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Кафедралатинского и иностранных языков

**Иностранный язык (английский)**

**СБОРНИК**

**МЕТОДИЧЕСКИХ УКАЗАНИЙ**

**ДЛЯ ОБУЧАЮЩИХСЯ К ПРАКТИЧЕСКИМ ЗАНЯТИЯМ**

для специальности060301 - Фармация

2 курс **(**очная форма обучения)

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ст. преп. Юрчук Г.В.

доц. Платонова Н.В.

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2015г.

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**2 курс 3 семестр**

**1.** **Занятие №** 1

**Тема:** **“Tablets. Production”**

**2. Форма организации учебного процесса:** практическое занятие.

Разновидность занятия: работа в парах, дискуссия, упражнения.

Методы обучения: объяснительно-иллюстративный, частично-поисковый.

**3. Значение изучения темы** – Формирование коммуникативной и профессиональной компетенции по данной теме. Студенты получают первичные знания о таблетках как самой распространённой форме лекарственного препарата, включая их свойства, размеры, форму, а также их производство.

**4. Цели обучения:**

**общая:**

студент должен обладать ОК-5, ПК-48.

**учебная:**

студент должен **знать** лексический минимум по изучаемой теме; на основе теоретических знаний и практических умений обучающийся должен **уметь** излагать на английском языке правила приготовления таблеток, **уметь** ориентироваться в тексте, по контексту или с помощью словаря находить значения английских эквивалентов, делать грамматический анализ текста, находить нужную информацию;

**владеть** грамматическими навыками, а именно: **уметь** употреблять в устной и письменной речи безличные предложения (Impersonal Sentences), **знать** особенности перевода данной конструкции; закрепление модальных глаголов в сочетании с пассивным инфинитивом.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

а) Повторение и закрепление тематической лексики:

tablet, a half tablet, coated tablet, lozenges, dragee, blister, pillbox.

b) Повторение употребления модальных глаголов сan, may, should, must.

|  |  |
| --- | --- |
| Modal verbs | Meaning |
| **can** | 1. объективная возможность (т.е. «мочь», «быть в состоянии») 2. умение, способность (т.е. «уметь», «мочь») |
| **may** | 1. Предположение, вероятность, возможность 2. разрешение |
| **must** | 1. долженствование 2. запрет (в отрицательных предложениях) |
| **should** | долженствование в форме рекомендации, пожелания |

Modal verbs *сan, may, should, must.*

Use the right modal verb:

1. Do you think I… accept his invitation? 2. Will you go to the cinema tonight with us?- I’m not very sure I… . 3. Jack, I’m carrying a lot of different things. … you open the door for me? 4. Where … I smoke in the plane? 5. I think you … say it to her yourself. 6. I’m not very sure, but he … come every moment. 7. This is non - smoking compartment, sir. You … not smoke here. 8. I … really ask you to be a little quieter!

Безличные предложения (Impersonal Sentences)

1 Если в русском предложении нет подлежащего и оно не подразумевается, то такое предложение называется безличным.

2 В английских безличных предложениях (которые обозначают явление при роды, время, расстояние или ощущение) должно употребляться формальное подлежащее it.

3. На русский язык подлежащее it не переводится.

4 Сказуемое английского безличного предложения обычно состоит to bе (в любом времени) и именной части сказуемого и глагола-связки .

выраженной прилагательным, существительным или числительным.

It is cold today. Сегодня холодно. It was autumn. Была осень. It will bе warm. Будет тепло.

The Infinitive

Инфинитив - это неличная глагольная форма, которая только называет действие и выполняет функции как глагола, так и существительного. Инфинитив отвечает на вопрос *что делать?, что сделать?*

Формальным признаком инфинитива является частица **to**, которая стоит перед ним, хотя в некоторых случаях она опускается. Отрицательная форма инфинитива образуется при помощи частицы **not**, которая ставится перед ним:

|  |  |
| --- | --- |
| Try **not** **to use** bad language! | *Постарайся* ***не употреблять*** *грубых слов!* |
| It was difficult **not** **to speak**. | *Было трудно* ***не говорить****.* |

|  |
| --- |
| Обстоятельство |

Инфинитив употребляется в функции обстоятельства для выражения цели и следствия и отвечает на вопрос: ***для чего?***:

**1.**  В функции ***обстоятельства цели***, поясняя ***зачем?, почему?*** и т.д. совершается действие.***.*** Встреч. и в начале и в конце предложения. При переводе на русский яз. перед инфинитивом обычно ставят союз ***чтобы, для того чтобы***. Иногда инфинитив вводится сочетан. **in order** и **so as**, хотя чаще они опускаются.

|  |  |
| --- | --- |
| He stopped **to speak** to Mary. | *Он остановился,* ***чтобы поговорить*** *с Мэри.* |
| I have come here **to meet** her. | *Я пришел сюда,* ***чтобы встретиться*** *с ней.* |
| We had a swim so as **to cool off**. | *Мы искупались,* ***чтобы охладиться****.* |
| I went in **to see** if they were ready. | *Я вошел,* ***чтобы посмотреть****, готовы ли они.* |

**To be** there on time we must hurry. ***Чтобы быть*** *там вовремя, нам надо торопиться.*

При отрицательном инфинитиве **so as** обычно употребляется всегда:

|  |  |
| --- | --- |
| I hired a taxi so as **not to miss** the train. | *Я взял такси, чтобы* ***не опоздать*** *на поезд.* |

**2.** В функции ***обстоятельства следствия.*** В этом случае инфинитив ставится в конце и ему обычно предшествуют слова: **too** - *слишком*, **enough** - *достаточно*. При переводе на русский яз. обычно ставится союз ***(для того) чтобы***.

**too +**  прилагательное/наречие  **+  инфинитив**

|  |  |
| --- | --- |
| He is too lazy **to get up** early. | *Он слишком ленив,* ***чтобы вставать*** *рано.* |
| He is too young **to understand** it. | *Он (еще) слишком молод,* ***чтобы понять*** *это.* |
| It was too late **to come back**. | *Было слишком поздно* ***возвращаться назад****.* |

прилагательное/наречие   **+ enough   +   инфинитив**

|  |  |
| --- | --- |
| He is lazy enough **to get up** early. | *Он достаточно ленив,* ***чтобы вставать*** *рано.* |
| She is old enough **to go** to work. | *Она (уже) достаточно взрослая,* ***чтобы идти*** *работать.* |

**5.2. Основные понятия и положения темы:**

* Definition of a tablet.
* A process of tabletting.
* Substances used in making tablets.
* The reasons of some difficulties in the process of tabletting.
* The role of pressure.
* The role of glidants. Lubricants.

The tablet is the common form of medication (a synonym is a pill).

Tabletting (tablet making) is a process when a known volume of a drug in a finely divided state is subjected to pressure. Tablets can be made easily from certain drugs. Sodium chloride and other alkali halides are used to manufacture tablets. The most common shape of the tablets is a circular body with flat or slightly convex sides. There are also rectangular, triangular and many other shapes. Shapes and size of the tablets is essentially ethical. Tablets should have a pleasing appearance. Beside the use of a tablet is also taking into consideration. A tablet meant for making solutions should be as thin as possible to dissolve quickly. And have a larger diameter than average tablets of the same weight. Tablets to be dissolved slowly in the mouth are flat and thick to have a tasting effect. Tablets to be coated after compression must have a deep convex shape and be harder than other tablets.

Glidants are added to the tablet materials to improve their flow properties. To glidants belong such substances as natural starch that has excellent flow improvement properties.

**5.3. Самостоятельная работа по теме:**

Read and translate the text. Write down the types of tablets according to their action:

Tablets

The tablet is the most common form of medication in a dry state. Tablets have a great variety of shapes and sizes. The most common shape is a circular body with flat or slightly convex sides. There are also rectangular, triangular and many other shapes. The selection of particular shapes and sizes of the tablets is essentially ethical. A pleasing appearance of the tablets is very important for a patient. There are a number of features which are helpful for better use. Tablets which are to be dissolved as quickly as possible are thin. They are for making solutions. These tablets have a large diameter than average tablets of the same weight. Tablets which are to be dissolved slowly in the mouth are flat for convenience of the user and thick enough to have a lasting effect. Efficiency of the tablet depends on these peculiarities. Coated tablets have convex shape and they are harder than other tablets.

Tablets have a variety of action. **Anti-inflammatory drugs** are used in the treatment of various infections. **Antibiotics** compose a large group. **Sulfa drugs** are also in majority. In addition, there are **cardiacs, sedatives, laxatives**, **analgetics**. Cardiacs include drugs that affect the heart, drugs that affect blood pressure, and drugs that prevent blood clotting. Analgetics are also called pain-killers. **Sleeping pills** make a separate group of tablets. **Narcotics** are drugs which in moderate doses can suppress the central nervous system and relieve pain. Central nervous system drugs are of two main types: those which stimulate the nerves in the brain and spinal cord, **stimulants**, and those which depress the nerves in the brain and spinal cord, **depressants**.

One should remember that all tablets must be taken only according to the doctor’s recommendations.

