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образования «Приволжский исследовательский медицинский университет»
Министерства здравоохранения Российской Федерации

ФОНД ОЦЕНОЧНЫХ СРЕДСТВ ПО ДИСЦИПЛИНЕ

«Научный перевод»

Специальность: 37.05.01 Клиническая психология

Кафедра: иностранных языков

Форма обучения: очная

Нижний Новгород
2023

1. Фонд оценочных средств для текущего контроля успеваемости, промежуточной аттестации обучающихся по дисциплине/практике

Настоящий Фонд оценочных средств (ФОС) по дисциплине «Научный перевод» является неотъемлемым приложением к рабочей программе дисциплины «Деловая коммуникация». На данный ФОС распространяются все реквизиты утверждения, представленные в РПД по данной дисциплине.

2. Перечень оценочных средств

Для определения качества освоения обучающимися учебного материала по дисциплине «Деловая коммуникация» используются следующие оценочные средства:

№ п/п	Оценочное средство	Краткая характеристика оценочного средства	Представление оценочного средства в ФОС
1.	Письменный перевод учебного текста, иноязычной статьи.	Средство, позволяющее оценить умение обучающегося максимально точно и адекватно извлекать основную информацию, содержащуюся в тексте, с учётом отсутствия смысловых искажений, соответствия норме и узусу языка перевода, включая употребление терминов.	Тематика текстов соответствует учебно-методической карте занятий, статьи подбираются индивидуально с учетом профессиональных интересов обучающегося
2.	Аннотация, резюме, тезисы.	Средство, позволяющее оценить умение обучающегося правильно извлечь информацию, адекватно реализовать коммуникативное намерение с учетом содержательности, смысловой и структурной завершенности, нормативности текста.	Аннотация составляется к индивидуально подобранному тексту. Обучающиеся индивидуально выбирают 3-5 клише из предлагаемых клише.
3.	Устное сообщение.	Средство, позволяющее оценить умение обучающегося продемонстрировать владение подготовленной монологической речью в ситуации общения в пределах программных требований.	Невозможно представить точный эталон ответа. Студенты составляют рассказ индивидуально. Клише и образец сообщения представлены в ФОС.
4.	Беседа.	Средство, позволяющее оценить умение обучающегося продемонстрировать владение диалогической речью в ситуации	Перечень вопросов для проведения беседы

		общения в пределах программных требований. Оценочные средства, позволяющие включить обучающихся в процесс обсуждения вопроса, проблемы и оценить умение обучающегося аргументировать собственную точку зрения.	
5.	Презентация учебного/ научного материала.	Конечный продукт, получаемый в результате планирования и выполнения комплекса учебных и исследовательских заданий. Позволяет оценить умения обучающихся самостоятельно конструировать свои знания в процессе решения практических задач и проблем, ориентироваться в информационном пространстве и оценить уровень сформированности практических навыков по дисциплине.	Темы индивидуальных презентаций студентов. Невозможно представить точный эталон ответа. Студенты составляют презентацию индивидуально в соответствии со своей профессиональной и научной деятельностью. Клише представлены в ФОС.

3. Перечень компетенций с указанием этапов их формирования в процессе освоения образовательной программы и видов оценочных средств

Код и формулировка компетенции*	Этап формирования компетенции	Контролируемые разделы дисциплины	Оценочные средства
УК-4: способен применять современные коммуникативные технологии, в том числе на иностранном языке, для академического и профессионального взаимодействия	Входной	Раздел 2 Лексика Раздел 3 Грамматика Раздел 4 Основы письменной коммуникации по специальности «Клиническая психология»	Тест

ия;			
УК-4: способен применять современные коммуникати вные технологии, в том числе на иностранном языке, для академическо го и профессионал ьного взаимодейств ия;	Текущий	Раздел 1 Фонетика Раздел 2 Лексика Раздел 3 Грамматика Раздел 4 Основы письменной коммуникации по специальности «Клиническая психология» Раздел 5 Основы устной коммуникации по специальности «Клиническая психология»	Перевод текста Аннотация Сообщение Беседа Презентация
УК-5: способен анализировать и учитывать разнообразие культур в процессе межкультурног о взаимодействия ;	Текущий	Раздел 2 Лексика Раздел 3 Грамматика Раздел 4 Основы письменной коммуникации по специальности «Клиническая психология» Раздел 5 Основы устной коммуникации по специальности «Клиническая психология»	Перевод текста Аннотация Сообщение Беседа Презентация
УК-4: способен применять современные коммуникати вные технологии, в том числе на иностранном языке, для академическо го и профессионал	Промежуточн ый	Раздел 1 Фонетика Раздел 2 Лексика Раздел 3 Грамматика Раздел 4 Основы письменной коммуникации по специальности «Клиническая психология» Раздел 5 Основы устной коммуникации по специальности «Клиническая психология»	Перевод текста Аннотация Сообщение Беседа

