choose between private and national services, and change one for the other at any time. As to the hospitals, they are often rather small and old and can't provide a full range of services required. Now the so-called Health Centers are very popular in the United Kingdom. The first one was opened in Scotland in 1953. Health Centers provide opportunities for hospital specialists and GPs. They contain all the special diagnostic and therapeutic services such as electrocardiography, X-rays, physiotherapy there. Family doctors have access to hospital type resources and have a close contact with hospital doctors. There may be consultant services in general medicine and surgery, psychiatry, ear-nose-throat diseases, obstetrics and gynecology and orthopedics in the centers too. Health Centers are the basis of primary care and an integral part of a unified comprehensive health service in the country.

In attempt to improve medical service, in April 1999 the Department of Health authorized fundings for a pilot scheme of 40 NHS walk-in centers in 30 towns and cities across England, the first of which opened in January 2000. By September 2001, 39 NHS walk-in centers had opened, providing health information and treatment for minor illness and injuries. The overall aim of walk-in centers is to improve access to high quality health care in a manner that is both efficient and supportive of other local NHS providers. The claimed advantages are that centers improve access to health care through wide opening hours (usually from 7 a.m. to 10 p.m. every day), a convenient location, and minimal waiting without an appointment. Walk-in centers are led by nurses, supported by software for clinical assessment. NHS walk-in centers are highly variable in their premises, staffing and service provision. Though the number of people visiting the centers is gradually increasing, yet they were set up as a pilot initiative and are subject to

evaluation from the point of view of their impact on patients and other local health providers, as well as their appropriateness, efficiency and quality of care provided.

ТЕКСТ 2.

Health Care in Russia

prophylaxis [pr fi'læksis] профилактика

unit отделение в стационаре, специализированный кабинет в поликлинике

district doctor участковый врач

emergency ambulance service [i'mæ:d (ə)nsi] скорая (неотложная) помощь

to do research (into the problem...) проводить научные исследования (по проблеме...)

primary medical care первичная медицинская помощь

to provide medical care оказывать, предоставлять медицинскую помощь

private medical practice частная медицинская практика

medical insurance медицинское страхование

coronary artery bypass grafting аорто-коронарное шунтирование

percutaneous transluminal coronary angioplasty чрескожная транслюминаль-ная коронарная ангиопластика

The most distinctive feature of the character of health care in Russia is the attention paid to prophylaxis. One of the main tasks in the fight against various diseases is the early detection of the first signs of disease. Much attention is paid to the health education of the population. For this purpose the press, cinema, radio, and television are very helpful.

The primary medical care is provided by polyclinics. Polyclinics are large medical centers employing many doctors and nurses. Polyclinics have their own laboratories and X-ray, physiotherapy, surgical and dental departments. Some have even radiotherapy units. There are polyclinics for the adult population of a given area and polyclinics for children. Ambulant patients are seen at the polyclinic by district doctors. Patients who are seriously ill are visited by their district doctor. Thus, the work of a district doctor is made up of 3 hours seeing patients at the polyclinic and 3 hours in visiting patients in their homes.

The emergency ambulance service operates day and night and is free of charge. In case of an emergency condition, one has to dial 03 for a doctor to come. The ambulances are equipped with diagnostic, respiratory, and anesthetic apparatus, as well as blood-transfusion and other devices, which enable the doctor to give emergency surgical and medical treatment.

In Russia there are specialized hospitals for treatment of particular diseases – infectious and psychiatric diseases, cancer, and eye (ophthalmological) diseases and others.

At present in Russia there have emerged a number of private diagnostic and consultation centers, general hospitals and specialized clinics. Medical and health care is provided in line with compulsory and voluntary medical insurance programs set up by the state via private insurance companies.

As for the problems facing medical science in Russia, medical research is concerned with the prevention and treatment of cardiovascular, and oncological diseases, as well as infections, HIV and TB in particular. Medical scientists are doing research into the problems of gerontology, medical genetics, immunology and the development of artificial organs. Modern non-invasive/minimally invasive technologies of the surgical treatment of ischemic heart disease have been introduced, among them coronary artery bypass grafting, percutaneous transluminal coronary angioplasty or intracoronary stenting.

ТЕКСТ 3.

Health Care System in the USA

Intensive care unit отделение реанимации

emergency room (unit) отделение оказание неотложной помощи

Health system in the USA exists on three levels: a family doctor, hospitals and US public Health Service.

A family doctor, or a private doctor, gives his patients regular examinations and inoculations. Not many patients need the help of a narrow specialist, and a family doctor usually copes with routine problems. But if a professional care is needed, he can arrange consultations or a hospital for his patients. The family doctor receives pay directly from the patient. Most physicians have private practices. They make use of the hospital facilities whenever necessary. A family doctor can join several other doctors and work in a team or in a so-called group practice.

Many Americans have no family doctor and they come directly to the hospital for all their medical needs.

The hospital provides health care to the sick and injured. There are government-financed and private hospitals in the USA. Hospitals or clinics are staffed by consulting physicians, residents, interns and highly skilled nurses. The nursing staff is very important. Social services are available to help solving personal, emotional and financial problems that may arise from continued illness or disability.

Most hospitals have at least the following departments or units: surgery, obstetrics and gynecology, pediatrics and general medicine. They may also have trauma and intensive care units, neurological, renal care and psychiatric units. The emergency room (unit) is a very special area in the hospital, where emergency patients receive immediate attention.

Medical care in the USA is very expensive. Two thirds of the population have private health insurance. Most employers and their families now pay more than 50% of the costs of health insurance as there were a lot of people who could not pay for their insurance. Therefore, the federal government developed two health insurance programs: Medicaid and Medicare. Medicaid started in 1966, provides free medical care for people with low income, the aged, the blind and dependent children. Medicare, started in 1967, provides free medical care for aged Americans over 65, for those who in the past had great medical expenses.

Nowadays American medicine is facing the problems of cardio-vascular diseases and cancer. Also, the medical research is done on illnesses of aging disabilities caused by arthritis, mental diseases, drug addiction and genetic problems.

ТЕКСТ 4.

**Health Care System in the USA
(Additional material)**

shortage [ˈʃɔːtɪdʒ] нехватка, недостаток
surplus [ˈsɜːplʌs] избыток, излишек
urban [ˈɜːbən] городской
suburb [ˈsʌbːɜːb] пригород, окрестности
rural [ˈruː(ə)rəl] сельский
health insurance медицинское страхование
cope with ... справляться с...

The health care system in the US today is in a period of rapid change on many different fronts. One example is the distribution of medical services. By the mid-1980s, the US no longer faced a shortage of physicians. There was, in fact, a developing surplus of medical doctors. But physicians often prefer to practice in urban areas or comfortable suburbs. As a result, many inner-city areas and rural communities still lack sufficient physicians and adequate medical facilities.

As the number of medical specialties has grown in recent years, patients sometimes have found it frustrating to deal with a number of different physicians for differing ailments, rather than with the traditional family physician. Medical schools have responded by creating a new

specialty – family medicine. Such family physicians can diagnose and treat many kinds of illnesses, though they also send patients to specialists when necessary. Not every medical problem requires a highly trained specialist, or even a physician. In some communities, physician's assistants, working with medical doctors, perform some routine medical procedures. Nurse midwives manage normal pregnancies and deliveries, calling upon obstetricians only if problem develops.

There is another change in American medical practice. Profit-making corporations are playing an increasingly large role in providing medical care, and a number of private, "for-profit" hospitals are growing. Private companies also compete for contracts to run public hospitals for a fee, promising more efficient and cost-conscious management. But can profit-making corporations deliver more economical and higher quality medicine? Or do they simply draw patients with sufficient funds or health insurance away from non-profit and public hospitals, leaving these institutions to cope with the poorest and sickest patients?

Many people feel that differences in the way people live account for much of the health gap between rich and middle class and the poor. Would spending less money on advanced medical treatments increase the amount available for better nutrition, pollution controls, safety devices, campaigns to increase exercise and cut back smoking, and other preventive measures? Should people be held responsible for habits and behavior which make them sick? The answers are by no means clear-cut. Americans are in agreement on one central point: Quality, affordable health care must be available to everybody in the country in which more than 11% of the Gross National Product is spent on medical services of all kinds.