Answer the questions on the text:

1. What shapes and sizes have the tablets?

2. What peculiarities have the tablets for solutions?

3. What is the most common shape of tablets?

4. What are important factors in the preparation of the deep convex tablets?

5. What substances are used for tablet making?

6. Are any auxiliary substances added?

7. To what drugs is it necessary to add auxiliary substances?

8. Why are some difficulties experienced in the process of tabletting?

9. What is necessary to do in order to avoid unnecessary complication during tabletting?

**5.4. Итоговый контроль знаний:**

Match parts of the sentences according to the text:

1. It is easier to cover a thin edge … .
2. to avoid unnecessary complication
3. as it needs less substance
4. as it’s a quicker process
5. Tablets should have … .
6. sweet taste
7. pleasant aroma
8. a pleasing appearance
9. A tablet for solutions Is required to have … .
10. a score
11. a large diameter than average tablets
12. thin edges
13. Lubricants are substances which facilitate … .
14. good ironing
15. good absorption
16. smooth ejection of the compressed tablets
17. The correct pressure must be applied … .
18. during the coating process
19. 2.to avoid crumbling
20. 3.to avoid melting
21. Tablets FOR dissolvING in the mouth must be … .
22. tasty
23. more strongly compressed
24. fragrant

**5.5. Ситуационные задачи по теме:**

1. It’s known that most children dislike taking tablets. It always becomes a problem for mums to force their sick children take drugs. If you were a manufacturer, what parameters would you pay attention to in the manufacture of tablets for children (you can find them in the puzzle below)?

W T A F G X Q R N S

H P N H N H X C H I

T N F D I Q R U E Z

T P Y X T R J G Q E

K A Y P A D A M G P

S G S P O K Q P W H

D P O T C O L O U R

D Z B A E H W H U L

X F P K V E A Z C O

S W B C I S N T E W

2. Imagine that your group mate (in student exchange program) missed a lecture on appearance and intrinsic properties of tablets. What would you tell him?

**6. Домашнее задание для уяснения темы занятия:**

Выучить лексику. Подготовиться к монологическому высказыванию по теме.

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой.**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

“Modern shapes and sizes of tablets”, “New technologies in tableting”.

**1. Занятие № 2**

**Тема занятия** **“Tablets”**

**2. Форма организации занятия:** практическое занятие.

Разновидность занятия: работа в парах, дискуссия, упражнения.

Методы обучения: объяснительно-иллюстративный, частично-поисковый.

**3. Значение темы** - Формирование коммуникативной и профессиональной компетенции по данной теме. Студенты получают первичные знания о таблетках.

**4.Цели обучения:**

**общая:**

студент должен обладать ОК-5, ПК-48.

**учебная:**

студент должен **знать** лексический минимум по изучаемой теме; на основе теоретических знаний и практических умений обучающийся должен **уметь** излагать на английском языке правила приготовления таблеток, **уметь** ориентироваться в тексте, по контексту или с помощью словаря находить значения английских эквивалентов, делать грамматический анализ текста, находить нужную информацию;

**владеть** грамматическими навыками, а именно: **уметь** употреблять в устной и письменной речи безличные предложения (Impersonal Sentences) модальные глаголы в сочетании с пассивным инфинитивом, Инфинитив в функции обстоятельства цели, **знать** особенности перевода данной конструкции.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

a. Инфинитив в функции обстоятельства цели может стоять до или после ядра предложения (иногда перед инфинитивом используется выражение-in order to – “для того, чтобы”). Независимо от наличия или отсутствия в английском предложении словосочетания *in order to*, на русский язык инфинитив в функции обстоятельства цели всегда переводится словами -«для», «для того, чтобы», «чтобы».

*In order to survive animals must have an adequate supply of oxygen*. – Для того, чтобы выжить животным необходимо адекватное снабжение кислородом.

b. Different types of drugs

Match the names of different drugs given below with their description:

|  |  |
| --- | --- |
| 1. Miracle drugs – | 9.Anti-inflammatory – |
| 1. Analgetics – | 10.Tranquillizers – |
| 1. Digitalis – | 11.Narcotics – |
| 1. Diuretics – | 12.Sedatives – |
| 1. Insulin – | 13.Anti-emetics – |
| 1. Decongestants – | 14.Anticoagulants – |
| 1. Stimulants – | 15.Aspirin – |
| 1. Laxatives – |  |

1. A wide range of drugs to relieve pain.
2. They help to remove excess fluid from the body.
3. They increase activity.
4. These drugs are used to reduce and suppress inflammation.
5. Excellent painkillers originally derived from opium.
6. These drugs help suppress nausea and vomiting.
7. One of the best known drugs which anyone can buy and use to relieve pain, inflammation and fever.
8. They prevent blood clots forming.
9. They soothe patients and help them sleep.
10. These are used to calm people and relieve anxiety.
11. They are taken to relieve constipation.
12. These help to clear a stuffy nose.
13. Antibiotics are sometimes given this name because of the rapid relief they bring to many infectious diseases.
14. A protein hormone secreted in the pancreas that controls the concentration of glucose in the blood. Its deficiency results in diabetes mellitus.
15. It’s used to increase the performance of a weak heart.

**5.2. Основные понятия и положения темы:**

A drug may be classified by the chemical type of the active ingredient or by the way it is used to treat a particular condition. Each drug can be classified into one or more drug classes.

Drug Recognition Experts (DRE):

*The 7 Drug Categories*

Physicians have long recognized that different types of drugs affect people differently. Nonetheless, drugs may be categorized or classified according to certain shared symptomatologies or effects. The DRE categorization process is premised on these long-standing, medically accepted facts. DREs classify drugs in one of seven categories: Central Nervous System (CNS) Depressants, CNS Stimulants, Hallucinogens, Phencyclidine (PCP) and its analogs, Narcotic Analgesics, Inhalants, and Cannabis.

(1) Central Nervous System (CNS) Depressants

CNS Depressants slow down the operations of the brain and the body. Examples of CNS Depressants include alcohol, barbiturates, anti-anxiety tranquilizers.

(2) CNS Stimulants

CNS Stimulants accelerate the heart rate and elevate the blood pressure and "speed-up" or over-stimulate the body. Examples of CNS Stimulants include Cocaine, "Crack", Amphetamines and Methamphetamine ("Crank").

(3) Hallucinogens

Hallucinogens cause the user to perceive things differently than they actually are. Examples include LSD, Peyote, Psilocybin and MDMA (Ecstasy).

(4) Dissociative Anesthetics

One of the seven drug categories. It includes drugs that inhibit pain by cutting off or dissociating the brain's perception of the pain. PCP and its analogs are examples of Dissociative Anesthetics.

(5) Narcotic Analgesics

A narcotic analgesic relieves pain, induces euphoria and creates mood changes in the user. Examples of narcotic analgesics include Opium, Codeine, Heroin, Demerol, Darvon, Morphine, Methadone, Vicodin and OxyContin.

(6) Inhalants

Inhalants include a wide variety of breathable substances that produce mind-altering results and effects. Examples of inhalants include Toluene, plastic cement, paint, gasoline, paint thinners, hair sprays and various anesthetic gases.

(7) Cannabis

Cannabis is the scientific name for marijuana. The active ingredient in cannabis is delta-9 tetrahydrocannabinol, or THC. This category includes cannabinoids and synthetics like Dronabinol.

**5.3. Самостоятельная работа по теме:**

a. Выделение ключевых слов и выражений, составление плана темы. Зачитывание тезисов.

b. Письменный перевод текста.

Text A. DRUGS

There are many useful drugs available today. A few of these come from plants of herbs and have been used for many tears. For example, the drug **digitalis** comes from the foxglove plant; physicians have used it for over 200 years to treat heart disease. Digitalis is still the best drug available for some types of heart disease. Other drugs come from animals. For example, **insulin** is a hormone which is produced in the pancreas and which controls the blood sugar level. In 1922, two Canadian scientists discovered how to extract insulin from the pancreases of dogs. This could then be given to people with diabetes (a disease in which the patient's pancreas cannot make enough insulin). Before then diabetes killed most patients within a few months. Since the discovery of insulin, patients with diabetes can lead normal lives. Unfortunately, the patients cannot take insulin by mouth; they must inject it under the skin. Most insulin is no longer extracted from animal pancreases. Scientists have used the techniques of genetic engineering to make bacteria produce insulin. The gene which codes for insulin is attached to the bacterium's own DNA. Every time the bacterium reproduces, it makes some insulin as well. This is called **biosynthetic** insulin.

Most drugs today are made by chemical processes. For example, the important drug **cimetidine** was developed in the 1970s for the treatment of ulcers. Ulcers are often made worse by too much acid in the stomach, which can now be reduced by cimetidine. Until fairly recently doctors treated ulcers with a major operation. The surgeon removed part of the stomach and cut the nerves, which stimulated the stomach to make acid. Cimetidine cures 80 percent of ulcers in eight weeks, so most patients do not need major surgery.

One of the most important advances of modern medicine is **cyclosporine,** an immunosuppressant drug (one which suppresses the body's immune system). It is used to prevent graft rejection in transplants (see Chapter 13 for more details). Another important new drug is **streptokinase,** an anticoagulant (that is, a drug which breaks up blood clots). A heart attack s caused by a clot of blood in the arteries around the heart. If the blood clot is not removed quickly, the heart muscle will be permanently damaged. Without streptokinase, half of all patients with hearts attacks will die. But if the physician gives streptokinase, the patient's risk of death is reduced by 20-30 percent. If the physician also gives **aspirin** (another anticoagulant drug), the patient's risk of death is reduced by over 40 percent. Because heart attack is such a common cause of death, treatment with streptokinase and aspirin (which became standard in the late 1980s) has already saved thousands of lives.

**Cytotoxic drugs,** which kill cancer cells, have also saved many lives in recent years. Fifty years ago, most patients which cancer died within a few months. A "cure" for cancer was a miracle. Today, there are many powerful drugs which attack the cancer cells and cause the tumour to shrink. The cure rate for some cancers is now more than 50 percent. A child with leukemia has an 80 percent chance of cure if he can withstand the course of cytotoxic drugs. But these drugs can have serious side effects. They suppress the bone marrow (which makes blood cells), damage the nervous system and cause severe nausea. They may also slow the child's rate of growth and make him infertile. More minor side effects include skin rashes and loss of hair. Of course, all these problems are a small price to pay for the cure of the child's cancer. Scientists are working to develop cytotoxic drugs which have less serious side effects; this will probably be a productive branch of pharmacology over the next few years.