ьного взаимодействия;			
УК-5: способен анализировать и учитывать разнообразие культур в процессе межкультурного	Промежуточный	Раздел 1 Фонетика Раздел 2 Лексика Раздел 3 Грамматика Раздел 4 Основы письменной коммуникации по специальности «Клиническая психология» Раздел 5 Основы устной коммуникации по специальности «Клиническая психология»	Перевод текста Аннотация Сообщение Беседа

Примечание: специфика обучения иностранному языку в неязыковом вузе не предусматривает его аспектное (по разделам) преподавание. В силу ограниченного количества часов, отводимого на изучение данной дисциплины в медицинском вузе, все разделы иностранного языка преподаются студентам в комплексе

4. Содержание оценочных средств текущего контроля

4.1. Задания текущего контроля для оценки компетенций УК-4, УК-5

Задание 1.

Обучающиеся индивидуально выбирают 3-5 клише из предлагаемых ниже клише. Аннотация составляется к индивидуально подобранному тексту.

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

Текст/статья представляет

gives a description of

даёт описание

describes

описывает

suggests the solution

предлагает решение

shows

показывает

reveals

показывает

reports

сообщает

covers

охватывает

The	role	of...	is	described
	problem			reviewed
	importance			considered
	method			discussed
				shown
				given
				examined
				studied
				investigated
				explored
				evaluated

Описывается	роль проблема важность метод
Рассматривается	
Обсуждается	
Изучается	
Исследуется	
Определяется	

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

Известно, что ... является предметом

studies	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.

Текст 1. SOCIAL ANXIETY DISORDERS

agoraphobia	агорафобия, боязнь пространства
affect	влияние, воздействие
appearance	появление, возникновение, внешний вид
avoidance	уклонение, избегание
exposure	воздействие, экспозиция

fear	страх, опасение, боязнь
judgment	суждение, мнение
onset	начало, возникновение
persist	длиться, упорно продолжать
prevalence	широкое распространение

Agoraphobia is fear of and anxiety about being in situations or places without a way to escape easily or in which help might not be available. About 30 to 50% of people with agoraphobia also have panic disorder. Agoraphobia without panic disorder affects about 2% of women and 1% of men during any 12-month period. Peak age at onset is the early 20s; first appearance after age 40 is unusual.

Agoraphobic patients rigidly avoid situations in which it would be difficult to obtain help. They prefer to be accompanied by a friend or a family member in such places as busy streets, crowded stores, closed-in spaces, and closed-in vehicles. The patients may insist that they should be accompanied every time they leave the house. Severely affected patients may simply refuse to leave the house. Particularly before a correct diagnosis is made, patients may be terrified that they are going crazy.

Signs and symptoms are marked fear, anxiety, or avoidance of two or more of the following situations: public transportation, open spaces, enclosed places, queues or crowds, public places, or being outside of home alone.

Social Phobia is fear of and anxiety about being exposed to certain social or performance situations. These situations are avoided or endured with substantial anxiety. Social phobia affects about 9% of women and 7% of men during any 12-month period, but the lifetime prevalence may be at least 13%. The peak age of onset for social phobia is in the person's teens, although onset is common as young as 5 years of age and as old as 35. Fear and anxiety in people with social phobia often center on being embarrassed or humiliated if they fail to meet people's expectations or are scrutinized by other people in social interactions. Often, the concern is that their anxiety will be apparent through sweating, blushing, vomiting, or trembling or that the ability to keep a train of thought or find words to express themselves will be lost. Usually, the same activity done alone causes no anxiety.

Situations in which social phobia is common include public speaking, acting in a theatrical performance, and playing a musical instrument. Other potential situations include eating with others, meeting new people, having a conversation, signing a document before witnesses, or using public bathrooms.

Most people recognize that their fears are unreasonable and excessive.

