федеральное государственное бюджетное образовательное учреждение высшего образования «Приволжский исследовательский медицинский университет» Министерства здравоохранения Российской Федерации

ФОНД ОЦЕНОЧНЫХ СРЕДСТВ ПО ДИСЦИПЛИНЕ ИНОСТРАННЫЙ ЯЗЫК (АНГЛИЙСКИЙ)

Специальность: 31.05.01 ЛЕЧЕБНОЕ ДЕЛО

Кафедра: ИНОСТРАННЫХ ЯЗЫКОВ

Форма обучения: ОЧНАЯ

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

Настоящий Фонд оценочных средств (ФОС) по дисциплине «Иностранный язык (английский)» является неотъемлемым приложением к рабочей программе дисциплины «Иностранный язык». 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 «Иностранный язык (английский) » используются следующие оценочные средства:

| cpc | едства: | | |
|--------------|--|--|---|
| № п/ п | Оценочное средство | Краткая характеристика оценочного средства | Представление оценочного средства в ФОС |
| 1. | Диагностический тест. | Система стандартизированных заданий, позволяющая автоматизировать процедуру измерения уровня знаний и умений обучающегося | Фонд тестовых заданий |
| 2. | Тесты. | Система стандартизированных заданий, позволяющая автоматизировать процедуру измерения уровня знаний и умений обучающегося | Фонд тестовых заданий |
| 3. | 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 |
| 4. | Кейсы. | Проблемное задание, в котором обучающемуся предлагают осмыслить реальную профессионально-ориентированную ситуацию, необходимую для решения данной проблемы. | Задания для решения кейс-задания |
| 5. | Аннотация, резюме, тезисы. | Средство, позволяющее оценить умение обучающегося правильно извлечь информацию, адекватно реализовать коммуникативное намерение с учетом содержательности, смысловой и структурной завершённости, нормативности текста. | Аннотация составляется к индивидуально подобранному тексту. Обучающиеся индивидуально выбирают 3-5 клише из предлагаемых клише. |

| 6. | Терминологический словарь. | Средство контроля усвоения учебного материала темы, раздела или разделов дисциплины, организованное как учебное занятие в виде собеседования преподавателя с обучающимися. | Образец терминологического словаря |
|----|---|---|---|
| 7. | 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. |
| 8. | Беседа. | Средство, позволяющее оценить умение обучающегося продемонстрировать владение диалогической речью в ситуации общения в пределах программных требований. Оценочные средства, позволяющие включить обучающихся в процесс обсуждения вопроса, проблемы и оценить умение обучающегося аргументировать собственную точку зрения. | Перечень вопросов для проведения беседы |
| 9. | 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 | Этап | Контролируемые разделы | Оценочные средства |
|--|--------------|---|--|
| формулировка | формирования | 1 17 1 | оцепочные средства |
| компетенции* | компетенции | дисциплины | |
| 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 «Лечебное дело» Раздел 5 Основы устной коммуникации по специальности «Лечебное дело». | Перевод текста Аннотация Тест Сообщение Беседа Кейсы 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 «Лечебное дело» Раздел 5 Основы устной коммуникации по специальности «Лечебное дело» | Перевод текста Аннотация Тест Сообщение Беседа Кейсы Презентация |
| ОПК-1: Способен реализовыват ь моральные и правовые нормы, этические и деонтологиче ские принципы в профессионал ьной деятельности | Текущий | Раздел 2 Лексика Раздел 3 Грамматика Раздел 4 Основы письменной коммуникации по специальности «Лечебное дело» Раздел 5 Основы устной коммуникации по специальности «Лечебное дело» | Перевод текста Аннотация Тест Сообщение Беседа Кейсы Презентация |

| УК-4: способен применять современные коммуникати вные технологии, в том числе на иностранном языке, для академическо го и профессионал ьного взаимодейств ия; | Промежуточн ый | Раздел 2 Лексика Раздел 3 Грамматика Раздел 4 Основы письменной коммуникации по специальности «Лечебное дело» | Перевод текста Тест |
|--|-------------------|---|------------------------|
| | | | |

Примечание: специфика обучения иностранному языку в неязыковом вузе не предусматривает его поаспектное (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 входного, текущего контроля

Входной/Текущий контроль осуществляется преподавателем дисциплины при проведении занятий в форме тестов, переводов иноязычных текстов, статей, аннотаций, кейсов, устного сообщения, беседы и презентации.