3.1.2. Контролируемый раздел дисциплины «Письменная профессиональная коммуникация»

Задание 1. Составьте аннотацию к прочитанному тексту (статье)

АННОТАЦИЯ **Annotation**

Клише для введения

This text concerns the problem of ... (the question of ...)	Текст касается проблемы ... (вопроса ...)
The title of the article/text is ...	Название статьи/текста – ...
The article deals with ...	Статья рассматривает вопрос ...
The text/article/report/paper/issue is devoted to ...	Текст/статья/доклад/статья/издание посвящен(а) ...
The paper is about ...	Статья повествует о ...
The problem(s) of ... is (are) presented/ discussed/ revealed/suggested/reported	Представлена(ы)/обсуждается(ются)/ показана(ы)/предлагается(ются)/ сообщается(ются) проблема(ы) ...
The main purpose of the article is to show	Главная цель статьи – показать ...
The aim/object/goal of the investigation is to reveal/confirm ...	Цель исследования – показать/ подтвердить ...

Клише для основной части

The text/article/paper/author tells us about (the problems of ...)	Текст/статья/автор рассказывает нам о (проблеме ...)
The text/article/paper/author presents gives a description of	Текст/статья представляет даёт описание

		describes		описывает	
		suggests the solution		предлагает решение	
		shows		показывает	
		reveals		показывает	
		reports		сообщает	
		covers		охватывает	
The	role problem importance method	of...	is	described reviewed considered discussed shown given examined studied investigated explored evaluated	Описывается Рассматривается Обсуждается Изучается Исследуется Определяется
					роль проблема важность метод
It informs us about ...				Статья (текст, т.п.) информирует нас о ...	
It illustrates ...				Статья (текст, т.п.) иллюстрирует...	
Great attention is given to the question(s) of ...				Огромное внимание уделено вопросу(ам) ...	
Particular attention is given/paid to ...				Особое внимание уделено ...	
The author considers ... to be of great importance				... автор считает очень важным	
It is necessary to underline/emphasize that ...				Необходимо подчеркнуть, что ...	
... is known to be the subject of particular active studies				Известно, что ... является предметом пристального изучения	
The author raises the question of ...				Автор поднимает вопрос о ...	
The most striking observation is that ...				Самое поразительное наблюдение состоит в том, что ...	
To assess the significance of these findings one must ...				Чтобы оценить значение этих данных, нужно ...	
The author has clearly shown (that) ...				Автор ясно показал, что ...	
As far as ... is concerned, we may say ...				Что касается ... , нужно сказать, что ...	
It is worth mentioning that ...				Стоит заметить, что ...	
From the point of view of the author/our scientists ...				С точки зрения автора/наших учёных ...	
With regard to ...				Что касается ...	
The author reports the instance of ...				Автор сообщает о случае ...	
The author also believes that ...				Автор также полагает, что ...	
Different aspects/factors affecting ... are also included				Также включены различные аспекты/факторы, влияющие на ...	
The author tries to draw one's attention to the fact ...				Автор пытается привлечь ч.-л. внимание к факту ...	

Клише для заключения

The article is useful/ valuable/of interest/interesting for...	Статья полезна/интересна для ...
The paper is/may be recommended to ...	Статья рекомендована/может быть рекомендована ...
The present data suggest that ...	Настоящие данные говорят о том, что ...
The author comes to the conclusion that ...	Автор приходит к выводу, что ...
Finally/At last	Наконец, ...
In summary	В общем, ...
This text is an excellent approach to the problems of treating/preventing ...	Данный текст является прекрасным подходом к проблеме лечения/ предотвращения ...
It is a student-oriented text	Текст ориентирован на студентов
The paper serves as a deep source of information for ...	Статья служит серьёзным источником информации, касающейся ...
This text will provide interesting/invaluable/useful reference for scientists, dentists, ...	Настоящий текст предоставляет интересную/ценную/полезную информацию для ученых, стоматологов, ...
The book can serve as a valuable teaching tool for students and scientists.	Книга может служить в качестве полезного обучающего средства для студентов и ученых.
Reflecting the latest advances in this field, this paper will prove invaluable to a wide readership.	Отражая самые последние достижения в этой области, настоящая статья окажется полезной для широкого круга читателей.
Primarily intended for specialists in the nuclear medicine field, this volume will also be of considerable interest to clinicians, including cardiologists, oncologists, ...	Первоначально предназначенное для специалистов в области радиологии, настоящее издание вызовет также значительный интерес у практикующих врачей, включая кардиологов, онкологов.
The article is addressed to everyone involved in internal medicine, pediatrics, intensive care and emergency medicine.	Статья адресована всем, кто занят в терапии, педиатрии, интенсивной терапии и неотложной медицинской помощи.
This volume provides state-of-the-art information about ... for both clinicians and clinical researchers.	Данное издание предоставляет информацию о современном состоянии развития ... как для практикующих врачей, так и для клинических исследователей.

Задание 2. Напишите резюме / CV по образцу**Sample RESUME / CURRICULUM VITAE****PERSONAL DETAILS**

Family Name	Shirova
First Name	Marina
Mr / Mrs / Ms / Miss	Mrs

Date of Birth	20.02.1995
Marital Status	Married
Nationality	Russian
Home address	15 Gorky St., Nizhny Novgorod, Russia
Telephone:	
Mobile	+7 9006058786
Office	+7 (831)4854112
Home	+7 (831)4880070
E-mail:	<u>Shirova_m@mail.ru</u>

EDUCATION

2019 - current period

N.I. Lobachevsky State University of Nizhny Novgorod, Biology Department, Postgraduate in Biophysics

2011 - 2017

N.I. Lobachevsky State University of Nizhny Novgorod, Biology Department

EMPLOYMENT

September 2017- current period

Institute of Fundamental and Applied Medicine, Privolzhsky Research Medical University, junior researcher

MEMBERSHIP

2020 – Member of ESP (European Society for Photobiology)

LANGUAGE

English – intermediate

CONFERENCE PARTICIPATION

- Scientific practical student conference, Department of Biology, N.I. Lobachevsky State University (Nizhny Novgorod, Russia, 2016)
- International conference “Nanotechnology in oncology” (Moscow, Russia, 2018)
- European Conference on Biomedical Optics (Munich, Germany, 2019)
- International Spring School “Biophysics and Bioelectrochemistry for Medicine” (Cisnădioara, Romania, 2019)
- VII Oncology International Congress (Moscow, Russia, 2019)
- Medical Forum (Nizhny Novgorod, Russia, 2020)
- IX International conference “Domestic anticancer drugs” (Nizhny Novgorod, Russia, 2020)
- 2019 ESP Photobiology School (Brixen, Italy, 2019)

HONORS AND AWARDS

- Diploma for the best report in the workshop. The VII Scientific session “Modern scientific problems in medicine” (2018)
- Diploma for the best report in the workshop. The VII Oncology International Congress (2019)

PUBLISHED PAPERS

- V. E. Zanova, G. A. Oreva, V. I. Balaeva, U. M. Kirin, A.V. Kamsky, L. M. Burova, **A. M. Shirova**. Gold nanoshells for OCT imaging contrast: From model to in-vivo study // Proceedings of SPIE, Vol. 6865, 6865 K, (2018)
- U. Kirin, **A. Shirova**, L. M. Burova, C. Khlov, V. Zanova. Contrasting properties of gold nanoshells and titanium dioxide nanoparticles for optical coherence tomography imaging of skin: Monte Carlo simulations and *in vivo* study // Journal of Biomedical Optics 14(2), 021017(2019)
- **A. M. Shirova**, V. E. Zanova, D. P. Agova, A.V. Kamsky. Detection of nanoparticles accumulation in biological tissues by optical coherence tomography in vivo // Proceeding of SPIE V.7188, 71880L (2019).

RESEARCH INTERESTS

- Optical coherence tomography
- Experimental oncology
- Light-tissue interaction
- Plasmon-resonant nanoparticles
- Optical diffuse tomography
- Fluorescence imaging

OTHER SKILLS AND QUALIFICATIONS

- computer literate (Microsoft Office 2010, Adobe Photoshop CS3, Corel Draw) (since 2016)
- organizational abilities of scientific conferences (since 2018)
- driving license (since 2018)

INTERESTS

- Drama, Opera and Theater.
- Cycling, skating, swimming, billiards, picking up puzzles.

GENERAL

- A skilled young scientist with a high motivation for scientific research.
- A hard worker and a creative person with a strong sense of responsibility.
- Adventurous, optimistic, reliable and punctual.

Задание 3. Подготовьте стендовый доклад (постер)**The Contents of Your Poster**

- | | |
|--|------------------------------------|
| 1. Title. | 5. Materials and methods. |
| 2. Authors and corresponding affiliations. | 6. Discussion. |
| 3. Poster number. | 7. Results (in figures and tables) |
| 4. Introduction. | 8. Acknowledgements etc. |

Before Attending the Conference

1. **Prepare a one-minute pre-poster overview and a short presentation** (several minutes) that you can periodically give to those assembled around your poster.
2. **Think about possible questions** (and answers) your audience may raise.