Signs and symptoms are marked fear, anxiety, or avoidance of social interactions and situations that involve being scrutinized or being the focus of attention, fear of negative judgment from others and symptoms of blushing, fear of vomiting or micturition or defecation.

Текст 2.

SPECIFIC PHOBIA

anticipate	предвидеть, ожидать
arousal	пробуждение, возбуждение
choking	удушьё
circumstances	обстоятельства, ситуации
disable	делать нетрудоспособным
finding	данные
injection	укол, инъекция
injury	травма, ушиб, рана
severe	тяжелая степень
vomiting	рвота

Specific phobic disorders consist of persistent, unreasonable, intense fears (phobias) of specific situations, circumstances, or objects. The fears provoke anxiety and avoidance.

Epidemiology. Recent epidemiological studies have found that phobias are the single most common mental disorder. An estimated 5 to 10% of the population are afflicted with those troubling and sometimes disabling disorders.

Specific phobia is more common than social phobia. Specific phobia is the most common mental disorder among women and the second most common among men, second only to substance-related disorders. The six-month prevalence of specific phobia is about 5 to 10 per 100 persons. The female-to-male ratio is about 2 to 1, although the ratio is closer to 1 to 1 for the blood, injection, injury type. The peak age of onset for the natural environment type and the blood, injection, injury type is in the range of 5 to 9 years, although onset also occurs at older ages. In contrast, the peak age of onset for the situational type (except fear of heights) is higher, in the mid-20s, which is closer to the age of onset for agoraphobia.

Types of specific phobias include animals (e.g., spiders, insects, dogs), the natural environment or natural forces (e.g., heights, storms, water), blood injection injury (e.g., needles, invasive medical procedures), situational (e.g., airplanes, lifts, enclosed places), and other (e.g., situations that could lead to choking or vomiting; in children loud sounds or costumed characters).

Clinical Features. Phobias are characterized by the arousal of severe anxiety when the patient is exposed to a specific situation or object or when the patient even anticipates exposure to the situation or object.

Patients with phobias, by definition, try to avoid the phobic stimulus. Some patients go to great trouble to avoid anxiety-provoking situations. For example, a phobic patient may take a bus across the country, rather than fly, to avoid contact with the object of the patient's phobia, an airplane. Perhaps as another way to avoid the stress of the phobic stimulus, many phobic patients have substance-related disorders, particularly alcohol use disorders.

The major finding on the mental status examination is the presence of an irrational fear of a specific situation, activity, or object. Patients are able to describe how they avoid contact with the phobic situation. Depression is commonly found on the mental status examination and may be present in as many as one third of all phobic patients. Thus, signs and symptoms include marked fear, anxiety, or avoidance of circumscribed objects or situations.

Задание 2.

Составьте сообщение по тексту, используя фразы для аннотации

Текст 1.

BINGE EATING DISORDER

binge eating	переедание, обжорство
affect	влиять на
vomiting	рвота
laxatives	слабительное
embarrassment	смущение
predisposition	предрасположенность
muscle and joint pain	боль в мышцах и суставах
obesity	ожирение
comorbidities	сопутствующие заболевания
behavioral weight loss	поведенческая потеря веса

Binge Eating Disorder (BED) is a neuropsychological illness, commonly known by eating enormous amounts of food without control and limits. It is likely to affect anyone of any age, gender, ethnicity or background.

On average, episodes of BED occur minimum twice a week within three months. The patient does not attempt to empty his gastrointestinal tract, neither inducing vomiting nor taking laxatives, which is observed in bulimia and anorexia. Binge eating episodes can include eating much faster than normal, eating until feeling uncomfortably full, eating large amounts of food when not physically hungry, eating alone through embarrassment at the amount being eaten, and feelings of disgust, shame or guilt during or after the binge. Someone who experiences at least one of these

distressing binge eating episodes once a week for at least three months is likely to be diagnosed with binge eating disorder.

Binge eating disorder can be associated with psychological, biological, social or cultural problems. Biological predispositions include obesity, hypertension, diabetes, changes in intestinal microbiota, chronic pain. Compulsive eating and food addiction can affect hormonal irregularities or genetic mutations. Psychological comorbidities are depression, low self-esteem, mental health problems, post-traumatic stress disorder, alcohol dependence. Various forms of abuse, family weight concerns and conflicts with parents (as social and cultural factors) can increase the risk of BED development.