Опеночные средства для текущего контроля.

| 1. Входной тест | | | | |
|---|-------------------------|--|--|--|
| 1. The human body of the head, the trunk and the extremities. | | | | |
| a) composes | c) was composed | | | |
| b) is composed | d) composed | | | |
| 2. | | | | |
| a) Where it hurts? | c) Where does it hurt? | | | |
| b) Where is it hurt? | d) Where does it hurts? | | | |
| 3. He a severe heart attack six years ago. | | | | |
| a) had | c) has | | | |
| b) has had | d) was having | | | |
| | | | | |
| 4. He complains of the cough which he for over | r 3 years. | | | |
| a) had | b) was having | | | |

| | c) | has had | d) | has |
|-----|--------------|--|----|------------------|
| 5. | I'd like you | me about this patient. | | |
| | a) | telling | c) | tell |
| | b) | told | d) | to tell |
| 6. | He doesn't | mind to the hospital. | | |
| | a) | to go | c) | go |
| | b) | going | d) | to going |
| 7. | is | harmful for you. | | |
| | a) | smoking | c) | the smoking |
| | b) | to smoke | d) | smoke |
| 8. | The woman | a a child is our pediatrician. | | |
| | a) | to examine | c) | examining |
| | b) | examined | d) | examine |
| 9. | He said tha | at he 4 exams at the end of the year. | | |
| | a) | takes | c) | will take |
| | b) | would have taken | d) | would take |
| 10. | | heavy things you would not have damaged your sp didn't lift | | hadn't lifted |
| | b) | don't lift | d) | were not lifting |
| | | | | |
| 11. | | ence was in Moscow in May. to be arranged | c) | being arranged |
| | | to arrange | d) | be arranged |
| 12. | | this medicine 3 times a day. | c) | taking |
| | | to take | | take |

| 13. All the patients were children, the eldest 12 years old. a) be | c) to be |
|--|-------------------------|
| b) being | d) is |
| 14. He a good doctor. a) is said to be | c) is said being |
| b) says to be | d) d. has to said being |
| 15. He must malaria when he was travelling in Africa. | |
| a) to have got | c) has got |
| b) I get | d) have got |
| 16. If you much, you will feel a pain in the leg again . | |
| a) will walk | c) walking |
| b) walked | d) walk |
| 17. I wish he to hospital in an ambulance. | |
| a) were taken | c) is taken |
| b) was taken | d) d. was take |
| 18. Passing the room, the doctor heard a child badly. a) coughs | |
| b) coughing | |
| c) to cough | |
| d) coughed | |

2. Тесты для оценки компетенции «УК-4, УК-5»

| Тестовые вопросы и варианты ответов |
|--|
| 1. STUDENTS MANY PRACTICAL CLASSES IN IT LAST YEAR. 1) had; 2) has; 3) have had. |
| 2. HE HIS ENTRANCE EXAMS RECENTLY AND ENTERED THE MEDICAL UNIVERSITY. 1) passes; 2) are passing; 3) has passed. |
| 3. 3. TOMORROW AT 3 O'CLOCK I IN OUR SCIENTIFIC LABORATORY. 1) will be working; 2) has worked; |
| 3) works. |
| 4. ARTIFICIAL METAL JOINTS IN MANY CASES NOW TO REPLACE THE DISEASED JOINTS. 1) used; 2) are used; 3) will use. |
| 5. THE DOCTOR DETERMINE THE ORIGIN OF THE DISEASE FOR ITS SUCCESSFUL TREATMENT. 1) must; 2) are able; 3) have. |
| 6. THE DOCTOR SAW THAT THE PATIENT'S EYES SWOLLEN. 1) is; 2) were; 3) has been. |
| 7. THE PATIENT TO THE HOSPITAL WAS A 45–YEAR–OLD FEMALE. 1) admitting; 2) are admitted; 3) admitted. |
| 8. THE VESSELS BLOOD TO THE HEART ARE CALLED VEINS. 1) carrying; 2) carried; 3) being carried. |
| 9. NO PHYSICIAN CAN MAKE A PROPER DIAGNOSIS WITHOUT THE PATIENT. |

- 1) are examined; 2) having examined; 3) will be examined. 10. THE DOCTOR DETERMINED ORGANIC CHANGES IN THE MITRAL VALVE 1) to be clearly marked; 2) has clearly marked; 3) marks clearly. 11. IN GASTRIC ULCERS PAIN IS FOUND ... WORSE AFTER MEALS. 1) will be grown; 2) have been grown; 3) to grow. 12. THE PATIENT ... THE OPERATION WELL, THE DANGER OF PERITONITIS WAS ELIMINATED. 1) have survived; 2) having survived; 3) are survived. 13. IF THE FOREIGN BODY HAD BEEN PRESENT IN THE EYE, THERE ... AN
- 13. IF THE FOREIGN BODY HAD BEEN PRESENT IN THE EYE, THERE ... AN EDEMA.
 - 1) are;
 - 2) would have been;
 - 3) have been.
- 14. THEY ... AN INTERESTING LECTURE ON BIOLOGY YESTERDAY.
 - 1) has;
 - 2) will have;
 - 3) had.
- 15. USUALLY A SURGICAL NURSE ...

INSTRUMENTS FOR THE OPERATION.