3. **Bring certain materials to repair** the posters after travelling if you think you may need, and **a disc** (or any common data storage device like a **USB flash drive**) with you.

At the Conference meeting

1. **Plan** to spend the entire session at your poster. **The short presentation** can be **periodically given** to those assembled around your poster.
2. **Bring your own pointer** and your own laptop / notebook.
3. **Notify** a member of the conference committee **if your equipment needs change**.

The Title Banner

1. **THE TITLE** should convey the “**issue**”, the **approach** and the **system** (organism); needs to be catchy in order to “reel in” intoxicated passersby (maximum length: **1-2 lines**).
2. **CAPITAL** letters are about **25 mm high** (for **the title, of the authors names, the institutional affiliations and the poster number**). Do *not* typeset the title in ALL capital letters (such text is difficult to read).
3. **The title banner** should be **readable** from **5-7 m** away. Use a **72-point type (pt)**, as **Times New Roman** or **Arial** fonts.
4. **First names** for authors should be included, if space permits, to facilitate interactions. **Middle initials** and titles are seldom necessary.
5. **Abbreviations** are used where possible (Univ. = University).
6. **City names** or even states, often may be dropped from the institutional affiliations.
7. **Small words** such as *of, from, with, to, the, a, and* are used to separate details in the title.

Introduction

1. **An Abstract** should not be included on a poster. If for some reason you are forced to include an abstract section on your poster, do not make your abstract long: aim for **50 words or less**.
2. **An Introduction** needs the absolute minimum of background information and definitions. It is good to use a photograph in this section (maximum length: **~ 200 words**).

Materials and Methods

Briefly describe experimental equipment and methods, use **figures, tables and flow charts**. Include **photograph** or labeled drawing of organism; mention **statistical analyses** (maximum length: **~ 200 words**).

Results

First, mention **whether experiment worked**; in same paragraph, briefly describe **qualitative and descriptive results**; in second paragraph, begin presentation of **data analysis** that more specifically addressed the hypothesis; refer to **supporting charts or images**; place **tables with legends** (maximum length: **~ 200 words**).

Conclusions

Remind the reader of **hypothesis and result** and quickly **state** whether your hypothesis was supported; **discuss** why your results are conclusive and interesting (maximum length: **~ 300 words**).

Literature Cited

Follow standard format exactly. Find a journal article that supports your needed fact (maximum length: **~ 10 citations**).

Acknowledgments

Thank individuals for specific contributions to project (maximum length: ~ **40 words**).

Further Information

There will be people, who want to know more about your research and you can use this section to provide your **e-mail address** and perhaps a **URL** where they can download a PDF version of the poster (maximum length: ~ **20 words**).

The Poster's Background

1. Pay attention to “**contrast**” between **background color and text or figures**. The choice of a background (and complement) color is up to you. However **softer colors** (pastels, grays) **work best** as a background – they are easiest contrast for text, graphic and photographic elements.
2. You may use pieces of mat board to make a solid background for the entire poster. Then choose a **complementary color** as a border for **important elements** of the poster.

Poster Text

1. **Double-space** all text, using **left-justification** and **jagged right sides**.
2. **Use text sparingly**. State your **main result** in **6 lines or less**.
3. **The text** should be **readable** easily from at least **2 m away**.
4. **Downward the flow** of your poster **in columns** (3-5), from **TOP LEFT** to the **BOTTOM RIGHT**.
5. **Section headings** (Introduction, Methods etc.) – use **36 point (Boldface)**.
Supporting text (Intro text, figure captions etc.) – use **24 point (Boldface, if appropriate)**.
6. **Narrative details should be brief** (no smaller than **18 point** in size and printed **in plain text**).
7. **The conclusion text** – you may consider using a larger size – **36 pt**. **The Methods text** – **18 pt**.
8. **An acknowledgement section** – **14-18 pt**.
9. **Blocks of the text** are fit onto a **single page**. This simplifies cutting and pasting when you assemble the poster. Use **28x 35.5 cm** paper in the **landscape** mode printing text blocks.
10. **Options for fonts** include Helvetica, Arial, Geneva, Times New Roman, Palatino, Century Schoolbook, Courier and Prestige. They represent a range of letter spacing and letter heights.
Keep in mind that characters **without curlicues** or other embellishments are easiest to read.
11. **Be consistent**. Use **one font** throughout the poster. **Add emphasis** by using **boldface, underlining** or **color**.
12. **Use arrows** to lead your viewer through the poster.
13. **Italics** are difficult to read!
14. **No large blocks of text**. **No long sentences**.

Illustrations

1. **The clarity** of the illustrations **is the success**. **Self-explanatory graphics** should dominate the poster.
2. **Graphs and photos** should be **visible easily** from a minimum distance of **2 m**.
3. **2-3 colors** for emphasis are preferable. Overuse is not valuable.
4. **A minimum amount of text** materials should supplement the graphic materials.
5. **Regions of empty space** between poster elements are used to differentiate and accentuate these points.

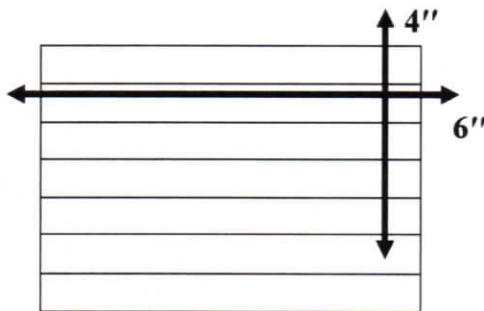
AVOID common mistakes!

- too long poster
- densely packed
- more than 1000 words
- blocks of text longer than 10 sentences
- underlining (use *italics* instead)
- red and green together
- wrong fonts
- not checked and corrected (by yourself, your English teacher or a native speaker of English).

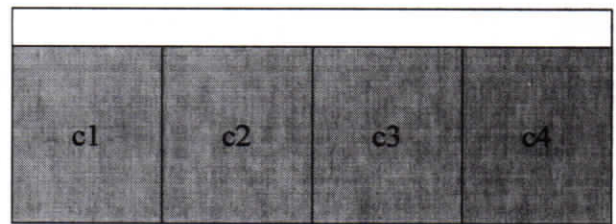
* * *

A Sketch of the Poster

1. The elements of the poster in position:



2. A series of columns:

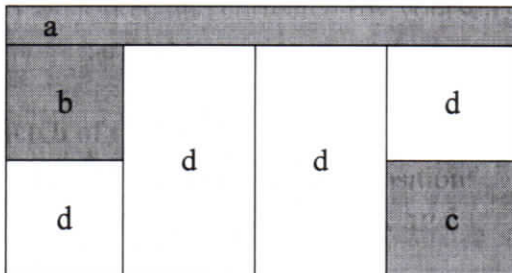


3. The title (a)

A brief introduction (3-5 sentences) (b)

Conclusions (c)

Methods and Results (d)

The poster should **QUICKLY** orient the audience to the subject and purpose.

A good test:

- **20 seconds to recognize** the subject and purpose of seeing the poster.
- **3 to 5 minutes to glean** your message of all the text.

Постеры выполняются обучающимися индивидуально с учетом специфики научной и проектной работы обучающихся.

Задание 4. Заполните медицинскую документацию.

The form to be completed when interviewing a patient

SURNAME		FIRST NAME	
AGE	SEX	MARITAL STATUS	
OCCUPATION			
PRESENT COMPLAINT			

O/E General Condition
ENT
RS
CVS
GIS
GUS
CNS
IMMEDIATE PAST HISTORY
POINTS OF NOTE
INVESTIGATIONS
DIAGNOSIS
MANAGEMENT

An example of a completed form:

SURNAME Jameson	FIRST NAME Alan
AGE 53 SEX M	MARITAL STATUS M
OCCUPATION Carpenter	
PRESENT COMPLAINT Acute backache referred down R sciatic nerve distribution. Began 6/52 ago and became more severe over past 2/52. Affecting work and wakening him at night. Also, c/o tingling in R foot. Wt loss 3 kg. Depressed.	
O/E General Condition Fit, well-muscled	
ENT	NAD
RS	NAD
CVS	Normal pulsations at femoral popliteal, Posterior tibial + dorsalis pedis
GIS	NAD
GUS	NAD
CNS	Loss of lumbar lordosis, spasm of R erector spinal. Straight leg raising R restricted to 45°. Reflexes present & equal. Neurol-depressed R ankle jerk.
IMMEDIATE PAST HISTORY	

Paracetamol helped a little with previous intermittent back pain.	
POINTS OF NOTE Carpenter – active work 1.78 m, 68 kg – tall, slightly-built	
INVESTIGATIONS X-ray – narrowing of disc space between lumbar 4 & 5. Myelogram – posterior lateral herniation of disc.	
DIAGNOSIS	Prolapsed intervertebral disc.
MANAGEMENT	Dihydrocodeine 2 q.d.s p.c. Physio

Other possible variants of completing the form:

ENT	wax ++ both sides
CVS	P 80/min reg. BP 180/120 HS normal
INVESTIGATION	Urine negative for sugar and albumin
DIAGNOSIS	? hypertension
MANAGEMENT	See 2/12

Etc.