Today, physicians know that the drugs they give their patients can sometimes do more harm than good. Most physicians now try to avoid using drugs if possible. But in some cases, drugs can save the patient's life. Immunosuppressants, anticoagulants and cytotoxic drugs have reduced the mortality from major killers such as heart disease and cancer.

Text B. CAPSULES AND TABLETS

Capsules and tablets are the most used forms of medicine. Today they are manufactured on a large scale, but in the past they have been prepared in the pharmacy.

HISTORY

Progress in medicine saw a reduction in the use of infusions of the whole of plants. Increasingly parts of plants e.g. leaves and roots, were powdered, and by the 19th century some of their active ingredients were being identified and reproduced chemically. New mineral and chemical substances were discovered that had medicinal use. Many medicines were produced in a liquid or powder form. Ways of making these medicines palatable, disguising the taste and making swallowing easy, resulted in today's most popular and accurate dosage systems, the *Capsule* and the *Tablet.* Nowadays production is done commercially on a large scale. In the past the Pharmacist prepared these products on a small scale within the Pharmacy.

CAPSULES

There are two forms of capsules, *hard capsules* and *soft capsules.* Hard capsules are for powders or semi-solid preparations and soft capsules for liquids.

Hard capsuleswere invented in 1833 in France. They were (and are today) made of gelatin and consist of two parts, a body and a lid (they were supplied readymade but were filled in the pharmacy). A simple filling apparatus would consist of a wooden base, drilled with holes equivalent to the size of capsule being used. Weighed powder doses could be introduced through a small funnel. Semi-solid preparations were rolled into a pipe, a piece cut off and weighed, trimmed to the correct weight and placed in a capsule. The caps were fitted and the capsules packed and labelled.

Soft capsules could be made in the pharmacy. The apparatus was called a *dipper* and consisted of metal moulds of various sizes which were set into a base. The dipper was inverted and dipped into a melted glycerin/gelatin mixture, placed on its base and, when cool, the capsules were removed. The capsules could then be filled with a measured amount of liquid via a syringe then closed with a blob of the molten glycerin/gelatin mixture applied with a glass rod, or sealed by careful application of a heated rod.

TABLETS

Pharmacists have prepared tablets in two basic ways - by using a tablet triturate mould or an apparatus for compression. A *tablet triturate mould* consists of two flat plates, one bored with holes, the other having projections exactly corresponding to the holes. The ingredients are mixed with milk sugar (lactose) and the whole powder dampened with neat alcohol. This mixture is then rubbed in to fill the holes in the plate which has been placed on a flat surface. When the mixture has dried, the other plate is used to push out the tablets now formed. This method of tablet making has limitations due to the size of tablet it is possible to make and the danger of dampness affecting the medicaments during production. For small-scale production of *compressed tablets* the pharmacist could use a simple press (see illustration) consisting of three parts: a base die (A), a sleeve (B) and a punch (C). The sleeve was placed on the base die, a weighed amount of powder introduced, the punch fitted and hit with a mallet, thus producing a compressed tablet. Later, as demand increased, small machines were produced with adjustable dies to allow better control of the compression and to introduce the medicament automatically in measured doses.

**5.4. Итоговый контроль знаний:**

Complete the sentences:

1. A tablet is a common medication in ...... .

1. a circular form
2. a dry state
3. a white color

2............ of the tablets is very important for a patient.

1. a form
2. taste
3. aroma
4. useful properties

3. THIN tablets are for making ... .

1. solutions
2. powders
3. suppositories

4.Coated tablets have ....... shape.

1. concave
2. oval
3. circular
4. convex

5. THERE are cardiacs that prevent ... ... .

1. breathlessness
2. insomnia
3. blood clotting

6. THE other name of analgetics are ... .

1. miracle drugs
2. pain-killers
3. sedatives

**5.5. Ситуационные задачи по теме:**

You are preparing for the test; to learn how well you know the words try to solve the crossword, using the words given below, translate them into English:

По горизонтали: По вертикали:

(across) (down)

7.фармацевт 1.вещество

9.таблетка 2.капсула

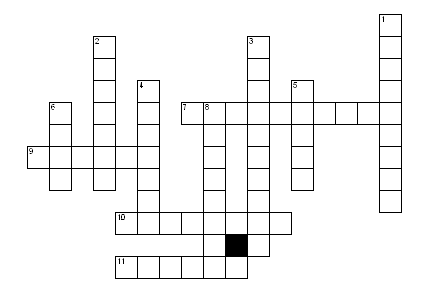
10.медицина 3.ингредиент

11.порошок 4.лактоза

5.вкус

6.оболочка

8.головная боль



**6. Домашнее задание для уяснения темы занятия:**

Выучить “Different types of drugs”. Подготовиться к монологическому высказыванию по теме.

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

“The history of the pill “birth”, “Tablets and their analogs”.

**1. Занятие № 3**

**Тема занятия** **“General Rules for Drug Taking”**

**2. Форма организации занятия:** практическое занятие.

Разновидность занятия: работа в парах, дискуссия, упражнения.

Методы обучения: объяснительно-иллюстративный, частично-поисковый.

**3. Значение темы** - Формирование коммуникативной и профессиональной компетенции по теме, которая является одной из самой важной в работе фармацевта. Студенты получают первичные знания по изучаемой теме на английском языке.

**4.Цели обучения:**

**общая:**

студент должен обладать ОК-5, ПК-1.

**учебная:**

студент должен **знать** лексический минимум по изучаемой теме; на основе теоретических знаний и практических умений обучающийся должен **уметь** излагать на английском языке правила приёма и хранения лекарств, **уметь** ориентироваться в тексте, по контексту или с помощью словаря находить значения английских эквивалентов, делать грамматический анализ текста, находить нужную информацию; **владеть** грамматическими навыками, а именно: **уметь** употреблять в устной и письменной речи Present Participle Passive, **знать** особенности перевода данной конструкции; закрепление модального глагола should.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

a. Предварительное собеседование по теме «Правила приёма лекарственных препаратов»; With what do you associate rules for taking drugs? (dose, time of taking, dose frequency, proper liquid for taking etc.);

b. повторение основных форм лекарственных препаратов:

Active words:

1.принимать лекарство- **to take a drug**

каждый час - every hour; натощак - on an empty stomach; перед едой- before meals; после еды - after meals; по одной столовой ложке *2* раза в день- a tablespoonful twice a day

2.капли - **drops**

**накапать семь** капель- to drop seven **drops**

3.мазь- **ointment**

**нанести мазь-** to put the ointment **on**

4.микстура- **mixture**

встряхнуть бутылку с микстурой перед использованием - to shake the bottle with the mixture before use

5.настойка- **tincture**

принять 10 капель настойки- to take ten drops of the tincture

6.отвар- **decoction**

давать отвар 3 раза в день после еды- to decoction three times a day after meal

7.пилюля- **pill**

обезболивающая пилюля- pain-relieving pill

8.порошок- **powder**

сложный порошок- compound powder

9.присыпка- **dust, powder**

10.раствор- **solution**

давать раствор в соответствии с предписанием врача- to give solution according to the doctor's instruction

11.свеча- **suppository**, применять свечи- to use suppositories

12.таблетка- **tablet**, полтаблетки- a half tablet

принимать таблетки 3 раза в день- to take tablets three times a day;

таблетка, покрытая оболочкой- coated tablet

13.растирать лекарство в порошок- to powder drug

14.настой - **infusion**, настой из трав — herbal potion

Translate into English:

1. Не принимайте лекарства без назначения врача
2. Вы хорошо переносите новокаин?
3. Закажите эту мазь в аптеке.
4. Взбалтывайте эту микстуру перед употреблением.
5. Принимайте эту настойку по столовой ложке два раза в день до еды.
6. Принимайте эти таблетки по одной каждые четыре часа.
7. Храните свечи в прохладном месте.
8. Запивайте эту пилюлю молоком.
9. Не принимайте эти капли натощак.
10. Выпишите лекарство от болей в сердце.

**5.2. Основные понятия и положения темы:**

Rules for taking drugs: broken rules after-effect action

dose Action of alcohol

Time of taking Information in the prescription

 Systems of control over medicinal preparations.

 Examinations and clinical tests;

 Quality control department of the factory;

 Rules for storing and taking drugs.

Для обеспечения эффективности (effectiveness) и безопасности (harmlessness) за лекарственным препаратом осуществляется контроль, выполняемый соответствующими органами. Существуют 2 независимые системы контроля - контроль в аптечной сети (drug-dispensing network) и государственный контроль (state control). До поступления на прилавки аптек лекарство проходит следующие процедуры: тест на экспериментальных животных, тщательное изучение и обследование специалистами в области токсикологии, генетики, биохимии и т.д., клинические тесты на предмет влияния данного препарата на человеческое тело, включая метод" слепого контроля"(method of blind control). Результаты исследований посылаются в фармакологический комитет (Pharmacological Committee of the Ministry of Health) для получения одобрения на производство и использование в лечении. Затем отдел технического контроля фармацевтического завода (The Quality Control Department) осуществляет свой внутренний контроль в процессе производства. Внутриаптечный контроль (Pharmacy Control) за качеством, хранением и распределением в торговой сети осуществляет ряд лабораторий. Затем уже дело самого пациента употребить лекарственный препарат с максимальной пользой для своего организма.

Вопросы по теме занятия:

1. Why do state systems of control over medicinal preparations exist?

2. What are the systems of control?

3. What’s the first step in the drug investigations?

4. What do scientists concern with?

5. What does the method of “blind control” mean?

6. When is the drug examined by scientists?

7. When is the drug ready for clinical tests?

8. What do specialists investigating clinical properties of drugs take account of?

9. Who gives the permission for the drug to be produced?

10. Why is it important to know the rules for drug taking?

GENERAL RULES FOR DRUG TAKING

It’s very important to take medicines in a proper way. If medicine is taken incorrectly, it may actually cause harm. As a rule, a prescription contains information about dosage and doses, time for taking it and the way of taking. But some patients do not always strictly follow the prescribed instructions. To protect patients from possible harm basic suggestions are given.