- 1) prepares;
- 2) have prepared;
- 3) are preparing.
- 16. HE ... CONSTANTLY ... AT THE LIBRARY PREPARING FOR HIS CLASSES.
 - 1) works:
 - 2) is working;
 - 3) have worked.
- 17. DURING THE OPERATION THE MUSCLES FROM HER BACK AND ABDOMEN \dots TO THE THIGH.
 - 1) transplants;

- 2) has transplanted;
 3) were transplanted.
 18. THE HEART ... PUMP BLOOD HARDER TO WARM THE BODY BETTER.
 1) are able to;
 2) am to;
- 19. THE DOCTOR WAS TOLD THAT THE PATIENT ... WELL THE NIGHT BEFORE.
 - 1) is sleeping;
 - 2) will sleep;

3) has to.

- 3) had slept.
- 20.... THE NECESSARY FLUID WE COULD CONTINUE OUR EXPERIMENTS.
 - 1) having obtained;
 - 2) obtained;
 - 3) is obtaining.
- 21. THE METHOD ... BY HIM WILL HELP GREATLY TO CURE PEOPLE.
 - 1) are developing;
 - 2) developed;
 - 3) have developed.
- 22. HE TOLD US OF HIS ... TO FREQUENT HEART ATTACKS.
 - 1) being exposed;
 - 2) to be exposed;
 - 3) exposed.
- 23. THE DOCTOR EXPECTED THE ANALYSES ... NORMAL.
 - 1) are;
 - 2) was;
 - 3) to be.
- 24. THE PATIENT WAS CONSIDERED ... SOME KIDNEY DISEASE.
 - 1) will have;
 - 2) had had;
 - 3) to have.
- 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.
- 26. IF YOU FOLLOW THE PRESCRIBED 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.

28. LAST YEAR MY FATHER ... FROM REGULAR ATTACKS OF CHEST PAIN.

- 1) suffered;
- 2) were suffered;
- 3) am suffered.

$29.\ THE\ INVESTIGATOR\ ...\ IMPORTANT\ FINDINGS\ BEFORE\ HE\ FINISHED\ HIS\ OBSERVATIONS.$

- 1) are obtaining;
- 2) had obtained;
- 3) obtained.

30. A PATIENT ... BY A FAMOUS CARDIOLOGIST NOW.

- 1) examine;
- 2) are examining;
- 3) is being examined.

| Номер тестового задания | Номер эталона ответа |
|-------------------------|----------------------|
| 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 |

4.1. Аннотация (резюме) к прочитанному тексту для оценки компетенции «УК-4, УК-5, ОПК-1»

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

| | Ittilime A | an beginn |
|-----------|--|---|
| This tex | xt concerns the problem of (the question of) | Текст касается проблемы (вопроса) |
| The title | e of the article/text is | Название статьи/текста — |
| The arti | icle deals with | Статья рассматривает вопрос |
| The tex | t/article/report/paper/issue is devoted to | Текст/статья/доклад/статья/издание посвящен(a) |
| The pap | per is about | Статья повествует о |
| - | oblem(s) of is (are) presented/ discussed/d/suggested/reported | Представлена(ы)/обсуждается(ются)/ показана(ы)/предлагается(ются)/ сообщается(ются) проблема(ы) |
| The ma | in purpose of the article is to show | Главная цель статьи – показать |
| | n/object/goal of the investigation is to confirm | Цель исследования – показать/ подтвердить |

| | Клише для ос | сновной части |
|--|------------------------|--|
| The text/article/paper/author tells us about (the problems of) The text/article/paper/author presents | | Текст/статья/автор рассказывает нам о (проблеме) |
| | | 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 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 info | orms us about | | | | Статья (текст, т.п.) информирует нас о | | |
| It illus | strates | | | | Статья (текст, т.п.) иллюстрирует | | |
| Great | attention is give | en to the | e que | stion(s) of | Огромное внимани | Огромное внимание уделено вопросу(ам) | |
| Partic | ular attention is | given/p | oaid t | 0 | Особое внимание у | делено | |
| The a | uthor considers tance | to be | e of g | reat | автор считает оч | автор считает очень важным | |
| It is n | ecessary to und | erline/e | mpha | size that | Необходимо подче | ркнуть, что | |
| is l | known to be the | subject | of pa | articular active | Известно, что является предметом пристального изучения | | |
| The a | uthor raises the | questio | n 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 | | | say | Что касается, н | Что касается, нужно сказать, что | | |
| It is w | orth mentioning | g 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 чл. внимание к факту | | | | | |
| | | | | Клише для | заключения | | |
| The article is useful/valuable/of interest/interesting C for | | | nterest/interesting | Статья полезна/интересна для | | | |
| • • | | Статья рекомендована/может быть рекомендована | | | | | |
| The present data suggest that | | | | Настоящие данные говорят о том, что | | | |

The author comes to the conclusion that ...

Finally, /At last In summary

This text is an excellent approach to the problems of treating/preventing ...