Despite developing more often in obese people, it can occur in men and women of normal weight. Binge eating disorder is more common in women (3.5% of women and 2.0% of men) and among young people. According to WHO statistics, the lifetime prevalence ranges from 0,2 to 4,7% (across 14 countries and 24 000 adults). BED complications include obesity, high blood pressure and cholesterol, diseases of cardiovascular and gastrointestinal systems, diabetes, muscle and joint pain, psychological problems such as insomnia and depression. Changes appear in feelings and behavior first, before physical symptoms are presented. Scientists have not established the immediate cause of BED yet, it requiring further studies. Treatment can be aimed at reducing excess body weight, treating a psychological state. Treatment includes psychotherapy, psychoeducation, pharmacotherapy, behavioral weight loss (BWV).

Текст 2.

AUTISM SPECTRUM DISORDER

affect	влиять, воздействовать
behavior	поведение, модель поведения
environment	окружающая среда, окружение, обстановка
experience	испытывать, чувствовать, пережить
influence	влияние, воздействие
occur	происходить, случаться, иметь место
research	научное исследование, изучение
restrict	ограничивать, сдерживать
strength	сила
subtle	тонкий, нежный, деликатный

Autism spectrum disorder (ASD) is a developmental disorder that affects communication and behavior. Although autism can be diagnosed at any age, it is said to be a “developmental disorder”

because symptoms generally appear in the first two years of life.

Autism is known as a “spectrum” disorder because there is wide variation in the type and severity of symptoms people experience. ASD occurs in all ethnic, racial, and economic groups. Although ASD can be a lifelong disorder, treatments and services can improve a person’s symptoms and ability to function.

Signs and Symptoms. People with ASD have difficulty with social communication and interaction, restricted interests, and repetitive behaviors. They may also experience sleep problems and irritability. Although people with ASD experience many challenges, they may also have many strengths such as abilities to learn things in detail and remember information for long periods of time. Also, they are strong visual and auditory learners and are excellent in math, science, music, or art.

Causes and Risk Factors

While scientists don’t know the exact causes of ASD, research suggests that genes can act together with influences from the environment to affect development in ways that lead to ASD. Some risk factors include having a sibling with ASD, having older parents, having certain genetic conditions and very low birth weight.

Doctors diagnose ASD by looking at a person’s behavior and development. ASD can usually be reliably diagnosed by the age of two. ASD symptoms in older children and adolescents who attend school are often first recognized by parents and teachers and then evaluated by the school’s special education team. Such children have social difficulties including problems with subtle communication. These subtle communication issues may include understanding tone of voice, facial expressions, or body language, figures of speech, humor, or sarcasm. Children with ASD have troubles forming friendships with peers.

Treatments and Therapies

Treatment for ASD should begin as soon as possible after diagnosis. Early treatment for ASD is important as proper care can reduce individuals’ difficulties while helping them learn new skills and make the most of their strengths.

A doctor may use medication to treat some symptoms that are common with ASD. With medication, a person with ASD may have fewer problems with irritability, aggression, repetitive behavior, hyperactivity, attention problems, anxiety and depression.

People with ASD may be referred to doctors who specialize in providing behavioral, psychological, educational, or skill-building interventions. These programs are typically highly structured and intensive and may involve parents, siblings, and other family members. Programs may help people with ASD learn life-skills necessary to live independently, reduce challenging behaviors, increase or build upon strengths and learn social, communication, and language skills.

Задание 3.

Сделайте перевод следующих текстов

Text 1

The role of relationship skills

A key part of clinical psychologists' work is being able to build and maintain relationships with people, including clients, clients' relatives and colleagues. In some cases clinical psychologists will need to build relationships with clients who have significant difficulties trusting people, as a result of previous breaches of trust, such as child abuse. Research suggests that one of the predictors of good outcomes in face-to-face psychological interventions with clients is the strength of therapeutic relationship that the clinical psychologist is able to foster with the client. When thinking about the relationship-building skills that clinical psychologists need, it can be helpful to start from your own experience. If you wish, try to recall a time when you felt listened to and understood by someone. Replay this event in your mind and then write down what that person did that helped you to feel understood. You may want to think about what attitude they brought to the discussion, what they said and how they said it, and what their body language was like. You could repeat this process for some other occasions during which you felt listened to and understood. Are there any commonalities in the lists you have drawn up? Now, as a contrast, if you wish, consider some times when you have not felt understood by people to whom you were talking. What was it that these people were doing differently? Based on these reflections, what do you think are the key skills and attitudes a clinical psychologist needs to bring to meetings with people in order to try to build positive relationships with them?