Many medicines taken after a meal can completely lose their effect or their effect decreases by their interaction with food in the stomach and intestinal tract. Hence pharmacological therapy follows this general rule:

* medicines having an organic structure should be taken one-half hour to one hour before meal-time.
* Non-acid-resisting antibiotics, such as ampicillin, erythromycin, penicillin and other medicines should not be taken with acidic juices or drinks containing alcohol as alcohol has a very negative influence on the effect of medicines. It intensifies the effect of histamines, barbiturates, and tricyclic antidepressants. Alcohol increases the toxicity of barbiturates by more than 50%.
* Do not miss any doses. Do not suddenly stop taking medicines without checking with your doctor even if you feel much better. Side effects may occur. If you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.
* Make and use a fresh solution each day. Do not boil the solution.
* Do not give the medicine to anyone else.
* Follow the doctor’s orders or directions on the label. Read it carefully.

Words and word combinations:

proper – правильный, надлежащий

cause harm – причинить вред

decrease – уменьшить, понизить

non-acid-resisting antibiotics – некислотоустойчивые антибиотики

**5.3. Самостоятельная работа по теме:**

Грамматика Present Participle Passive p 75 ex III-V, глагол should.

А. **Present Participle Passive** (Theory)

Формула страдательного залога: **to be + 3форма глагола**. Поставив в этой формуле вспомогательный глагол to be в Continuous to be being – получим: **to be being + 3 форма** глагола. Это формула страдательного залога группы Continuous. Первый вспомогательный глагол изменяется по временам, лицам и числам. Например, be being examined

PRESENT am/is/are being +examined

PAST was/were being +examined

FUTURE нет

Отрицание not ставится после первого вспомогательного глагола, например: The patient is not being examined now. Для образования вопросительной формы первый вспомогательный глагол выносится перед подлежащим: Is the patient being examined now?

Форма Future Continuous Passive отсутствует. На русский язык глаголы в Present & Past Сontinuous Passive переводятся соответственно настоящим и прошедшим временем несовершенного вида.Present Participle Passive (напр: being examined) употребляется в функции **определения в причастных оборотах,** соответствующих определительным придаточным предложениям с глаголом в страдательном залоге. В этой функции Present Participle употребляется для выражения действия, совершающегося в настоящий момент или в настоящий период времени, и соответствует русскому страдательному причастию настоящего времени, оканчивающемуся на – **мый**, и действительному причастию со страдательным значением на – **щийся.** Present Participle Passive также употребляется для **выражения причины** **и времени**. При переводе используются такие союзы как - когда, так как, будучи.

Examples:

a. Something is being done by someone at the moment.

Active : The postman is delivering the mail.

Passive: The mail is being delivered by the postman.

Active : The coach is congratulating the team at the moment.

Passive: The team is being congratulated by the coach.

Active : Are they opening the gifts now?

Passive: Are the gifts being opened by them? (now)

b. Something was being done by someone at sometime in the past for a while.

Active : The boy was throwing the stone.

Passive: The stone was being thrown by the boy.

Active : What was he writing on the desk?

Passive: What was being written by him on the desk?

Active : Was the suspect dragging you?

Passive: Were you being dragged by the suspect?

Active : Nobody was watching TV.

Passive: The TV wasn't being watched (by anybody).

1. Rewrite the sentences in Passive Voice:

1. We were talking about Francis. 2. He was playing the guitar. 3. She was watching a film. 4. I was repairing their bikes. 5. They were not eating dinner. 6. We were not painting the gate. 7. You were not driving him home. 8. He was not feeding the dogs. 9. Was she reading these lines? 10. Were they carrying bags?

2. Rewrite the sentences in Passive Voice:

1. Sheila is drinking a cup of tea. 2. My father is washing the car. 3. Farmer Joe is milking the cows. 4. She is taking a picture of him. 5. I am writing a poem. 6. We are not playing football. 7. He is not wearing a tie. 8. Is she preparing the party? 9. Are they talking about the meeting? 10. Is she watering the flowers?

3. Put the following sentences into Passive Voice (Present Continuous Passive):

1. The cat is tearing the new book. 2. Is the agent chasing the criminal?

3. We are collecting the donations at the moment. 4. They are washing my car now. 5. Mr. Barber is handing out the exam papers. 6. Who is checking the passports? 7. GPS is calculating the route to your destination.

4. Put the following sentences into Passive Voice (Past Continuous):

1. They were expecting a guest. 2. The chef wasn't cooking the meat. 3. The women were cleaning all the blinds. 4. They were watching the newest videos.

5. Who was taking care of the baby? 6. Why were they picking the flowers? 7. Were they painting the room when the accident happened?

B. **Should** Следовало бы

You *should* work more seriously. - Вам следовало бы работать серьезнее.

Сравните:

You *should do* it. **- Вам** следовало бы **сделать это** (теперь).

You *should have**done* it. **- Вам** следовало бы **сделать это** (раньше).

You *should not do*it. - **Вам не** следовало бы **делать этого** (теперь).

You *should not have**done* it. **Вам не** следовало бы **делать этого** (раньше)

Обратите внимание:

You *should have done* it. - следовало **сделать** (а **вы** не сделали).

You *should not have done* it. - не следовало **де­лать (а вы** сделали).

1. Give advice using *should* and words in brackets:

Model:Her diction is not very good. (to read aloud) - She should read aloud.

1.The boy is a little pale. (to play out-of-doors) 2. I am afraid you will miss that train. (to take a taxi) 3. There is no one in. (to try the room next door) 4. I have a slight irritation in my throat. (to smoke less) 5. This child doesn't want to eat soup. (not to give her sweets before dinner) 6. She makes a lot of spelling mistakes. (to copy passages out of a book) 7. The dog is afraid of him. (not to shout at the dog) 8. The students are unable to follow what I am saying. (not to speak so fast)

2. Tell the author of the following sentences what he should/shouldn’t have done:

1) I bought that book spending a lot of money. -You should not have bought the book.

2) I did not buy that book. -You should have bought the book.

1. So I took the child to the cinema. 2. We forgot to leave a message for her. 3. We did not wait for them because it was beginning to rain. 4. I did not put down her address and now I don't know how to find her. 5. I did not explain to her how to get here. 6. I bought a pair of red shoes to go with my new dress. 7. So I told her frankly, what we all thought about her idea. 8. I have not seen the film, and now it is too late because it is no longer on. 9. My pen was leaking, so I wrote with a pencil. 10. I am afraid I ate too much cake with my tea.

3. Translate the sentences using *should* with the proper form of Infinitive (*Indefinite Infinitive - Perfect Infinitive)*:

1. Вы бы сказали ей об этом. 2. Не следует вам так поздно там оставаться. 3. Ей надо сейчас же пойти к врачу. 4. Лучше наденьте шерстяные носки. 5. Им лучше начать пораньше. 6. Не следует говорить с ней по-английски. 7. Вам нужно повернуть направо. 8. Лучше скажите кому-нибудь об этом.

**5.4. Итоговый контроль знаний:**

1. Choose the right variant:

1. THE STATE SYSTEMS OF CONTROL OVER MEDICINAL PREPARATIONS PROVIDE…
2. promotion of the product
3. gross sale
4. harmlessness
5. distribution
6. AT FIRST DRUGS ARE TESTED… .
7. on experimental animals
8. on some volunteers
9. on soldiers
10. in the developing countries
11. TO EXCLUDE THE POSSIBILITY OF BIAS, THEY OFTEN APPLY…
12. beginners
13. the method of ‘blind control’
14. pure water
15. method of abstraction
16. THE QUALITY CONTROL DEPARTMENT OF THE COMPANY HAS ITS OWN…TO MAKE ANALYSIS.
17. laboratories
18. documents
19. distributors
20. experimental animals
21. LOCAL LABORATORIES CARRY OUT…
22. the procedure for dispensing in the chemist’s shops
23. quantitative analysis
24. experiments on some volunteers
25. pharmacy control

2. Use the proper modal verb:

1. WHERE IS NICK? - HE … BE IN HIS OFFICE.

1. will
2. would
3. should
4. might

2. YOU LOOK TIRED. YOU … GO TO BED.

1. must
2. should
3. would
4. are to

3...… YOU PLEASE BE QUIET? I’M TRYING TO READ.

1. would
2. shall
3. should
4. can

4. HE IS TERRIBLY FAT. HE … EAT TOO MUCH.

1. should
2. can’t
3. mustn’t
4. might not

5. WE HAVEN’T GOT MUCH TIME. WE … HURRY.

1. must
2. needn’t
3. can
4. shouldn’t

6. I … SLEEP FOR HOURS WHEN I WAS A LITTLE GIRL.

1. should
2. am able to
3. can
4. could

7. TOM … PLAY TENNIS WELL BUT HE … PLAY A GAME YESTERDAY BECAUSE HE WAS ILL.

1. couldn’t, could
2. can, was able
3. can, couldn’t
4. could, shouldn’t

8. YOU … TAKE AN UMBRELLA TODAY. THE SUN IS SHINING.

1. needn’t
2. mustn’t
3. can’t
4. should

9. YOU … SMOKE SO MUCH.

1. would
2. can’t
3. shouldn’t
4. wouldn’t

10. WE HAVE GOT PLENTY OF TIME. WE … HURRY.

1. must
2. needn’t
3. should
4. can

**5.5. Ситуационные задачи по теме:**

1.In spring my friend's brother took a tincture of the ginseng root. Ginseng is known to overcome general weakness, headache, irritability, poor appetite, in short- to raise tone and improve mood. Instead, insomnia developed and in the morning he had a splitting headache.