It is a student-oriented text

The paper serves as a deep source of information for ...

This text will provide interesting/invaluable/useful reference for scientists, dentists, ...

The book can serve as a valuable teaching tool for students and scientists.

Reflecting the latest advances in this field, this paper will prove invaluable to a wide readership.

Primarily intended for specialists in the nuclear medicine field, this volume will also be of considerable interest to clinicians, including cardiologists, oncologists, ...

The article is addressed to everyone involved in internal medicine, pediatrics, intensive care and emergency medicine.

This volume provides state-of-the-art information about ... for both clinicians and clinical researchers.

Автор приходит к выводу, что ...

Наконец, ... В общем, ...

Данный текст является прекрасным подходом к проблеме лечения/ предотвращения ...

Текст ориентирован на студентов

Статья служит серьёзным источником информации, касающейся ...

Настоящий текст предоставляет интересную/ценную/полезную информацию для ученых, стоматологов, ...

Книга может служить в качестве полезного обучающего средства для студентов и ученых.

Отражая самые последние достижения в этой области, настоящая статья окажется полезной для широкого круга читателей.

Первоначально предназначенное для специалистов в области радиологии, настоящее издание вызовет также значительный интерес у практикующих врачей, включая кардиологов, онкологов.

Статья адресована всем, кто занят в терапии, педиатрии, интенсивной терапии и неотложной медицинской помощи.

Данное издание предоставляет информацию о современном состоянии развития ... как для практикующих врачей, так и для клинических исследователей.

4.2. Кейсы для оценки компетенции «УК-4,УК-5, ОПК-1» Задание 1.

Case-studies (кейсы) Topic "Symptoms of diseases"

READ THE ELEVEN descriptions which follow, using your dictionary as and when necessary.

What is the disease or illness being described in each case?

1. A disorder of the nervous system in which there are convulsions and loss of consciousness due to disordered discharge of cerebral neurons. In its more severe form, the patient may lose consciousness and fall to the ground in convulsions.

- 2. A condition where tissues die and decay as a result of bacterial action because the blood supply has been lost through injury or disease of the artery. Infected limbs may have to be amputated.
- 3. A condition where the lens of the eye gradually becomes hard and opaque.
- 4. A slow, progressive disorder of elderly people, it affects the parts of the brain which control movement. The symptoms include trembling of the limbs, a shuffling walk and difficulty with speaking.
- 5. An infectious disease, its commonest form attacks the lungs, causing patients to lose weight, cough blood and have a fever. It is caught by breathing in germs or eating contaminated food, especially unpasteurised milk.
- 6. A hereditary disease of the pancreas or mucoviscidosis, leading to malfunction of the exocrine glands. Symptoms include loss of weight, abnormal faeces and bronchitis. If diagnosed early, it can be controlled with vitamins, physiotherapy and pancreatic enzymes.
- 7. A serious bacterial disease spread through infected food or water. The infected person suffers stomach cramps, diarrhoea, cramp in the intestines and dehydration. The disease is often fatal and vaccination is only effective for a relatively short period.
- 8. A serious, infectious disease of children, its first symptoms are a sore throat, followed by a slight fever, rapid pulse and swelling of the glands in the neck. A membrane-like structure forms in the throat and can close the air passages, asphyxiating the patient. The disease is often fatal for this reason or because the heart becomes fatally weakened.
- 9. A disorder of the brain, mainly due to brain damage occurring before birth or due to lack of oxygen during birth. The patient may have bad coordination of muscular movements, impaired speech, hearing and sight, and sometimes mental retardation.
- 10. A virus disease, it can take a long time, even years, for it to show symptoms. It causes a breakdown of the body's immune system, making the patient susceptible to any infection.
- 11. Inflammation of the membrane lining the intestines and the stomach, caused by a viral infection, and resulting in diarrhoea and vomiting.

Задание 2. Кейсы.

Case-studies (кейсы) Topic "Triage system"

There has been a terrorist bomb attack at a railway station, and you and your partner are among the first at the scene. Use the triage categories below and decide with your partner how to classify each victim.

| CATEGORY | DESCRIPTION | |
|--------------------------------|--|--|
| blue - dead or expected to die | So badly injured that victim will die soon. Should be | |
| | given painkillers to ease passing. | |
| red - immediate | Victim could survive with immediate treatment. | |
| yellow - observation | Condition is stable for the moment but requires watching (would receive immediate priority care under 'normal' circumstances). | |
| green - wait | Victim will require a doctor's care within hours, but not immediately. | |
| white - dismiss | Victim has minor injuries - first aid and home care are enough. | |