List of abbreviations and terms used in the form:

MARITAL STATUS: (variants of answer)

M – married
D – divorced

S – single
W – widow(er)

c/o – complains of
c – with

O/E – on examination

ENT – Ear, Nose, Throat

RS – Respiratory System

CVS – Cardiovascular System

GIS – Gastrointestinal System

GUS – Genitourinary System

CNS – Central Nervous System

IMMEDIATE PAST HISTORY – анамнез

POINTS OF NOTE – замечания

MANAGEMENT – лечение

R – right

L – left

Wt – weight

NAD – Nothing abnormal detected

q.d.s – four times a day

p.c. – after food

6/52 – for six weeks (similarly 3/7 = three days, 2/12 = two months)

P – pulse

reg. – regular
 BP – Blood pressure
 HS – Heart sounds
 ? – query / possible

Задание 5. Прочитайте текст и ответьте на вопросы по содержанию текста.

***At the Conference. Welcome to the 2nd World Congress on Pain, Boston, USA
 May 8 – 16, 2022***

The International Association for the Study of Pain (IASP) is pleased to welcome you to its World Congress on Pain in Boston. The 9th World Congress on Pain held in Paris, France, 2020 was a huge success. Neuroscientists, physicians from many disciplines, psychologists, dentists, nurses, physical therapists and other health care providers will meet, discuss and interact for one week to improve our understanding of pain. This World Congress is believed to have all the possibilities for being as successful as the 8th.

The Scientific Program Committee has created an appealing program that attempts to cover many aspects of pain focusing on those areas where exciting innovations have been made. We are sure that the program, containing plenary lectures, topical workshops, poster sessions and refresher courses will be attractive to many.

Plenaries: Beginning at the general level, “Pain in Society” will be dealt with in three lectures covering: *Culture and Pain*, *The Epidemiology of Persistent Pain*, and *Low Back Pain* with an overview of the cultural and society influences on pain conditions.

Five lectures will cover the questions of the transition of pain from the acute to the chronic state. This session is fundamental to the mission of IASP by bringing together basic scientists as well as clinicians to try to solve complex problems.

Two interesting plenary lectures will scrutinize *Agonists and Antagonists of Nociception* and the exciting new field, *Neurotrophic Factors and Pain*.

Musculoskeletal pain, a major problem in society, where our knowledge about basic mechanisms and how this condition is diagnosed is limited, will also be discussed in two plenaries.

In a session on innovations in assessing persistent pain, three areas will be highlighted: *Validity of Observational Measures*, *Quantitative Sensory Testing* and *The Epidemiology of Pain*.

As in the last congress several special lectures will be included in the Congress: *Effects of Pain in Infants*, a challenging lecture on *The Role of Imaging Techniques in Studying Pain* and an increasingly important topic in many societies: *Pain in the Elderly*.

Topical workshops: During the Congress approximately 70 topical workshops – many of them proposed by IASP members – will be presented. These topical workshops will in an informal way address almost every aspect of pain. The interaction between presenters and the audience is a major component of these sessions.

Posters: A significant part of the Congress will be the many free communications (approximately 1000 abstracts have been received) submitted by members of IASP and others. On each congress day posters will be displayed from 9:30 a.m. until 6:00 p.m. and the time for discussion is from 1 p.m. to 3 p.m. Posters will be displayed in the splendid exhibition hall of the convention center. It is the hope of the scientific program committee that the poster area will be a hub of activity and discussions during the 6 days of the Congress.

Refresher courses: On Saturday, May 8th before the start of official Congress sessions, the IASP Committee on Education has organized several refresher courses. Participants will have the opportunity to learn about: *Pain Assessment and Management in Nursing*, *Acute Pain Management*, *Cancer Pain: Basic and Advanced Principles*, *Pharmacology of Pain Control*.

IASP will publish the proceedings of the congress, which will include plenary lectures and selected papers from submitted abstracts containing new and exciting findings.

The scientific program committee believes that the 2nd World Congress provides an excellent opportunity for researchers and clinicians from all countries to join in the study of pain. We are looking forward to seeing you in Boston.

On behalf of the Scientific Program Committee.

James R. Jonson
Chair

a) Answer the questions.

1. When and where will the 2-nd World Congress on Pain be held?
2. What health care providers will meet at the Congress?
3. What topic will the Congress be devoted to?
4. Has the Scientific Program Committee created an appealing program?
5. What does the program contain?
6. What will the plenary lectures scrutinize?
7. What will be highlighted in a session on innovations?
8. How many topical workshops will be presented during the Congress?
9. Where and when will posters be displayed?
10. What will the participants learn about at the refresher Courses?
11. Will the proceedings of the Congress be published?
12. What will the proceedings include?

3.1.3. Контролируемый раздел дисциплины «Устная профессиональная коммуникация»

Задание 1. Подготовьте сообщение по теме «Актуальные проблемы современной медицины»

Health Care Challenges

on the average [ˈævərɪd] в среднем

artificial [ɑːtiˈfi (ə)l] искусственный

mortality rate смертность

who cannot afford ... [əˈf :d] кто не может себе позволить ...

Although Americans, on the average, are healthier and live longer today than ever before, a number of challenges still confront the medical care system in the USA. While advanced technology can provide artificial hearts or transplanted kidneys to a few at a high cost, others still suffer from diseases, such as tuberculosis, that medicine already has “conquered”.

Older Americans are one of the fastest growing segments of the population. About 5% of the elderly population live in nursing homes. Many suffer from Alzheimer’s disease, an increasingly common ailment that affects the brain, leaving its victims mentally confused and hard to care for. Other patients, who might have died in previous years from strokes and other ills, live on; but they suffer from speech and memory defects, paralysis and other disabilities. As Americans have grown more aware of the specific health needs of the elderly, the field of gerontology, the study of the aging process, has attracted increasing numbers of physicians. Medical research has focused on this health issue as well, notably with the establishment of the federal government’s National Institute on Aging.

The nation’s infant mortality is also a concern. The number of infants per thousand live births who died before their first birthday remains higher for the US than for several other industrialized nations. Health authorities agree that better nutrition and prenatal health care could substantially lower the infant mortality rate among blacks and other minority groups.

Research in recent years has made it clear that much disease is the result of the way people choose to live. Money spent to persuade people to lose weight, exercise regularly, eat more healthful foods and stop smoking can often provide greater benefits for more people than the most advanced medical technologies. For example, studies have linked a significant drop in the rate of lung cancer to a nationwide decline in cigarette smoking.

Another severe challenge to the health care system is Acquired Immune Deficiency Syndrome, or AIDS. This worldwide disease, first reported in the US in 1981, is caused by a virus spread by sexual contact, needle sharing, or exchange of blood. Since 1981, more than 83,000 Americans have died of AIDS. Scientists and pharmaceutical companies are working on vaccines to prevent this disease and medicines to treat it. But cure has not been found yet.

In addition to the grief and pain caused by this disease, it has strained the system because many AIDS patients do not have adequate health insurance. Some are cared for by friends and relatives or at clinics run by churches and other groups. Others are treated in hospitals under the Medicaid program.

The US also confronts the problem of those who cannot afford private health insurance and yet are not eligible for either Medicaid or Medicare. One estimate is that more than 30 million people or 1 in 7 Americans have no health insurance during at least part of the year. These may be individuals who are unemployed for a time, families close to the poverty line or those living in remote rural areas. Such individuals can go to public hospitals, where they can always receive treatment in an emergency, but they often fail to obtain routine medical care that could prevent later chronic or serious illness.