Text 2

CASE STUDY: ANNA

Anna was a 24-year-old general nurse who was referred by her general practitioner (GP) suffering from panic disorder, agoraphobia and symptoms of depression. The panic disorder and agoraphobia had started six months previously when Anna experienced a panic attack in her local shopping centre. The panic attack had been very intense and she had been rushed to hospital. Anna initially believed that she must have been suffering from a heart attack although investigations subsequently revealed that there was nothing physically wrong with her. She had been due to meet her biological mother that day whom she had not seen since she was 6 years of age. Anna had been very anxious about the meeting. Since the panic attack, Anna had struggled to go out alone – suffering from severe anxiety whenever she made an attempt and which would lead her to rush home again. She could manage short trips – especially by car – if accompanied by her boyfriend whom she had been with since she was 16 years of age. Anna was also suffering from symptoms of low mood and depression. She scored 17 on the GAD-7 (a questionnaire measure of anxiety) and 16 on the PHQ-9 (a questionnaire measure of depression) – scores in the severe and moderately severe range respectively. Anna had been taken into foster care when she was 6 years old due to neglect that she experienced at the hands of her biological mother who was suffering from the effects of severe alcohol abuse. After various foster placements, Anna was eventually adopted at the age of 8 and reported developing a close relationship with both adoptive parents – particularly over time. She said she had also suffered a period of depression (seeing a psychotherapist in the Child and Adolescent

Mental Health Service) when she was 13. Apart from that, Anna had experienced a happy childhood with her foster parents, doing reasonably well at school – although she said she could get anxious at times – and said that she worried more than she felt she should at the possibility of her boyfriend leaving her. She felt she was overly dependent on him and wanted to be more self-confident and assertive. She had been contacted by her biological mother a year previously and had eventually, and somewhat reluctantly, agreed to the meeting, despite feeling very anxious about what it could bring up for her.

5. Содержание оценочных средств промежуточной аттестации

Промежуточная аттестация по данной дисциплине проводится в виде зачета.

Промежуточная аттестация состоит из выполнения и защиты проекта/презентации по определенным темам по специальности «Клиническая психология».

Задание по презентации, компетенция «УК-4, УК-5»

a). 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?

b) 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**...

c) 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.

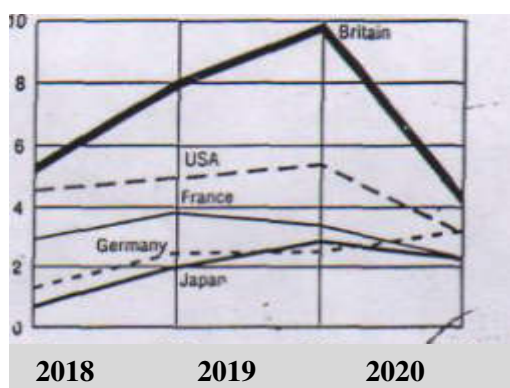
That's the issue **in** general, now let's look at the first problem **in** (more) detail.

Now, let's take a more detailed look.

Let's now turn **to** specific questions / problems / issues.

Примерная модель доклада-презентации

A model of a presentation



Medical equipment prices % change on previous years.

Notes:

1. Introduces presentation
2. Presents Britain
3. Refers to visuals
4. Changes topic to Japan
5. Turns to Germany
6. Finishes

equipment prices in Britain, the US, France, Germany and Japan during the period 2018 to 2020.

- *First of all, let's look at* a country whose price inflation was the highest during this period.
- *As you can see from* the graph, price inflation in Britain stood at around 5% in 2018, rising to almost 10% in 2020, before falling back to 4% in 2019.
- *Now, if we turn to* Japan, we can see that the situation is different. Price inflation in Japan was as low as 1% in 2018, and even though it subsequently rose, it was always below 4%.
- *Finally, let's look at* Germany, the only country experiencing an upward trend in inflation in 2019. This rise from around 2% in 2018 to over 3% in 2019 was due to the extra costs of Germany.
- *In conclusion, we can observe* that Britain had the highest rate of inflation of the five countries.

6. Критерии оценивания результатов обучения по дисциплине

6.1. Критерии оценивания для промежуточной аттестации по дисциплине

Результаты обучения	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 незначительные 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 незначительные 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 незначительные 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

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Дата «_____» _____ 2023 г.