| 1. | Child, about 11 - no bleeding - dazed and confused - doesn't squeeze hand when asked |
|-----|---|
| 2. | Pregnant woman - can walk and talk - some bleeding from head |
| | Elderly man - very bloody leg - unconscious - no breathing - no |
| 4. | pulse Teenage girl - no signs of bleeding - coughing and clear fluid coming from ears |
| 5. | Man, mid-twenties - minor bleeding - conscious but not disorientated - slow breathing rate |
| 6. | Woman, about 50 - walking around - says she cannot hear anything - has pains in the chest |
| 7. | Teenage boy - cuts on face - very pale - sitting on the ground and falling asleep |
| 8. | Young woman - no pulse - no bleeding - no response when you clear her airway |
| 9. | Young woman - no signs of injuries - vomiting and constant shaking and will not stop crying 30 breaths per minute |
| 10. | Middle-aged man - broken arm - large chest wound - unconscious - breathing erratic |
| 11. | Elderly woman - clear fluid running out of nose- walking around but is confused and angry |
| 12. | Elderly woman - coughing up blood, severe pain in her chest and difficulty breathing |
| 13. | Middle-aged man - has lost leg - massive bleeding - conscious and talking |
| 14. | Young man - bruises and some bleeding on arms and legs - confused and complaining of headache and ringing in the ears |
| 15. | Child, about four - clinging to his mother who is not injured - pale, with moist skin - rapid breathing and rapid pulse |
| 16. | Child, about four - lying on ground with black skin caused by burns - appears not to be in pain |
| 17. | Young woman - skin has painful red burnt areas-has cuts on her leg but walking |
| | Запание 3. Кейсы |

Case Study

Using the prescribing information which follows, choose the most appropriate antibiotic for these patients.

- 1. A four-year-old boy with meningitis due to pneumococcus. He is allergic to penicillin.
- 2. A 10-year-old girl with a history of chronic bronchitis now suffering from pneumonia. The causative organism is resistant to tetracycline.
- 3. A 7-year-old girl with cystitis.
- 4. A 4-year-old girl with septic arthritis due to haemophilus influenza.
- 5. A 12 -year-old boy with left leg fracture above the knee following a road traffic accident.
- 6. A 15-year-old girl with endocarditis caused by strep. viridans.
- 7. A 13-year-old girl with disfiguring acne.
- 8. An 8-year-old boy with tonsillitis due to β-haemolytic streptococcus.
- 9. A 3-year-old boy with otitis media.
- 10. A 4-year-old unimmunised sibling of a 2-year-old boy with whooping cough.

Erythromycin

Indications: alternative to penicillin in hypersensitive patients; sinusitis, diphtheria and whooping cough prophylaxis; chronic prostatitis.

Cautions: hepatic impairment.

Contra-indications: contra-indicated in liver disease.

Side-effects: nausea, vomiting, diarrhoea after large doses.

Dose: by mouth: 250-500 mg every 6 hours;

CHILD: 125-250 mg every 6 hours,

Syphilis: 20 g in divided doses over 10 days.

By slow intravenous injection or infusion: 2g daily; in divided doses, increased to 4 g in severe

infections;

CHILD: 30-50 mg/kg daily in divided doses.

Gentamicin

Indications: septicaemia and neonatal sepsis; meningitis and other CNS infections; biliary tract infection, acute pyelonephritis or prostatitis, endocarditis caused by *Strep. viridans or faecalis* (with penicillin).

Cautions: increase dose interval in renal impairment (see below).

Contra-indications: pregnancy, myasthenia gravis.

Side-effects: vestibular damage, reversible nephrotoxicity.

Dose: by intramuscular injection or slow intravenous injection or infusion: 2-5 mg/kg daily, in divided doses every 8 hours. In renal impairment the interval between successive doses should be increased to 12 hours when the creatinine clearance is 30-70 ml/minute, 24 hours for 10-30 ml/minute, 48 hours for 5-10 ml/minute, and 3-4 days after dialysis for less than 5 ml/minute; CHILD: up to 2 weeks, 3 mg/kg every 12 hours; 2 weeks-12 years, 2 mg/kg every 8 hours. By intramuscular injection in divided doses every 8 hours.

Phenoxymethylpenicillin (Penicillin V)

Indications: tonsillitis, otitis media, rheumatic fever prophylaxis, endocarditis prophylaxis.

Cautions: Contra-indications: Side-effects: see under Benzylpenicillin.

Dose: 250-500 mg every 6 hours, at least 30 minutes before food; CHILD: every 6 hours, up to I year 62.5 mg, 1-5 years 125 mg, 6-12 years 250 mg

Tetracycline

Indications: exacerbations of chronic bronchitis; infections due to brucella, chlamydia, mycoplasma, and rickettsia; severe acne vulgaris.

Cautions: breast-feeding; rarely causes photosensitivity. Avoid intravenous administration in hepatic impairment.

Contra-indications: renal failure, pregnancy, children under 12 years of age.

Side-effects: nausea, vomiting, diarrhoea; super-infection with resistant organisms; rarely allergic reactions.