Задание 2. Ответьте на вопросы по теме:

Примерные вопросы к собеседованию по теме «Научная и профессиональная деятельность обучающегося»

1. Do you do any research?
2. What is your medical specialty?
3. What is the subject of your research?
4. Is your supervisor a highly skilled psychologist?
5. Is your supervisor a highly experienced scientist?
6. In what field of psychology is he famous for his investigations?
7. Is your supervisor the author of any books?
8. At what problem do you work under his guidance?
9. Do you have all the necessary equipment to carry out your research?
10. What medical equipment and instruments do you use in your investigations?
11. What equipment do you use for carrying out experiments and tests?
12. Do you use computers to record and analyze the data?
13. Is the subject matter of your research of great importance? Why?
14. What is the purpose of your research?
15. Have you published any articles devoted to your research?
16. What parts does your report consist of?
17. What part discusses the introductory account of the theory?
18. What part deals with the methods of research?
19. What part presents a detailed account of the experiment results?
20. When are you going to make a report?
21. Does your research present a new trend in psychology?
22. Does the paper include the description of a new method?
23. Is it important to read journals in your field?
24. Is it important to test the results?
25. How do you get information in your field?
26. Is your new research project under way?
27. When you read a research article, which section do you read first? Why?
28. What are the main problems encountered in designing a research study?
29. What research study are you interested in?
30. What makes a good presentation of a material, in your opinion?
31. Have you participated in any Conference?

32. Where was the Conference held?
33. Was the Conference a success?
34. Did the Programme Committee create an appealing programme?
35. Did the programme contain plenary lectures, topic workshops, poster sessions and refresher courses?
36. What topical workshops were presented during the Congress?
37. How many posters were displayed?
38. Was the poster area a hub of activity and discussions during the days of the Congress?
39. What refresher courses were organized?
40. What did the participants learn about?
41. Did you submit abstracts containing new and exciting findings?
42. Did the committee publish the proceedings of the congress?
43. What did the proceedings of the congress include?
44. Under whose presidency was the Congress held?
45. What was the number of registered participants and guests of the Organizing Committee?
46. Who was the main speaker of the session?
47. Were pre-prints of the main congress lectures and of the contributions available to participants before meeting?
48. Where were the participants of the Congress accommodated?
49. Was a scientific exhibition arranged at the Congress?
50. Did you make a presentation at the Congress? Was it effective?

Задание 3.

Подготовьте сообщение по теме своей специальности и научного исследования

First, let me introduce myself. My name is... I am a Master degree student at the department of ... My scientific advisor is Prof.... I work under the guidance of professor... My tutor is The research I am doing now is a part of a bigger work../ within the framework of the academic research conducted by professor.../a group of scientists...

I work in the field of

My major interest is in the field of....

I am currently doing my master's degree in studies. I decided to get my master's degree in ... My main motivation for getting my master's degree was that I wanted to ... I major (*specialize*) in the field of ... The **title** of my future thesis is.... **The subject of my research** is ... Let me now go into some detail regarding the subject I have mentioned. I began with the study of literature on the subject including some basic works written by...I have used many different **sources of information** such as ...These problems ... are widely discussed in literature. **The object of my research** is the operation (behaviour/ processes) ofThe immediate **aim (goal/objective)** is to examine the function (behaviour/ dynamics) of ...The main **aims** of my research work and the tasks to fulfill are ...The main purpose/goal/aim of it is...to find out/to define/to characterize/explore/ to investigate/to analyse/to gain/..... It is aimed at A current study in our laboratory is addressing the question of The focus of my research is on the relationship between and It is very important and interesting to examine (analyze/ evaluate/ describe) the complex interaction between ... and I set myself a **task** to/of... the tasks that face us /that we are faced with/are as follows.... Its objectives are the following: **The methods and techniques** we apply in this research include experiments (observations, laboratory tests, field and pilot plant study) The experimental part of my research will mostly consist of tests to be conducted on ... The most challenging problems I have faced with are ... My study deals in the problems of.../is devoted to the investigation of... It touches upon the problems of... Earlier studies of this subject show that the problem has not been yet properly explored. I consider my work to be **relevant** nowadays because ... Some of most recent **results** of

the research in ... make use of the and the theory of.... The results may be constructed into a theoretic framework that I am going to describe by systemizing the data obtained in the experiments (observations). I think they will be of considerable **practical significance**, because ...I expect to obtain the following **results** ... **In the future** I'm going to continue my studies and take a postgraduate course. **In conclusion** I would like to say that ...

Задание 4.

Подготовьте презентацию по теме своего исследования и специальности

Презентация научного материала

1. Getting Started

a). Opening Address

Hello. Thank you all **for coming**.

As you all know, I'm the Head of the Biology Department.

Let me first express our sincere thanks to you for accepting our invitation and for participating **in** the present meeting.

It is a great pleasure and a great honor for me to open this two-day International Symposium.

We are delighted to see that such a great number of distinguished scientists have accepted the invitation **to** this conference.

It's good to have Dr. Mogasser here.

I would like to thank the departments of Physics and Biology for sponsoring this symposium.

We are very grateful to Professor Bright and his collaborators for making this conference a reality. I **have the honor and pleasure today** of greeting you.

I wish you a pleasant stay at our meeting and a useful exchange of ideas and opinions.

I am very pleased to offer my best wishes for a successful conference.

Personally, may I wish you pleasant days here and many fruitful discussions.

I am sure you will find the opportunity for useful discussions.

I hope that you will also have a chance to see and experience Russia while you are here.

I'm sure we will achieve a clear understanding of several outstanding questions.

By the end of this session, you'll know about the new research.

I run the department of Chemistry. In addition, I teach, **supervise graduate students**.

I am a biologist and **I work for** the Academy of Sciences.

I work for "The Center for Northern Studies and Research" now. **I am a professor at** the University of Oslo.

My area of research is the population dynamics of marine animals. I am also **the Director of** the Research Center.

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b). Outlining the Presentation

Introduction

The subject / topic of my lecture / talk / presentation is...

I'm going to focus / talk about / inform you / explain ...

Let me begin / start **by** (with)...

We should make a start.

Right. If everyone's ready, let's start.

My purpose / objective / aim today is...

What I want to do is...

I'd like to give you some information **about**...

We are here today to decide / agree / learn **about**... / update you **on**... / give you the background **to**...

Is everybody ready to begin?

OK, are we ready to start?

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Importance

In particular / especially...

It should be said (noted, mentioned) that...

It is interesting to know that...

That's one thing I'd like to stress very heavily.

Do remember! / Keep in mind...

This is very important.

I want to reinforce the following...

The following is extremely informative (badly needed).

I'd like (want) to call (to draw, to invite) your attention **to**...

✿ – add your ideas

It should be kept in mind that...

It's worth doing this.

Mr. Clark asked me to present my ideas.

Today I'd like to present a solution.

I hope that you'll give your ideas and comments.

First, I'd like to outline the main areas **of** growth.

I have a handout with the main points of my presentation.

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2. Moving on Dialogue

a) Moving on

I'd now like to change direction (and talk about)...

Next, I'd like to move **on to** the next point / issue / to look **at**...

Let me turn (now) **to**...

Now I call **to**...

I'm coming on to speak **about**...

Now we may pass **to** the next item (**on** the agenda).

That leads me **to** the second point.

Here we can say...

This brings me **to** my next question.

We may pass these details.

Furthermore / Moreover...

On the one hand... (and **on** the other hand).

Besides these (factors)...

Firstly, secondly, thirdly, fourthly...

Let's leave that.

Let's get back **to**...

That's why...

As a result... / Therefore / so...

So, what is the solution **to** this problem?

Well, there are two possible solutions.

So, that's an overall look at the situation.

So, could we move on?

✱ – add your ideas

Let's now look at predictions **for** the next year.

The good news is that we've just began a new research.

To sum up, we've done better this year than ever before.

Unfortunately, the number of new clinics was below target.

I'm sorry to say that...

Sadly, we will not be able to...

It is unfortunate that...

Unfortunately/ regrettably, we won't be able to...

You'll be happy to know that...

In short, we need to improve our service.

There could / may / might (not) be positive results **from** this.
 This is excellent / very good / better than we had expected.
 This is disappointing / This is worse than expected
 This is not very good **for** this time **of** year.
For the next six months / For this period...
For this point in the five-year business-plan...
Over this two-year period...

✱

b). Linking with a Previous Point

As I've said / mentioned (before)...
 As it was said earlier...
 As I said **at** the beginning...
At the beginning (of the talk) I said...
 As you've heard / understood / seen...
In my last point I mentioned (that)...
 I've already explained...
 There are three questions I'd like to ask / answer.
 There are several questions we need to think **about**.
 I'll answer each of these questions one **by** one.
 That's the issue **in** general, now let's look at the first
 problem **in** (more) detail.
 Now, let's take a more detailed look.
 Let's now turn **to** specific questions / problems / issues.

✱ – add your ideas

That's an overall look **at** the problem.
 There are three options / items (in our discussion).
 We can continue / go **on** as we are.