What rules of taking drugs might he break?

2. Explain why some medicines are not recommended for children, the elderly, pregnant and nursing mothers.

**6. Домашнее задание для уяснения темы занятия:**

Упр.VI-VIII p76. Выучить лексику.

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

“Influence of ways of taking drugs on the effectiveness of the treatment”, “Shelf life and control over the shelf life”.

**1. Занятие № 4**

**Тема занятия** **“General Rules for Drug Taking.** **Consequences of Violation of the Rules”**

**2. Форма организации занятия:** практическое занятие.

Разновидность занятия: работа в парах, дискуссия, упражнения.

Методы обучения: объяснительно-иллюстративный, частично-поисковый.

**3.Значение темы** - Формирование коммуникативной и профессиональной компетенции по данной теме, которая является одной из самой важной в работе фармацевта. Студенты получают первичные знания по изучаемой теме на английском языке.

**4.Цели обучения:**

**общая:**

студент должен обладать ОК-5, ПК-1.

**учебная:**

студент должен **знать** лексический минимум по изучаемой теме; на основе теоретических знаний и практических умений обучающийся должен **уметь** излагать на английском языке правила приёма и хранения лекарств, **уметь** ориентироваться в тексте, по контексту или с помощью словаря находить значения английских эквивалентов, делать грамматический анализ текста, находить нужную информацию; **владеть** грамматическими навыками, а именно: **уметь** употреблять в устной и письменной речи Present Participle Passive, **знать** особенности перевода данной конструкции; закрепление модального глагола should.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний:**

Контроль знания тематической лексики:

|  |  |
| --- | --- |
| 1. proper | a.режим дозирования, разовая доза препарата, кратность приёма; |
| 1. to cause harm | b.правильный, надлежащий; |
| 1. to decrease | c.пропускать; |
| 1. non-acid-resisting antibiotics | d.причинить вред; |
| 1. strictly | e.уменьшить, понизить; |
| 1. to protect from | f.некислотоустойчивые антибиотики; |
| 1. basic suggestions | g.строго; |
| 1. to lose effect | h.пропущенная доза; |
| 1. stomach and intestinal tract | i.потерять лечебное действие; |
| 1. interaction with | j.основные рекомендации; |
| 1. organic structure | k.до еды; |
| 1. before meal-time | l.желудок и кишечный тракт; |
| 1. acidic juices | m.увеличить, повысить; |
| 1. to intensify | n.защитить, предостеречь от; |
| 1. to increase | o.взаимодействие с; |
| 1. to skip | p.усилить; |
| 1. the missed dose | q.органическая структура; |
| 1. dosing schedule | r.кислые соки |

**5.2. Основные понятия и положения темы:**

It’s very important to take medicines in a **proper** way. Special attention should be paid to the dosage, time (with reference to mealtime) and ways of taking drugs.

If medicine is taken incorrectly, it may actually **cause harm**. As a rule, a prescription contains information about dosage and doses, time for taking it and the way of taking. But some patients do not always strictly follow the prescribed instructions. To protect patients from possible harm basic suggestions are given.

Many medicines taken after a meal can completely lose their effect or their effect **decrease**s by their interaction with food in the stomach and intestinal tract.

As for solutions one should make and use a fresh solution each day and not to boil the solution. Otherwise, it may lose its effect. It’s important not to give the medicine (prescribed for one person) to the other patient, follow the doctor’s orders or directions on the label and read it carefully.

1. What information does a prescription contain?

2. Why are some medicines impossible to take with meals or just after meals?

3. How should a patient take medicines having an organic structure?

4. What medicines are impossible to take with acidic juices?

5. How does alcohol influence medicines?

6. What should a patient do in case he misses a dose?

**5.3. Самостоятельная работа по теме:**

Make annotation of the text:

What is PRADAXA?

PRADAXA is a prescription medicine used to reduce the risk of stroke and blood clots in people who have a medical condition called atrial fibrillation. With atrial fibrillation, part of the heart does not beat the way it should. This can lead to blood clots forming and increase your risk of a stroke. PRADAXA is a blood thinner medicine that lowers the chance of blood clots forming in your body.

It is not known if PRADAXA is safe and works in children. Who should not take PRADAXA?

Do not take PRADAXA if you:

* Currently have certain types of abnormal bleeding. Talk to your doctor, before taking PRADAXA if you currently have unusual bleeding.
* Have had a serious allergic reaction to PRADAXA. Ask your doctor if you are not sure.

What should I tell my doctor before taking PRADAXA?

Before you take PRADAXA, tell your doctor if you:

* have kidney problems;
* have ever had bleeding problems;
* have ever had stomach ulcers;
* have any other medical condition;
* are pregnant or plan to become pregnant. It is not known if PRADAXA will harm your unborn baby;
* are breastfeeding or plan to breastfeed. It is not known if PRADAXA passes into your breast milk.

Tell all of your doctors and dentists that you are taking PRADAXA. They should talk to the doctor who prescribed PRADAXA for you, before you have any surgery, or medical or dental procedure.

Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. Some of your other medicines may affect the way PRADAXA works. Certain medicines may increase your risk of bleeding. Know the medicines you take. Keep a list of them and show it to your doctor and pharmacist when you get a new medicine.

How should I take PRADAXA?

* Take PRADAXA exactly as prescribed by your doctor.
* Do not take PRADAXA more often than your doctor tells you to.
* You can take PRADAXA with or without food.
* Swallow PRADAXA capsules whole. Do not break, chew, or empty the pellets from the capsule.
* If you miss a dose of PRADAXA, take it as soon as you remember. If your next dose is less than 6 hours away, skip the missed dose. Do not take two doses of PRADAXA at the same time.
* Your doctor will decide how long you should take PRADAXA. Do not stop taking PRADAXA without first talking with your doctor. Stopping PRADAXA may increase your risk of stroke.
* Do not run out of PRADAXA. Refill your prescription before you run out. If you plan to have surgery, or a medical or a dental procedure, tell your doctor and dentist that you are taking PRADAXA. You may have to stop taking PRADAXA for a short time.
* If you take too much PRADAXA, go to the nearest hospital emergency room or call your doctor or the Poison Control Center right away.

**5.4. Итоговый контроль знаний:**

1. Finish the sentences:

1. SOME PATIENTS BREAK…

1. bed regimen
2. rules for drug taking
3. regulations of the hospital
4. diet

2. FOLLOW THE DOCTOR’S ORDERS AND…

1. directions on the labels
2. road rules
3. friends’ advice
4. ethnoscience

3. ALCOHOL HAS A VERY NEGATIVE INFLUENCE ON…

1. patient’s behavior
2. nutrition
3. the effect of medicines
4. brain

4. TAKE MEDICINES HAVING AN ORGANIC STRUCTURE ONE-HALF HOUR TO ONE HOUR…

1. after meal
2. before morning exercises
3. after walk
4. before meal

5. THE EFFECT OF SOME DEPRESSANTS IS INTENSIFIED …

1. 1.in a proper way
2. very much
3. by alcohol
4. after walk

6. MEDICINES TAKEN INCORRECTLY MAY LOSE…

1. their effect
2. attractiveness
3. price
4. nutrition

7. EVERYONE SHOULD TAKE MEDICINES…

1. after walk
2. in a proper way
3. after meal
4. before meal

2. Insert the proper words:

1. IF MEDICINE IS TAKEN INCORRECTLY, IT MAY CAUSE … .

1. side effects
2. dizziness
3. loss of consciousness
4. diarrhea

2. AS A RULE, … CONTAINS INFORMATION ABOUT DOSAGE AND DOSES.

1. telephone directory
2. annotation
3. regulations of the chemist’s shop
4. doc’s notebook

3. SOME PATIENTS DON’T ALWAYS STRICTLY … INSTRUCTIONS.

1. watch
2. look for
3. follow
4. break

4. EFFECT DECREASES BY … IN THE STOMACH AND INTESTINAL TRACT.

1. water
2. milk
3. depressants
4. meals

5. NON – ACID – RESISTING ANTIBIOTICS SHOULD NOT BE TAKEN WITH … … .

1. mineral water
2. acidic juices
3. meals
4. hot tea

**5.5.Ситуационные задачи по теме:**

1. An old woman bought a pack of herbal tea. But the way of preparation of the infusion is written in small print. Help to read recommendations.

Use the following words:

2 tablespoons; an enamel dish; to pour boiled water; to heat; to cool; water bath; to filter; to wring out – отжать.

2. Explain how to take stimulants. Do you think that there are some peculiarities in taking stimulants?

**6. Домашнее задание для уяснения темы занятия:**

Learn words and word combinations on the topic. Retell the text.

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

“Consequences of violating the rulesin drug intake”, “Interaction of drugs”.

**1. Занятие № 5**

**Тема занятия** **“Annotation to Medical Preparations”**

**2. Форма организации занятия:** практическое занятие.

Разновидность занятия: работа в парах, дискуссия, упражнения.

Методы обучения: объяснительно-иллюстративный, частично-поисковый.

**3. Значение темы** - Будущему фармакологу (провизору) необходимо знать структуру аннотации к лекарственному препарату. Данная тема знакомит студентов со структурой аннотации к лекарственному препарату, формирует лексические навыки, расширяет вокабуляр.

Формирование коммуникативной и профессиональной компетенции по данной теме.

**Цели обучения:**

**общая:**

студент должен обладать ОК-5, ПК-1, ПК-48.