Dose: by mouth: 250-500 mg every 6 hours

Syphilis: 30-40 g in divided doses over 10-15 days

Non-gonococcal urethritis: 500 mg 4 times daily for 10-21 days.

By intramuscular injection: 100 mg every 8-12 hours, or every 4-6 hours in severe infections.

By intravenous infusion: 500 mg every 12 hours; max. 2 g daily

Ampicillin

Indications: urinary-tract infections, otitis media, chronic bronchitis, invasive salmonellosis, gonorrhoea.

Cautions: Contra-indications: Side-effects: see under Benzylpenicillin; also erythematous rashes in glandular fever and chronic lymphatic leukaemia; reduce dose in renal impairment.

Dose: by mouth: 0.25-1 g every 6 hours, at least 30 minutes before food;

Gonorrhoea: 2g as a single dose repeated for women.

Urinary-tract infections: 500 mg every 8 hours.

By intramuscular injection or intravenous injection or infusion: 500 mg every 4-6 hours; higher

doses in meningitis

CHILD: any route, 1/2 adult dose.

Benzylpenicillin (Penicillin G)

Indications: tonsillitis, otitis media, streptococcal endocarditis, meningococcal and

pneumococcal meningitis, prophylaxis in limb amputation.

Cautions: history of allergy; renal impairment. *Contra-indications*: penicillin hypersensitivity.

Side-effects: sensitivity reactions, fever, joint pains; angioedema; anaphylactic shock in hypersensitive patients; diarrhoea after administration by mouth.

Dose: By intramuscular injection: 300-600 mg 2-4 times daily; CHILD up to 12 years: 10-20 mg/kg

daily; NEONATE: 30 mg/kg daily *By intravenous infusion*: up to 24 g daily

Prophylaxis in dental procedures and limb amputation.

Задание 4. Кейсы.

Case Study

Below is a list of the medical specialties. Choose from this list to identify the specialist(s) likely to handle each situation below.

allergist and immunologist orthopedic surgeon anesthesiologist otolaryngologist colon and rectal surgeon pathologist dermatologist pediatrician emergency physician physiatrist family practice physician plastic surgeon

Internist preventive medicine physician

neurological surgeon psychiatrist neurologist radiologist nuclear medicine specialist general surgeon obstetrician-gynecologist thoracic surgeon

ophthalmologist urologist

| 1. | Juan Rodriguez fell out of a tree. Now his arm hurt | s. Which specialist can read the X-ray and |
|----|---|--|
| | determine if the arm is broken? | If there is a fracture, which specialist |
| | should Juan see? | |
| 2 | George Lewis flunked out of law school last week | and since then he's been too depressed to |

- 2. George Lewis flunked out of law school last week, and since then, he's been too depressed to get out of bed. Which specialist should his family consult? ______.
- 3. Ilya Freyman's TV antenna punctured a hole in his eardrum, leaving him with a substantial

| | hearing loss. Which specialist, should he consult? |
|----|---|
| 4. | Mona Patel has a rash on her hands. It itches and stings. Which specialist can help's |
| | · |
| 5. | During the late summer, Young Ran Kim sneezes about 200 times a day. Name two |
| | specialists who might treat her for this common problem |
| 6. | Sofia Miller felt a lump in her breast. Which doctors might she go to for an opinion abou |
| | what to do next? |
| 7. | Jose Perez had an emergency appendectomy last week. Who probably operated on him? |
| 8. | George Jones was murdered last week. The specialist performing the autopsy to determine the |
| | cause of death is a forensic |
| 9. | Boris Rothman went to a health fair and had his blood pressure taken. He was told that it was |
| | elevated and that he should see a doctor. Which specialist did he probably consult |
| | |

Эталоны ответов:

Задание 1. Кейсы.

- 1. epilepsy 2. gangrene 3. cataracts 4. Parkinson's disease 5. tuberculosis 6. cystic fibrosis
- 7. cholera 8. diphtheria 9. cerebral palsy 10. AIDS 11. gastroenteritis

Задание 2. Кейсы.

1. Red 2. Green 3. Blue 4. Red 5. Yellow 6. Yellow 7. Red 8. Blue 9. Red 10. Blue 11. Yellow 12. Red 13. Red 14. Green 15. Red 16. Red 17. White

Задание 3. Кейсы.

- 1. gentamicin
- 2. benzylpenicillin, erythromycin
- 3. ampicillin
- 4. cefuroxime
- 5. benzylpenicillin
- 6. benzylpenicillin, gentamicin
- 7. erythromycin, tetracycline
- 8. benzylpenicillin, phenoxymethylpenicillin
- 9. tetracycline
- 10.erythromycin

Задание 4. Кейсы.

- 1. radiologist, orthopedic surgeon
- 2. psychiatrist
- 3. otolaryngologist
- 4. dermatologist
- 5. allergist and immunologist, otolaryngologist
- 6. family practice physician, thoracic surgeon
- 7. general surgeon
- 8. pathologist
- 9. Internist, family practice physician

4.3. Перевод текста для оценки компетенции «УК-4, УК-5

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

TEKCT 1.