✱

3. Statistics, figures

- 1/2 – half / a half / one-half
- 1/3 – a third / one-third
- 1/4 – quarter / a quarter / one-quarter
- 2/3 – two-thirds
- 3/4 – three-quarters

5/8 – five-eighths

84.749 – eighty-four point seven four nine

74.750 – seventy-four point seven five oh

\$25.50 – twenty-five dollars fifty cents

€67.25 – sixty-seven euros and twenty-five cents

29% – twenty-nine per cent ~~as~~

-5.4 – minus five **point** four

The number has doubled/trebled (3 times **as** big / much)

The number “x” in 2010 was **double**, (**triple** / three times) than in 2000.

“x” was **twice** (three times) as effective as “y”.

Their role in healthcare is **twofold** ~~as~~ (2 times bigger).

The number has leveled **out**.

Staff numbers have stabilized / stayed the same.

The results reached a high / low point.

Almost / nearly 10 per cent **of** patients responded.

Only **about** one quarter (1/4) of the people replied.

Over two-fifths (2/5) of the population have these results.

Around / **approximately** 100 students answered our questionnaire.

There was a fall **in** the number of complaints last year.

We'll make a loss **of** \$20 000 this year.

✱ – add your ideas

You can see this number **in** the third column: - 88.

This year the number has gone **up to** 50.

Sales of these drugs peaked in May.

The results are still **below** prediction.

There'll be a dramatic / significant rise **in** prices.

The resources dropped dramatically.

Birth rate began to increase gradually.

There was an increase **of** 5%.

The rise was in the range **of** 20° to 30°.

The temperature stayed more or less the same.

The average home in Europe has 2.4 children.

Just less than / under 20% **of** the patients were women.

The graph shows a rise **in** the number of hospitals.

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4. Visual Aids

You can see **from** the slide that I'm going to cover 3 points.

I'll leave this **up** as I talk.

On the next slide you can see the new model.

Let's look **at** these figures more closely.

I'll do a quick break **down** for you **on** the flipchart.

Let me find the relevant slide.

The vertical axis represents the main symptoms.

Each line **on** the graph features one **of** our methods.

This table shows the extra features.

The models are listed here **in** the top row.

Positive effects have increased dramatically.

From the slide you can see clearly how the process works.

The point is illustrated **in** this pie chart.

The laboratories are **in** this area **at** the top of the plan.

The system can be seen **in** this flow chart.

Take a look at this graph and you'll see...

As you can see **from** the slide / graph / chart...

✳ – add your ideas

Here is the next slide. This shows...

Let's look at another example which is **on** the following slide.

I'd also like to draw your attention **to**...

Right here you can see...

Notice the...

Let me go **back to** the video and show you the clip again.

Just a moment / minute while I'm looking **for** the slide.

According **to** the graph the number is...

The months are shown **along** the bottom / the horizontal axis.

Each line indicates the progress.

The third most popular / the second biggest / the fourth.

The least commonly used / the least popular...

At / on the top...

At the bottom... (~~on the bottom~~)

On the left / the right...

In the middle / center...

In the top / bottom left / right-hand corner...

You can see the extra features **for** each model **in** this table.

The features **for** each model are shown **in** the table.

The extra features appear **on** this slide.

* * *

The projector / computer doesn't seem to be working.

The computer is not working properly.

Does anyone know how it works?

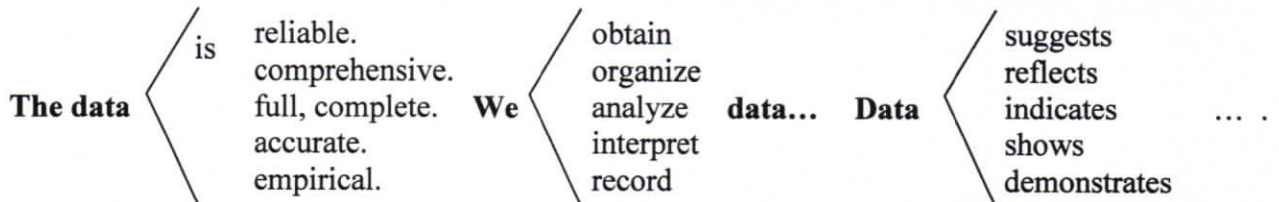
As you can see (understand) **from** this table / picture / class...

If you look **at** this picture / table / curve...

Pay attention **to** Slide №2.

It's (quite) clear **from** these figures / data..., that...

✱ – add your ideas



✱

3.1.4. Контролируемый раздел дисциплины «Лексика, фонетика»

Задание 1. Составьте терминологический словарь.

ТЕРМИНОЛОГИЧЕСКИЙ СЛОВАРЬ

по теме: "Conference" / Meeting

<p>1. Conference / Meeting</p> <p>to call to organize to fix to arrange to schedule to hold a conference panel meeting / session briefing meeting opening session final sitting to write up the minutes to take the minutes to submit an abstract to sit on committees to take the floor, to address the meeting to fix time-limit; to set up to make a statement / a proposal / recommendation voting All in favor? / Those against? Can we have a quick show of hands? The proposal is accepted / rejected. to put a question to the vote matters arising a wide range of argent / pressing problems / issues to raise other issues</p>	<p>1. Конференция / Заседание</p> <p>организовать / назначить встречу / заседание</p> <p>проводить конференцию совещание / заседание специалистов инструктивное совещание/заседание открытие конференции заключительное заседание оформить / заполнить протокол вести протокол представить тезисы быть членом комитета брать слово, выступать установить регламент сделать предложение / рекомендовать голосование Кто за / против? Поднимите руки, пожалуйста. Предложение принято / отклонено. поставить вопрос на голосование возникшие дела / проблемы большой круг острых / срочных вопросов поднять / обсудить другие проблемы решать проблему</p>
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<p>to solve the problem to make / take / reach to meet the interests mutually acceptable at the request of ... to call the meeting to order to keep the point to ask the speakers to be brief to take place to resume AOB (Any Other Business) to be short of time to keep the item to 10 minutes / 10 minutes per item to run a little over / time out of to be behind schedule to get side-tracked to be (not) (strictly) relevant to cancel to skip / to forget the item to delay / to postpone / to put off advance / preliminary registration on-site registration</p> <p>deadline to meet / respect a deadline to go over / to miss a deadline</p> <p>2. Session</p> <p>afternoon, day-time session ceremonial gala session extraordinary session full-day session joint session open / public session workshop agenda items / points of the agenda to stick to / to follow the agenda to draw up the agenda to run through the agenda to put smth on the agenda</p> <p>3. Conference Program</p> <p>opening address welcome / welcoming address closing address / remarks keynote address awards ceremony training / tutorial course panel discussion</p>	<p>принять решение удовлетворять интересы взаимно приемлемый по поручению / просьбе призывать собрание к порядку говорить по существу попросить выступающих говорить кратко проходить, иметь место продолжить другие вопросы (не по теме) быть ограниченным по времени выступать по вопросу не более 10 минут опережать / отставать по времени отставать от графика отклониться от темы (не) соответствовать теме отменить пропустить вопрос отложить предварительная регистрация регистрация на месте (проведения конференции)</p> <p>крайний срок уложиться в срок опоздать / не уложиться в срок</p> <p>2. Заседание</p> <p>дневное заседание торжественное заседание внеочередное заседание заседание (полный рабочий день) совместное заседание открытое заседание семинар повестка дня вопросы на повестке дня придерживаться регламента составить повестку дня просмотреть повестку дня (“пройтись по...”) включить в повестку дня</p> <p>3. Программа Конференции</p> <p>вступительная речь, вступительное слово приветственная речь заключительная речь / слово основной доклад церемония вручения почетных наград учебные курсы</p>
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<p>round table discussion / talk to hold discussion book display / exhibition exposition board meeting council meeting draft program social program</p>	<p>дискуссия специалистов (в присутствии аудитории) дискуссия за “круглым столом” проводить дискуссию книжная выставка выставка, показ, экспозиция заседание правления заседание совета проект программы культурная программа</p>
<p>4. Participant chairperson to participate; participant associate participant full participant honorary participant registered participant referee / reviewer secretariat executive secretary scientific secretary to appoint / to elect a secretary speaker / reader</p>	<p>4. Участник председатель участвовать; участник участник с неполными правами участник с полными правами почетный участник зарегистрированный участник рецензент секретариат исполнительный секретарь ученый секретарь назначать / избирать секретаря докладчик</p>
<p>invited speaker key / keynote / lead / main / major / principal speaker plenary speaker poster speaker</p>	<p>приглашенный докладчик основной докладчик пленарный докладчик стендовый докладчик</p>
<p>5. Paper / Address to present a (scientific) paper background / key / keynote / lead / main / major / principal paper / address brief / short / summary paper contributed / free / voluntary / volunteer paper invited / solicited paper plenary paper poster paper review / overview paper section paper slide paper topical paper to reject / turn down a paper write-up / review printed / reading matters to proofread</p>	<p>5. Доклад представить (научный) доклад основной доклад краткий доклад доклад по инициативе участника заказной доклад пленарный доклад стендовый доклад обзорный доклад секционный доклад доклад с демонстрацией слайдов тематический доклад отклонить доклад рецензия печатный материал / для чтения (с)корректировать, откорректировать (статью / рукопись)</p>
<p>6. Party / Reception get-acquainted / get-together / ice-breaker party</p>	<p>6. Приём приём с целью знакомства участников</p>

informal reception official / conference reception buffet social 7. Services, Equipment bulletin / message / notice board display board technical services center / platform interpreters office language department lost and found / lost property department property office information desk earphones technical equipment lounge lobby	неофициальный приём официальный приём коктейльный приём 7. Службы, Оборудование доска объявлений демонстрационный стенд / трибуна технический центр служба перевода бюро перевода бюро находок бюро находок бюро находок стол информации наушники техническое оборудование холл, комната для отдыха или ожидания кулуары
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3.2 Промежуточный контроль