**учебная:**

студент должен **знать** лексический минимум по изучаемой теме;

на основе теоретических знаний и практических умений обучающийся должен **уметь** изложить структуру аннотации на английском языке, **уметь** ориентироваться в тексте, по контексту или с помощью словаря находить значения английских эквивалентов, делать грамматический анализ текста, находить нужную информацию; **владеть** грамматическими навыками, а именно: **уметь** употреблять в устной и письменной речи Повелительное наклонение, **знать** особенности перевода данной конструкции.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

Контроль домашнего задания. Повторение активной лексики: to take incorrectly, to cause harm, to follow strictly, to protect smb from smth, to lose effect, to decrease by interaction, to have influence on, toxicity. Прослушивание темы.

**5.2. Основные понятия и положения темы:**

Аннотация (краткое содержание) темы: Конечная цель изучения структуры аннотации, к которой надо стремиться в процессе обучения: умение бегло прочитать аннотацию к лекарству на английском языке без помощи словаря с пониманием общего смысла.

При анализе аннотации к лекарству на английском языке придерживаются следующей схемы:

1) Название лекарственного препарата (страна происхождения, фирма производитель)

2) Лекарственная форма, упаковка.

3) Состав, Действующее вещество.

4. Описание, свойства

5. Фармакотерапевтическая группа, код

6.Область (показания к применению) применения (достаточно подробно).

7.Способ применения (подробно) и Дозировка (подробно).

8. Противопоказания (назвать основные).

9.Побочные явления (назвать основные).

10. передозировка

11. взаимодействие с другими лекарственными препаратами

12. Прочая информация (особые указания, условия хранения, срок годности, условия отпуска из аптек, производитель, адрес)

Аннотации к лекарственным препаратам на английском языке в различных англоязычных странах могут в значительной степени отличаться по свой структуру. В данном пособии используются аннотации к лекарственным препаратам, применяемые в США, Канаде. Великобритании. Структура аннотации может варьировать в зависимости от того, на кого она рассчитана – на врача, фармаколога или пациента, где она опубликована – в справочнике лекарственных препаратов, медицинском журнале или рекламном проспекте.

Вопросы по теме занятия:

1. What information does annotation to medical preparations contain?

2. Why is it necessary to read annotations to medical preparations?

3. What is the established order in the annotation to medical preparations?

4. May the structure of annotations vary?

5. What may it depend on? What information goes after the name of the medical preparation?

6. What medicinal forms is it necessary to remember?

7. What kinds of tablets do you know?

8. What routes of administration do you remember?

9. What side effects can appear while taking medicines?

Грамматика: Imperative Mood (повелительное наклонение):

Глагол в повелительном наклонении выражает побуждение к действию в виде приказания, предложения, совета, предостережения, просьбы и т.п.

**Утвердительная форма** повелительного наклонения совпадает по форме с инфинитивом без частицы **to** (словарная форма):

|  |  |
| --- | --- |
| **to read** *читать*  **to translate** *переводить*  **to speak** *говорить* | **Read**! *Читай(те)!*  **Translate**! *Переводи(те!*  **Speak**! *Говори(те)!* |

Подлежащие в таких предложениях отсутствует. Просьба, приказание, совет и т.д. обычно бывают обращены ко **2-му лицу** единств. и мн. числа.

**Отрицательная форма** выражающая запрещение совершить действие, образуется при помощи вспомогательного глагола **do** и отрицательной частицы **not**. Вместо **do not** обычно употребляется сокращение **don’t**:

|  |  |
| --- | --- |
| **Don’t talk**! | *Не разговаривай(те)!* |
| **Don’t be** angry with me. | *Не сердись на меня.* |
| **Don’t cross** the street here! | *Не переходите улицу здесь!* |

**Усиленная форма.** Вспомогательный глагол **do** может употребляться и в утвердительной форме повелительного наклонения для эмоционального усиления просьбы:

|  |  |
| --- | --- |
| **Do sit** down. | *Да* ***садись*** *же.* |
| **Do come** to see us tonight. | *Непременно* ***приходи*** *к нам вечером.* |
| **Do come** and **help** me. | *Ну,* ***придите*** *же и* ***помогите*** *мне!* |
| **Do forgive** me, I didn’t mean to hurt you. | *Ну* ***простите*** *меня, я не хотел вас обидеть.* |

**Вежливая форма.** Если в конце или начале повелительного предложения стоит слово **please** *пожалуйста*, то приказание смягчается и превращается в вежливую просьбу:

|  |  |
| --- | --- |
| **Come** here, please! | ***Подойди(те)*** *сюда, пожалуйста!* |
| **Close** the door, please. | ***Закройте*** *дверь, пожалуйста.* |
| **Follow** me, please! | ***Идите за*** *мной, пожалуйста.* |
| **Don’t tell** anyone, please. | *Пожалуйста,* ***не рассказывай*** *никому.* |

**Употребление you.** Предложение адресовано 2-му лицу. Хотя местоимение **you**, указывает на это лицо, обычно в побудительном предложении не упоминается; его наличие придает побудительному предложению оттенок эмоционального раздражения:

|  |  |
| --- | --- |
| You **stop** talking! | *А ну-ка,* ***прекрати(те)*** *болтовню!* |
| You **leave** me alone! | *Да* ***оставьте*** *же вы меня в покое!* |
| You **take** your hands **off** me! | *Ну-ка* ***убери*** *от меня свои руки!* |

Наречия **always** *всегда* и **never** *никогда* ставятся перед смысловым глаголом.

|  |  |
| --- | --- |
| Always **remember** your mistakes. | *Всегда* ***помни*** *свои ошибки.* |
| Never **say** that again! | *Никогда больше этого не* ***говори(те)****.* |

|  |
| --- |
| **Употребление форм с глаголом let.** |

При обращении к **3-му лицу** используется глагол **let.** Между **let** и инфинитивом глагола ставится существительное в общем падеже или личное местоимение в объектном падеже (him, her, them, и т.д.), указывающее на лицо, которое должно совершить действие. Глагол **let** произносится без ударения:

|  |  |
| --- | --- |
| **Let** him **do** it himself. | *Пусть он сам это* ***сделает****.* |
| **Let** her **stay** here. | *Пусть она* ***останется*** *здесь.* |
| **Let** them **speak**. | *Пусть они* ***скажут****. Дайте им сказать.* |
| **Let** Victor **open** the window. | *Пусть Виктор* ***откроет*** *окно.* |

При обращении к **1-му лицу** множественного числа (*мы*), то есть тогда, когда речь идет о призыве или приглашении к совместному действию, употребляется форма **let us**, которая обычно сокращается до **let’s**, что переводится как "*давайте*" (в переводе это слово может вообще опускаться):

|  |  |
| --- | --- |
| **Let**’s **go**. | ***Пойдем****.* ***Пошли****.* |
| **Let**'s **hurry**. We are late. | ***Поспешим****. Мы опаздываем.* |
| **Let**’s **go** to the cinema tonight. | ***Пойдёмте*** *сегодня вечером в кино.* |

При выражении говорящим желания самому совершить действие после **let** употребляется местоимение **me** (хотя нужно отметить, что эта форма вообще не имеет повелительного значения):

|  |  |
| --- | --- |
| **Let** me **come** in. | *Позвольте мне* ***войти****.* |
| **Let** me **think**. | *Дай(те)* ***подумать****. (Дайте я подумаю)* |
| **Let** me **do** it myself. | *Разрешите мне* ***сделать*** *это самому.* |

Отрицательная форма образуется либо при помощи постановки отрицательной частицы **not** перед смысловым глаголом, либо при помощи **do not (don’t)** - тогда отрицание направлено на глагол **let**, который в этом случае полностью сохраняет свое значение как "*разрешать, позволять*":

|  |  |
| --- | --- |
| **Let** him **not** do it.  **Don’t let** him do it. | ***Пусть*** *он* ***не*** *делает этого.*  ***Не позволяйте*** *ему делать этого.* |
| **Don’t let** him smoke here. | ***Не разрешайте*** *ему курить здесь.* |
| **Let**’s **not** argue about it. | ***Давайте не будем*** *спорить об этом.* |

2. Введение лексики.

Remember the words and word combinations:

precautions and warnings - предупреждения и меры предосторожности

available by prescription – выдаётся только по рецепту

enteric - энтеральный, кишечный

sublingual - подъязычный, сублингвальный

buccal - буккальный, щёчный, ротовой

excretion, elimination – выведение из организма

lifetime – срок действия

shelf life – срок хранения

to alleviate – смягчать

to promote – способствовать

to assure – обеспечивать

to inhibit – тормозить

delay – задерживать

discontinue – прекращать

suppress – подавлять

to monitor – контролировать

to exacerbate – обострять

to precipitate – ускорять течение

to rotate – чередовать

to increase/reduce a dose by … to … grams – увеличить/уменьшить дозу с…до…г.

Revise: indications, contraindications, warnings, precautions, use in pregnancy, nursing mothers, geriatric use, susceptibility test, adverse effects, drug interactions, special considerations, routes of administration, supplied, dosage form.

**5.3. Самостоятельная работа по теме:**

Работа с текстом. Выписывание незнакомых слов:

Structure of annotation to medical preparations

Analyzing medical preparations in English the rule is to keep to the established order:

Name of the medical preparation; Pharmacodynamics, Pharmacokinetics; Pharmacologic classification; Administration; Dosage; Indications; Doses; Contraindications; Adverse effects; Precautions; Warnings.

After the name of the medical preparation, the following information may be indicated: a firm – manufacturer, pharmacologic classification (reactant), therapeutic classification, risk category.

Structure of annotations may vary depending on that on whom it is intended for – a doctor, a pharmacist or a patient, besides where it is published – in the directory of medical products, medical magazine or advertising brochure.

Pharmacologic classification indicates whether the drug belongs to the group of antibiotics, analgesics, sedatives, laxative or antidiarrheal preparations, and etc.