Polyclinic

institution [insti tju: n] учреждение

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

call [k :11] 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.

4.4 Вопросы для сообщения по теме «Приволжский исследовательский медицинский университет», компетенции «УК-4, УК-5»:

Privolzhsky Research Medical University

to establish – устанавливать independent – независимый to acquire the status – получать статус department – кафедра currently – в настоящее время

the course of training = the course of study – курс обучения

to last – длиться tuition – обучение

the Faculty of General medicine – лечебный факультет

the Pediatric faculty – педиатрический факультет

the Faculty of Preventive medicine – медико-профилактический факультет

the Faculty of Dentistry – стоматологический факультет

the Pharmaceutical faculty – фармацевтический факультет

the Faculty of Foreign students – факультет обучения иностранных студентов

to get higher education – получать высшее образование

public health - общественное здравоохранение

to prevent diseases – предотвращать болезни

applicant – абитуриент

the post-graduate Faculty – факультет послевузовской подготовки

graduate – выпускник

postgraduate training –послевузовское образование

to gain a scientific degree - получать ученую степень

international activities – международная деятельность

the department of international services – международный отдел

facilities – возможности

practitioner - практикующийврач

entrance exams - вступительные экзамены

to be admitted to - поступитьв

to attend (lectures, classes) - посещать (лекции, занятия)

to join a scientific society - вступатьвнаучноеобщество

to provide facilities for - создаватьусловиядля

hostel - общежитие

to rent a room - сниматькомнату

to be eager to do smth. – очень хотеть что-тоделать

Privolzhsky Research Medical University is a major centre for training medical practitioners in Russia. Its history goes back to March 21, 1920 when a medical faculty was established at the University of Nizhny Novgorod. That was an official birthday of medical education in Nizhny Novgorod.

More than 600 teachers work in more than 75 departments of the university. Currently about 3000 students are being trained here. The course of training lasts 6 years, though dentists and pharmacists study for 5 years. Tuition is given at the following faculties:

- 1. *The faculty of general medicine* is the biggest one. About half of the students study to specialize in surgery, therapy, obstetrics and gynaecology, ophthalmology, neurology and others.
- 2. At *the pediatric faculty* physicians are taught to treat children.
- 3. *The faculty of preventive medicine* trains hygienists and epidemiologists who introduce the main prophylactic principles of public health to prevent diseases.
- 4. At *the faculty of dentistry* specialists are trained in the following branches: dental therapy, dental surgery, dental orthopedics and pediatric dentistry.
- 5. The pharmaceutical faculty trains pharmaceutists.

- 6. *The faculty of foreign students* provides training for international students in general medicine, dentistry, pediatrics and pharmacy.
- 7. *The post-graduate faculty* aims to provide graduates with postgraduate training in more than 20 specialties. Those who make real advances in research gain their scientific degrees.

International activities are also very important for the university. The department of international services has established long-term contacts with international organizations and cooperates with foreign universities in Germany, France, Shri-Lanka and Malaysia on the students' and teachers' exchange programmes.

As for me, I finished school in ... and after passing competitive entrance examinations successfully I was admitted to the university. Now I am a first- (second)-year student of the ... faculty. During the first two years we study a lot of basic subjects. According to the time-table we study Organic and Inorganic, Analytical, Physical and Colloidal Chemistry, Biology, Botany, Physics, Physiology, Microbiology, Latin and other subjects. I like ... most of all. I spend much time in the laboratory and attend all lectures and practical classes in this discipline. Besides, I joined the scientific society and did my first research in this field.

To add to this, our research university provides various facilities for the students and the staff. Among them there is a well-stocked library, a students' campus with a number of hostels, a computer centre, gyms. I live with my parents/at a hostel/rent a room. It takes me much time to study. But I still do sports. I took up playing badminton at school. I was eager to continue it here and I am lucky to have such an opportunity. I think there is a huge range of accessible sporting activities. I have made a lot of friends here and we often spend time together. They are not only medicine-oriented, but share my views and interests. I have no regrets in choosing my profession and this medical university in particular.

4.5. Вопросы собеседования, компетенции «УК-4, УК-5».

Answer the questions:

- 1. When was Medical Institute established in Nizhny Novgorod?
- 2. How long does the course of training last in each faculty?
- 3. How many faculties are there at the university? Say briefly about each faculty.
- 4. What does the department of international services do? What foreign countries does the university have contacts with?
- 5. What facilities does PRMU provide for the students and the staff?

4.6. Задание по презентации по теме «Инфекционные заболевания», компетенции «УК-4, УК-5, ОПК-1 »

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.