Вопросы к промежуточному контролю

№ п/п	Компетенция, формируемая вопросом	Содержание вопроса	Эталон ответа
1.	УК-4, УК-5	In our country there is a wide network of medical institutions to protect the health of our people. One of such medical institutions is the polyclinic.	В нашей стране существует широкая сеть медицинских учреждений по охране здоровья населения. Одним из таких медицинских учреждений является поликлиника.
2.	УК-4, УК-5	If a person falls ill, he rings up his local polyclinic and calls in a doctor. If his condition isn't very poor and he has no high temperature, he will go to the local polyclinic and a physician will examine him there.	Если человек заболевает, он звонит в районную поликлинику и вызывает врача. Если его состояние не очень плохое и у него нет высокой температуры, он пойдет в районную поликлинику, где врач его осмотрит
3.	УК-4, УК-5	Many specialists including therapists, neurologists, surgeons work at the polyclinic.	Многие специалисты, в том числе терапевты, неврологи, хирурги работают в поликлинике.
4.	УК-4, УК-5	During the medical examination a physician usually asks the patient what he complains of and according to the complaints carries on the medical examina-	Во время медицинского осмотра врач, как правило, спрашивает пациента, на что он жалуется, и в соответствии с жалобами проводит медицинское обследование.

		tion.	
5.	УК-4, УК-5	The physician listens to the patient's heart and lungs and measures his blood pressure and if necessary, asks the patient to take the temperature.	Врач слушает сердце и легкие пациента, измеряет его кровяное давление и, если необходимо, просит пациента измерить температуру.
6.	УК-4, УК-5	The laboratory findings which include blood analysis, the analysis of urine (urinalysis) and other tests help the physician to make a correct diagnosis and administer a proper treatment.	Лабораторные исследования, которые включают анализ крови, мочи и другие исследования, помогают врачу поставить правильный диагноз и назначить соответствующее лечение.
7.	УК-4, УК-5	In addition to their consulting hours at the polyclinic local physicians go out to the calls to examine those patients who are seriously ill.	Помимо приемных часов в поликлинике, участковые врачи выезжают на вызовы, чтобы осмотреть тех пациентов, которые тяжело больны.
8.	УК-4, УК-5	At the local polyclinic every patient has a personal patient's card which is filled in by his physician.	В поликлинике по месту жительства у каждого пациента есть личная карта пациента, которую заполняет его лечащий врач.
9.	УК-4, УК-5	Everything about the patient – the diagnosis of the disease, the administrations made by the doctor, the course of the disease, the changes in the patient's condition after the treatment – are written down in the card.	В карточке записывается все, что касается пациента – диагноз заболевания, назначенное врачом лечение, течение болезни, изменения в состоянии пациента после лечения.
10.	УК-4, УК-5	If it is necessary a nurse will come to the patient's house to give him the administered injections or carry out any of the doctor's administrations	При необходимости медсестра придет к пациенту на дом, чтобы сделать ему назначенные инъекции или выполнить любое из назначений врача.
11.	УК-4, УК-5	The nurse on duty fills in patients' case histories in which she writes down their names, age, place of work, occupation, address and the initial diagnosis made by a doctor at the polyclinic.	Дежурная медсестра заполняет истории болезни пациентов, в которых записывает их имена, возраст, место работы, род занятий, адрес и первоначальный диагноз, поставленный врачом поликлиники.
12.	УК-4, УК-5	The nurses on duty take the patients' temperature, give them intramuscular and intravenous injections, and give all the prescribed remedies	Дежурные медсестры измеряют пациентам температуру, делают им внутримышечные и внутривенные инъекции, и дают все назначенные лекарства.
13.	УК-4, УК-5	Patients are not allowed to take the medicines themselves because some drugs are poisonous, the overdosage of some other drugs may cause unfavorable reactions and even death.	Пациентам не разрешается принимать лекарства самостоятельно, потому что некоторые препараты ядовиты, передозировка некоторых других лекарств может вызвать неблагоприятные реакции и даже смерть.
14.	УК-4,	After the medical examination the doc-	После медицинского осмотра врачи

	УК-5	tors administer different procedures to the patients: electrocardiograms, laboratory analyses of blood, urine.	назначают пациентам различные процедуры: электрокардиограмму, лабораторные анализы крови, мочи.
15.	УК-4, УК-5	The academic year in medical universities is divided into 2 terms, at the end of which students pass a number of examinations and credit tests. The course of studies lasts 6 years and covers basic preclinical and clinical subjects.	Учебный год в медицинских университетах делится на 2 семестра, по окончании которых студенты сдают ряд экзаменов и зачетов. Курс обучения длится 6 лет и охватывает основные доклинические и клинические предметы.
16.	УК-4, УК-5	During the first two years students study physics, different kinds of chemistry, human anatomy, biology, physiology, histology, microbiology.	В течение первых двух лет студенты изучают физику, различные виды химии, анатомию человека, биологию, физиологию, гистологию, микробиологию.
17.	УК-4, УК-5	Beginning with the third year, clinical subjects are introduced. They are internal medicine, surgery, gynecology, obstetrics, ophthalmology, infectious diseases and others.	Начиная с третьего года обучения, вводятся клинические предметы. Это внутренние болезни, хирургия, гинекология, акушерство, офтальмология, инфекционные болезни и другие.
18.	УК-4, УК-5	At the end of each year students have practical work at the hospitals, first as nurses and later as assistant doctors.	В конце каждого года студенты проходят практику в больницах, сначала в качестве медсестер, а затем в качестве помощников врачей.
19.	УК-4, УК-5	At the end of the course graduates take final examination which includes theoretical questions in internal medicine, surgery, obstetrics and gynecology. They are also to demonstrate their practical skills.	В конце курса выпускники сдают выпускной экзамен, который включает в себя теоретические вопросы по внутренним болезням, хирургии, акушерству и гинекологии. Они также должны продемонстрировать свои практические навыки.
20.	УК-4, УК-5	The distinctive feature of the health care in Russia is the attention paid to prevention of diseases. Much attention is paid to the health education of the population.	Отличительной чертой здравоохранения в России является внимание, уделяемое профилактике заболеваний. Большое внимание уделяется медицинскому просвещению населения
21.	УК-4, УК-5	The primary medical care is provided by polyclinics. Polyclinics are large medical centers employing many doctors and nurses. There are polyclinics for the adult population and polyclinics for children	Первичную медицинскую помощь оказывают поликлиники. Поликлиники – это крупные медицинские центры, в которых работает много врачей и медсестер. Имеются поликлиники для взрослого населения и поликлиники для детей.
22.	УК-4, УК-5	In Russia there are specialized hospitals for treatment of particular diseases – infectious and psychiatric diseases, cancer, and eye (ophthalmological) diseases and others.	В России существуют специализированные больницы для лечения отдельных заболеваний – инфекционных и психиатрических, онкологических, глазных (офтальмологических) заболеваний и других.
23.		Health system in the USA exists on	Система здравоохранения в США имеет