Administration indicates a way of taking drugs. The routes of administration may be: per os, by injection, (subcutaneously, intramuscularly, intravenously), inhalation, rectal administration, topical (local) administration;

It’s necessary to remember the following medicinal forms:

tablets, suppositories, solutions, capsules, dragee, powder, ointments, drops, suspension, mixture, decoction, tincture, infusion.

Tablets may be film – coated, (enteric coated, sugar coated), sublingual, buccal, chewable, multilayered, scored, biconvex; with delayed/extended/prolonged action.

All the drugs are supplied:  
 ampoule, bottle, capsule, container, phial and vial.

Drug dose: it may be safe, heavy, age – dependent, permissible, initial, single, median/average, and total;

A patient may take a medicine: daily, hourly, at bedtime, without regard to meals, with extreme caution, preferably in the morning, divided, with fluid, topically; he may also crush a tablet.

To understand a part “Side effects” one should know the following words:

diarrhea, constipation, discolored nails, dizziness, excitement, fainting, heart burn, insomnia, irritation, numbness, nausea, vomiting, headache, fever, dyspnea/ breathlessness, weakness, malaise, fatigue, coryza (rhinitis), belching – отрыжка, cramp – спазм/судорога, drowsiness– сонливость, somnolence – гиперсонливость/полубессознательное состояние, edema = oedema отёк/ водянка, hives - крапивница, pruritus - зуд; eruption– сыпь, высыпание, blurred vision – неясное /затуманенное зрение.

**5.4. Итоговый контроль знаний:**

1. Choose the appropriate translation:

1. OVERDOSES OF VITAMINS A, D OR K MAY RESULT IN SERIOUS DISEASE, THE EXCESS VITAMINS ACTING LIKE POISONS.

* 1. При некоторых серьёзных заболеваниях в организме может содержаться избыточное количество витаминов А, D или К, что приводит к отравлению организма.
  2. Передозировка витаминов А, D или К может привести к серьёзному заболеванию, так как чрезмерное их содержание действует подобно ядам.
  3. При некоторых серьёзных заболеваниях такие витамины как А, D и К действуют как яды.
  4. Повышенное потребление витаминов А, D или К необходимо для предотвращения серьёзного заболевания.

2. BOTANY LIKE ALL THE SCIENCES IS GROWING IN SIZE, SCOPE AND IMPORTANCE.

1. находится в постоянном поиске;
2. находилась в состоянии быстрого развития и образования;
3. находится в состоянии непрерывного роста;
4. сталкивается с проблемами

3. BELLADONNA CONTAINS SEVERAL IMPORTANT MEDICINAL ALKALOIDS, THE CHIEF ONE BEING ATROPINE.

* 1. Белладонна, будучи основным элементом атропина, содержит важные медицинские алкалоиды.
  2. В белладонне содержится главный элемент- атропин, который содержит несколько важных медицинских алкалоидов.
  3. Белладонна содержит несколько важных медицинских алкалоидов, главным из которых является атропин.
  4. Белладонна содержит несколько важных алкалоидов, потому что основным является атропин.

4. DO NOT USE THIS MEDICINE MORE OFTEN THAN RECOMMENDED ON THE LABEL, UNLESS OTHERWISE DIRECTED BY YOUR DOCTOR.

* 1. Не используйте это лекарство до тех пор, пока не будет рекомендовано вашим врачом.
  2. Если вам врач не советовал принимать это лекарство чаще, чем рекомендовано на этикетке, то этого и не следует делать.
  3. Не употребляйте это лекарство чаще, чем рекомендовано в аннотации, если иначе не предписано врачом.
  4. Не употребляйте это лекарство, как указано на этикетке, соблюдайте только рекомендации врача.

5. THIS MEDICINE IS BEST TAKEN ON AN EMPTY STOMACH ONE HOUR BEFORE MEALS, UNLESS OTHERWISE DIRECTED BY THE DOCTOR.

* 1. если иначе не прописано врачом
  2. не смотря на предписания врача
  3. согласно предписанию врача
  4. до тех пор, пока не пропишет врач

6. DON’T EAT ANYTHING FOR 12 HOURS BEFORE THE TEST, UNLESS OTHERWISE DIRECTED BY YOUR DOCTOR.

* 1. По предписанию врача не ешьте 12 часов до анализа
  2. Не ешьте 12 часов до анализа, если так вам прописал врач
  3. Не ешьте ничего за 12 часов до анализа, если иначе не предписано врачом
  4. Не ешьте ничего в течение 12 часов после анализов, так как так обычно прописывает врач.

7. UNLESS OTHERWISE DIRECTED BY YOUR HEALTH CARE PROFESSIONAL, DO NOT APPLY THIS MEDICINE TO OPEN WOUNDS, BURNS, BROKEN OR INFLAMED SKIN.

1. Если вашим врачом было рекомендовано, то… .
2. Если иначе не предписано, … .
3. До тех пор, пока вам не посоветует ваш врач, …. .
4. Как только вам назначит ваш врач, … .

8. TAKING TOO MUCH OF THIS MEDICINE INCREASES THE CHANCE OF SIDE EFFECTS.

* 1. Данное лекарство имеет значительные побочные эффекты.
  2. Употребление данного лекарства уменьшает возможность возникновения побочных эффектов.
  3. Отсутствует информация о чрезмерном употреблении данного лекарства относительно побочных эффектов.
  4. Употребление данного лекарства в значительных количествах увеличивает шанс возникновения побочных эффектов.

9. DRINKING EXTRA WATER WILL HELP PREVENT SOME UNWANTED EFFECTS OF SULFA MEDICINES.

* 1. .…………предотвращает появление нежелательных эффектов;
  2. …. ….. ….. обостряет побочные эффекты;
  3. ……..приводит к нежелательным эффектам;
  4. . ………..не оказывает влияния.

10. WOMEN BEING TREATED WITH THIS DRUG SHOULD AVOID BREASTFEEDING.

1. которых лечат
2. лечили
3. собираются лечить
4. наблюдают

2. Divide the words into 2 groups “Taking medicines” and “Drug dose”:

with fluid, age – dependent, to use a drug topically, preferably in the morning, a heavy dose, to apply an ointment, to overdose, without regard to meals, with food, once a day, to crush a tablet, average dose.

**5.5.Ситуационные задачи по теме:**

1. Insert the necessary information:

-I have some medicines at home but unfortunately, I have lost a prescription to them.

-Read ...! It gives information to the minutest detail. Pay attention to... Otherwise it may cause harm. Read about ... attentively as well. Time and way of taking drugs is very important. Besides find ... and ...on the package. One shouldn't use medicine when the time expires.

(Dosage and administration, a date of production, annotation, a period of validity, contraindications)

2. Can you explain the meaning of the highlighted words in English?

|  |  |
| --- | --- |
| 1.**prenatal** *adj* | a.a section of a hospital or health facility where patients stay |
| 2.**prescription** *noun* | b.discharge of a person stomach contents through the mouth |
| 3.**radiation** *noun* | c.the time period leading up to giving birth |
| 4.**side effects** *noun* | d.the correct amount and type of medication needed to cure an illness or relieve symptoms |
| 5.**sore** *adj* | e.injury to body |
| 6.**vomit** *noun/verb* | f.other symptoms that might occur as a result of a certain medication or procedure |
| 7.**ward** *noun* | g.a chair on wheels used for transporting patients from place to place |
| 8.**wheelchair** *noun* | h.high energy X-rays that destroy cancer cells |
| 9. **wound** *noun* | i.painful |

**6. Домашнее задание для уяснения темы занятия:**

Выучить алгоритм аннотации медицинского препарата.

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

“Structure of annotation abroad”, “Types of annotations”.

**1. Занятие № 6**

**Тема занятия** **“Structure of Annotation to Medical Preparations”**

**2. Форма организации занятия:** практическое занятие в интерактивной форме.

Разновидность занятия: работа в парах, дискуссия, упражнения.

Методы обучения: объяснительно-иллюстративный, частично-поисковый.

**3. Значение темы** - Будущему фармакологу (провизору) необходимо знать структуру аннотации к лекарственному препарату. Данная тема формирует лексические навыки, расширяет вокабуляр, знакомит студентов со структурой аннотации к лекарственному препарату.

Формирование коммуникативной и профессиональной компетенции по данной теме.

**Цели обучения:**

**общая:**

студент должен обладать ОК-5, ПК-1, ПК-48.

**учебная:**

студент должен **знать** лексический минимум по изучаемой теме;

на основе теоретических знаний и практических умений обучающийся должен **уметь** изложить структуру аннотации на английском языке, **уметь** ориентироваться в тексте, по контексту или с помощью словаря находить значения английских эквивалентов, делать грамматический анализ текста, находить нужную информацию; **владеть** грамматическими навыками, а именно: **уметь** употреблять в устной и письменной речи Повелительное наклонение, **знать** особенности перевода данной конструкции.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

Контроль домашнего задания. Алгоритм аннотации медицинского препарата.

Вопросы по теме занятия:

1. What information does annotation to medical preparation contain?
2. Why is it necessary to read annotations to medical preparations?
3. May the structure of annotation vary, if it is published – in the directory of medical products, medical magazine or advertising brochure?

**5.2. Основные понятия и положения темы:**

При чтении аннотации, как правило, не требуется полного понимания всех деталей – вы должны научиться быстро охватывать взглядом весь текст аннотации, выделять основные разделы и более детально анализировать то, что вам представляется важным.

Структурно любую аннотацию можно разделить на следующие основные разделы, содержащие главную информацию:

1. Название препарата, после названия могут (не обязательно и в различном порядке) указываться:

фирма – производитель;

фармакологическая классификация (действующее вещество или группа лекарственных препаратов);

терапевтическая классификация;

категория риска.

2. Область применения.

3. Противопоказания, побочные явления, предупреждающие указания и пр.

4. Дозировка и способ применения.

5. Форма упаковки.