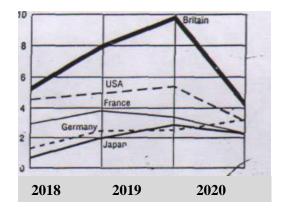
That's the issue **in** general, now let's look at the first problem **in** (more) detail.

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
- Good morning, ladies and gentlemen. Today, I'm going to talk about changes in medical equipment prices in Britain, the US, France, Germany and Japan during the period 2018 to 2020.
- ² First of all, let's look at a country whose price inflation was the <u>highest</u> during this period.
- As you can see from the graph, price inflation in Britain stood <u>at around</u> 5% in 2018, <u>rising to</u> almost 10% in 2020, before <u>falling back</u> to 4% in 2019.

4

- Now, if we turn to Japan, we can see that the situation is <u>different</u>. Price inflation in Japan was as low as 1% in 2018, and even though it <u>subsequently rose</u>, it was always <u>below</u> 4%.
- Finally, let's look at Germany, the only country experiencing <u>an upward trend in</u> inflation in 2019. <u>This rise from around</u> 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.

4.6. Задания (оценочные средства), выносимые на зачет

- 1. Лексико-грамматический тест. (УК-4) https://sdo.pimunn.net/mod/quiz/view.php?id=149385
- 2. Перевод научно-медицинского текста (УК-4, УК-5, ОПК-1)

Causes of Hip Dysplasia

Hip dysplasia is the medical name used to describe a problem with formation of the hip joint in children. The location of the problem can be either the ball of the hip joint (femoral head), the socket of the hip joint (the acetabulum), or both.

The exact cause of hip dysplasia is not easy to pin down, as there are thought to be several factors that contribute to developing this condition. Hip dysplasia is most common in first born girls. Some known risk factors for a child to have hip dysplasia include:

- Children with a family history of hip dysplasia
- Babies' born in breech position (breech is a commonly used word to refer to a baby who is not in a head down or vertex presentation. Usually this means a baby who is bottom down.)
- Babies born with other "packaging problems" ("Packaging problems" are conditions that result in part from the in-utero position of the baby; for example, clubfoot (Clubfoot is a birth defect that causes a newborn baby's feet to point down and inward. However, if clubfoot is properly treated, the clubfoot deformity can often be cured in early childhood) and torticollis (a condition, in which a newborn has limited motion on one side of his neck).
- lack of intrauterine fluid.

5. Содержание оценочных средств промежуточной аттестации

Промежуточная аттестация проводится в виде зачета *Содержание зачёта*:

- 2. Лексико-грамматический тест. https://sdo.pimunn.net/mod/quiz/view.php?id=149385
- 3. Перевод научно-медицинского текста (1200 печатных знаков –60 минут).

5.1 Перечень контрольных заданий и иных материалов, необходимых для оценки знаний, умений, навыков и опыта деятельности

5.1.1. Вопросы к зачёту по дисциплине иностранный язык (английский)

| Вопрос | Код компетенции (согласно РПД) |
|---------------------|--------------------------------|
| 1. Лексико- | УК-4 |
| грамматический тест | |
| 2. Перевод научно- | УК-4,УК-5,ОПК-1 |

| медицинского | |
|--------------|--|
| текста | |

6. Критерии оценивания результатов обучения

| Результаты | Критерии оценивания | | |
|--|---|---|--|
| обучения | 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 | |

6.1 Для тестирования:

Оценка «5» (Отлично) - баллов (100-90%)

Оценка «4» (Хорошо) - балла (89-80%)

Оценка «3» (Удовлетворительно) - балла (79-70%)

Менее 70% – Неудовлетворительно – Оценка «2»

6.2 Для перевода:

| | ЗАЧТЕНО | | не зачтено |
|------------------------|----------------------------|---------------------------------|------------------------|
| | ИЗУЧАЮЩЕЕ ЧТЕНИЯ (ПЕРЕВОД) | | |
| Полный перевод (100%) | Полный перевод | Фрагмент текста | Неполный перевод |
| адекватный смысловому | (100%–90%). | переведён не | (менее ½). Непонимание |
| содержанию текста на | Встречаются | полностью $(2/3 - \frac{1}{2})$ | содержания текста, |
| русском языке. Текст – | лексические, | или с большим | большое количество |
| грамматически | грамматические и | количеством | смысловых и |
| корректен, лексические | стилистические | лексических, | грамматических ошибок. |

| единицы и | неточности, которые | грамматических и | |
|------------------------|---------------------|---------------------|--|
| синтаксические | не препятствуют | стилистических | |
| структуры, характерные | общему пониманию | ошибок, которые | |
| для научного стиля | текста, однако не | препятствуют общему | |
| речи, переведены | согласуются с | пониманию текста. | |
| адекватно | нормами языка | | |
| | перевода и стилем | | |
| | научного изложения. | | |

Полный комплект оценочных средств для дисциплины «Название дисциплины» представлен на портале СДО Приволжского исследовательского медицинского университета- *ссылка*

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