	УК-4, УК-5	three levels: a family doctor, hospitals and US public Health Service. A family doctor, or a private doctor, gives his patients regular examinations and vaccination.	три уровня: семейный врач, больницы и государственная служба здравоохранения США. Семейный врач, или частный врач, проводит своим пациентам регулярные осмотры и делает прививки.
24.	УК-4, УК-5	There are government-financed and private hospitals in the USA. Hospitals or clinics are staffed by consulting physicians, residents, interns and highly skilled nurses.	В США есть государственные и частные больницы. В больницах или клиниках работают врачи-консультанты, ординаторы, интерны и высококвалифицированные медсестры.
25.	УК-4, УК-5	Medical care in the USA is very expensive. Two thirds of the population have private health insurance. Most employers and their families now pay more than 50% of the costs of health insurance.	Медицинское обслуживание в США очень дорогое. Две трети населения имеют частную медицинскую страховку. Большинство работодателей и членов их семей в настоящее время оплачивают более 50% расходов на медицинское страхование
26.	УК-4, УК-5	For people who cannot pay for their insurance, the federal government developed two health insurance programs: Medicaid and Medicare.	Для людей, которые не могут оплатить свою страховку, федеральное правительство разработало две программы медицинского страхования: Medicaid и Medicare.
27.	УК-4, УК-5	Health Service in Great Britain is ruled by the National Health Service Act. Most medical treatment in Great Britain is free but charges are taken for drugs, spectacles and dental care.	Здравоохранение в Великобритании регулируется законом о национальной службе здравоохранения. Большая часть медицинских услуг в Великобритании бесплатна, но за лекарства, очки и стоматологическую помощь взимается плата.
28.	УК-4, УК-5	In Great Britain 97% of patients use National Health Service (NHS), but private doctors and hospitals are very important too.	В Великобритании 97% пациентов обращаются в Национальную службу здравоохранения (NHS), но частные врачи и больницы также очень важны.
29.	УК-4, УК-5	In Great Britain a general practitioner (GP) does the main work. Such doctors are sometimes called family doctors. They deal with 90% of all medical work.	В Великобритании основную работу выполняет врач общей практики. Таких врачей иногда называют семейными врачами. Они выполняют 90% всей медицинской работы.
30.	УК-4, УК-5	Health Centers in Great Britain provide opportunities for hospital specialists and GPs. They contain all the special diagnostic and therapeutic services such as electrocardiography, X-rays, physiotherapy there.	Медицинские центры в Великобритании предоставляют возможности для специалистов больниц и врачей общей практики. Они предоставляют специальное диагностическое и терапевтическое оборудование и услуги, такие как электрокардиография, рентген, физиотерапия.

3.2.2 Тестовые вопросы

Тестовые вопросы и варианты ответов	Компетенция, формируемая тестовым
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	<i>вопросом</i>
<p>1. STUDENTS ... MANY PRACTICAL CLASSES IN IT LAST YEAR.</p> <p>1) had; 2) has; 3) have had.</p>	YK-4
<p>2. HE ... HIS ENTRANCE EXAMS RECENTLY AND ENTERED THE MEDICAL UNIVERSITY.</p> <p>1) passes; 2) are passing; 3) has passed.</p>	YK-4
<p>3. TOMORROW AT 3 O'CLOCK I ... IN OUR SCIENTIFIC LABORATORY.</p> <p>1) will be working; 2) has worked; 3) works.</p>	YK-4
<p>4. ARTIFICIAL METAL JOINTS ... IN MANY CASES NOW TO REPLACE THE DISEASED JOINTS.</p> <p>1) used; 2) are used; 3) will use.</p>	YK-4
<p>5. THE DOCTOR ... DETERMINE THE ORIGIN OF THE DISEASE FOR ITS SUCCESSFUL TREATMENT.</p> <p>1) must; 2) are able; 3) have.</p>	YK-4
<p>6. THE DOCTOR SAW THAT THE PATIENT'S EYES ... SWOLLEN.</p> <p>1) is; 2) were; 3) has been.</p>	YK-4
<p>7. THE PATIENT ... TO THE HOSPITAL WAS A 45-YEAR-OLD FEMALE.</p> <p>1) admitting; 2) are admitted; 3) admitted.</p>	YK-4
<p>8. THE VESSELS ... BLOOD TO THE HEART ARE CALLED VEINS.</p> <p>1) carrying; 2) carried; 3) being carried.</p>	YK-4

<p>9. NO PHYSICIAN CAN MAKE A PROPER DIAGNOSIS WITHOUT ... THE PATIENT.</p> <ol style="list-style-type: none"> 1) are examined; 2) having examined; 3) will be examined. 	YK-4
<p>10. THE DOCTOR DETERMINED ORGANIC CHANGES IN THE MITRAL VALVE ...</p> <ol style="list-style-type: none"> 1) to be clearly marked; 2) has clearly marked; 3) marks clearly. 	YK-4
<p>11. IN GASTRIC ULCERS PAIN IS FOUND ... WORSE AFTER MEALS.</p> <ol style="list-style-type: none"> 1) will be grown; 2) have been grown; 3) to grow. 	YK-4
<p>12. THE PATIENT ... THE OPERATION WELL, THE DANGER OF PERITONITIS WAS ELIMINATED.</p> <ol style="list-style-type: none"> 1) have survived; 2) having survived; 3) are survived. 	YK-4
<p>13. IF THE FOREIGN BODY HAD BEEN PRESENT IN THE EYE, THERE ... AN EDEMA.</p> <ol style="list-style-type: none"> 1) are; 2) would have been; 3) have been. 	YK-4
<p>14. THEY ... AN INTERESTING LECTURE ON BIOLOGY YESTERDAY.</p> <ol style="list-style-type: none"> 1) has; 2) will have; 3) had. 	YK-4
<p>15. USUALLY A SURGICAL NURSE ... INSTRUMENTS FOR THE OPERATION.</p> <ol style="list-style-type: none"> 1) prepares; 2) have prepared; 3) are preparing. 	YK-4
<p>16. HE ... CONSTANTLY ... AT THE LIBRARY PREPARING FOR HIS CLASSES.</p> <ol style="list-style-type: none"> 1) works; 2) is working; 3) have worked. 	YK-4
<p>17. DURING THE OPERATION THE MUSCLES FROM HER BACK AND ABDOMEN ... TO THE THIGH.</p> <ol style="list-style-type: none"> 1) transplants; 	YK-4

2) has transplanted; 3) were transplanted.	
18. THE HEART ... PUMP BLOOD HARDER TO WARM THE BODY BETTER. 1) are able to; 2) am to; 3) has to.	YK-4
19. THE DOCTOR WAS TOLD THAT THE PATIENT ... WELL THE NIGHT BEFORE. 1) is sleeping; 2) will sleep; 3) had slept.	YK-4
20.... THE NECESSARY FLUID WE COULD CONTINUE OUR EXPERIMENTS. 1) having obtained; 2) obtained; 3) is obtaining.	YK-4
21. THE METHOD ... BY HIM WILL HELP GREATLY TO CURE PEOPLE. 1) are developing; 2) developed; 3) have developed.	YK-4
22. HE TOLD US OF HIS ... TO FREQUENT HEART ATTACKS. 1) being exposed; 2) to be exposed; 3) exposed.	YK-4
23. THE DOCTOR EXPECTED THE ANALYSES ... NORMAL. 1) are; 2) was; 3) to be.	YK-4
24. THE PATIENT WAS CONSIDERED ... SOME KIDNEY DISEASE. 1) will have; 2) had had; 3) to have.	YK-4
25. THE PHYSICAL EXAMINATION ..., TENDERNESS IN THE LEFT LOWER PART OF THE ABDOMEN WAS REVEALED. 1) being carried on; 2) have carried on; 3) are carried on.	YK-4
26. IF YOU FOLLOW THE PRESCRIBED	YK-4

TREATMENT, YOU ... SOON. 1) to be recovered; 2) has recovered; 3) will recover.	
27. STUDENTS ... MANY SPECIAL SUBJECTS NEXT YEAR. 1) has; 2) will have; 3) are having.	УК-4
28. LAST YEAR MY FATHER ... FROM REGULAR ATTACKS OF CHEST PAIN. 1) suffered; 2) were suffered; 3) am suffered.	УК-4
29. THE INVESTIGATOR ... IMPORTANT FINDINGS BEFORE HE FINISHED HIS OBSERVATIONS. 1) are obtaining; 2) had obtained; 3) obtained.	УК-4
30. A PATIENT ... BY A FAMOUS CARDIOLOGIST NOW. 1) examine; 2) are examining; 3) is being examined.	УК-4

Эталоны ответов

<i>Номер тестового задания</i>	<i>Номер эталона ответа</i>
1	1
2	3
3	1
4	2
5	1
6	2
7	3
8	1
9	2
10	1
11	3
12	2

13	2
14	3
15	1
16	2
17	3
18	3
19	3
20	1
21	2
22	1
23	3
24	3
25	1
26	3
27	2
28	1
29	2
30	3