Чтение образца аннотации:

**“Mitomycin”**

a) Pharmacologic classification: antineoplastic antibiotic (cell cycle-phase nonspecific)  
b) Pregnancy risk category С

**Pharmacodynamics**

Stomach, pancreas, breast, colon, head, neck, lung, and hepatic cancer, liver cancer.Adults: 1 mg/m2 I.V. daily for 5 days. Stop drug for 2 days, then repeat dose for 5 more days; or 10 to 20 mg/m2 as a single dose. Repeat cycle q 6 to 8 weeks. Stop drag if WBC count is below 3,000/mm3 or platelet count is below 75,000/mm3.

**Pharmacokinetics**

•Absorption: Because of its vesicant nature, mitomycin must be administered intravenously.

•Excretion: Mitomycin and its metabolites are excreted in urine. A small portion is eliminated in bile and feces.

Therapeutic classification: antineoplastic

**Indications, route and dosage**. Dosage and indications may vary.

Stomach, pancreas, breast, colon, head, neck, lung, and hepatic cancer, liver cancer.

Adults: 1 mg/m2 I.V. daily for 5 days. Stop drug for 2 days, then repeat dose for 5 more days; or 10 to 20 mg/m2 as a single dose. Repeat cycle q 6 to 8 weeks. Stop drag if WBC count is below 3,000/mm3 or platelet count is below 75,000/mm3.

**How supplied** Available by prescription only. Injection: 5-mg, 40-mg vials

**Adverse reactions**

CNS: paresthesias.

GI: nausea, vomiting, anorexia, stomatitis.

НЕМА: bone marrow depression (dose-limiting), thrombocytopenia, leucopenia (may be  
delayed up to 8 weeks and may be cumulative with successive doses).

• Local: desquamation, induration, pruritus, pain at site of injection; with extravasation, cellulitis, ulceration, sloughing.

• Other: reversible alopecia; purple coloration of nail beds; fever; syndrome characterized by microangiopathic hemolytic anemia, thrombocytopenia, renal toxicity, and hypertension.  
Note: Drug should be discontinued if WBC count is below 3,000/mm3 or platelet count is below 75,000/mm3.

**Contraindications and precautions**

Mitomycin is contraindicated in patients with a history of hypersensitivity to the drug; in patients with a WBC count below 3,000/mm3, platelet count below 75,000/mm3, or serum creatinine level above 1, 7 mg/100 ml; and in those with coagulation disorders, prolonged

prothrombin time, or serious infections, because of the potential for adverse effects.

**5.3. Самостоятельная работа по теме:**

Make annotation of the texts:

**“Aspirin”**

(Acetylsalicylic acid)

**Characteristics**, Aspirin is a non-steroidal anti-inflammatory drug (NSAID), which relieves pain and reduces fever. The medicine abates inflamma­tion by blocking the production of prostaglandins, which contribute to the swell­ing and pain in inflamed tissue. Aspirin also exerts antiplatelet activity decreasing platelet aggregation helps to prevent blood clots in arterial circulation, particularly in arteriosclerosis and angina due to coronary artery disease. It also reduces the risk of heart attacks and strokes in people with known medical problems.

Aspirin in the form of soluble tablets is quickly absorbed into the blood­stream, thereby relieving pain faster than tablets.

**Indications.** Aspirin is effective in the treatment of mild to moderate pain, such as headache, toothache, mild rheumatic pain, sore throat, and the discom­fort of feverish illnesses.

**Cautions.** Asthma, allergic disease, hepatic impairment, renal impairment, previous peptic ulceration, uncontrolled hypertension, pregnancy. Aspirin is irri­tating to the stomach lining, so gastric irritation may be a problem, but it is mini­mised by taking the dose after food. Aspirin interacts significantly with a number of other drugs, so precautions should be taken during prolonged treatment.

**Contra-indications**. Aspirin and other NSAIDs are contraindicated in patients with a history of hypersensitivity to aspirin or other NSAIDs — which includes those in whom attacks of asthma, angioedema, urticaria or rhinitis have been precipitated3) by aspirin or any other NSAIDs. The aspirin prepara­tions should not be given to children and adolescents under 16 years, unless specifically indicated.

**Side-effects**. Generally mild and infrequent, but there is high incidence4) of gastro-intestinal irritation and haemorrhage, allergic reactions (bronchos­pasm and skin reactions in hypersensitive patients).

**Presentation.** Dispersible aspirin tablets 75 mg, 300 mg, 100-tab pack.

**Dose.** Mild to moderate pain: 300-900 mg every 4-6 hours when neces­sary; prophylaxis of cardiovascular disease: 75 mg daily.

Manufactured in Great Britain.

“**Tamiflu**” is indicated for the treatment of acute, uncomplicated illness due to influenza infection in patients 2 weeks of age and older who have been symptomatic for no more than 2 days.

**Prophylaxis Of Influenza.** Tamiflu is indicated for the prophylaxis of influenza in patients 1 year and older.

**Limitations Of Use.** The following points should be considered before initiating treatment or prophylaxis with Tamiflu:

Efficacy of Tamiflu in patients who begin treatment after 48 hours of symptoms has not been established.

Tamiflu is not a substitute for early influenza vaccination on an annual basis as recommended by the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices.

There is no evidence for efficacy of Tamiflu in any illness caused by agents other than influenza viruses types A and B.

Influenza viruses change over time. Emergence of resistance mutations could decrease drug effectiveness. Other factors (for example, changes in viral virulence) might also diminish clinical benefit of antiviral drugs. Prescribers should consider available information on influenza drug susceptibility patterns and treatment effects when deciding whether to use Tamiflu.

**Side-effects.** Serious skin and hypersensitivity reactions, neuropsychiatric events. The most common adverse reactions are nausea and vomiting.

They include: swelling of the face or tongue, allergy, anaphylactic/anaphylactoid reactions, hypothermia, rash, dermatitis, urticaria, eczema, liver function tests abnormal, arrhythmia, gastrointestinal bleeding, hemorrhagic colitis, seizure, aggravation of diabetes.

Psychiatric manifestations : abnormal behavior, delirium, including symptoms such as hallucinations, agitation, anxiety, altered level of consciousness, confusion, nightmares, delusions.

**5.4. Итоговый контроль знаний:**

Distribute the following imperative sentences in accordance with the type:

Let’s walk. Have a nice trip! Come in, children. Be careful.

Wake up! Sit down! Go to hell! Go on reading. Switch on the light, Mary. Don’t worry! Turn right. Buy some bread. Go straight ahead.

Don’t do it! Have some more coffee. Don’t talk! Mind your head!

Don’t forget me! Help me, please. Do come in! Help yourself!

|  |  |  |  |
| --- | --- | --- | --- |
| Приказ; совет, указание | Предупреждение  запрет: | Просьба; приглашение: | Предложение, пожелание; ругательство: |
|  |  |  |  |

**5.5. Ситуационные задачи по теме:**

1. You’re a pharmacist. You haven’t got a medicine which is highly needed but you have some similar preparations. How should you explain a patient that he can buy one of the analogs?

Use the following words: active ingredients, content, medical effect, brand name and the price.

2. A visitor came to you with an annotation in English. Help him to see into the scheme of taking the drug. Translate the part “Side effects” and “Warnings”.

**6. Домашнее задание для уяснения темы занятия:**

Перевод аннотации препарата с русского на английский.

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

“Types of annotations’, “Peculiarities of annotations in the company newsletters”.

**1. Занятие №** 7

**Тема занятия** **“Antibiotics”**

**2. Форма организации занятия:** практическое занятие.

Разновидность занятия: дискуссия, упражнения.

Методы обучения: объяснительно-иллюстративный, частично-поисковый.

**3. Значение темы** - Формирование коммуникативной и профессиональной компетенции по данной теме. Антибиотики занимают особое место в современной медицине. Они являются объектом изучения различных биологических и химических дисциплин. За последние годы резко возросло значение антибиотиков в решении важнейших теоретических проблем биохимии.

**Цели обучения:**

**общая:**

студент должен обладать ОК-5, ПК-1, ПК-48.

**учебная:**

студент должен **знать** лексический минимум по изучаемой теме; на основе теоретических знаний и практических умений обучающийся должен **уметь** излагать на английском языке материал об антибиотиках и противовоспалительных препаратах, **уметь** ориентироваться в тексте, по контексту или с помощью словаря находить значения английских эквивалентов, делать грамматический анализ текста, находить нужную информацию; **владеть** грамматическими навыками, а именно: **уметь** употреблять в устной и письменной речи придаточных обстоятельственных предложений, **знать** особенности перевода данного оборота; закрепление Infinitive in the function of Adjective .

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

a. Check of homework. Перевод аннотации препарата с русского на английский.

b. Have you ever taken antibiotics? What do you know about them? What does their name mean? Antibiotics are of great value in medicine, aren’t they? How do they act in the body? Do they have any negative influence on the organism? Is it reasonable to take antibiotics every time you undergo treatment? What negative features do antibiotics possess? What adverse effects can be caused by antibiotics?

What names of scientists are connected with the discovery of penicillin?

**5.2. Основные понятия и положения темы:**

An antibiotic is any substance produced by a microorganism, i.e. bacteria or fungi that it sends outside its cell to harm or kill another microorganism. The benefit is easy to see. If an organism is able to produce chemicals that inhibit or kill other nearby organisms, it has an advantage in competing for local resources.

Technically, antibiotics are microbial or fungal products. But we are able to synthesize and mass produce these chemical substances in the laboratory to use against harmful microorganisms in our environment. There is a distinction between natural and synthetic antibiotics, but in practice most drugs used to combat microbial and fungal infections are grouped under the general heading "antibiotics".

A team of Oxford research scientists devised a method of mass-producing the drug. Florey and Chain shared the 1945 Nobel Prize in Medicine with Fleming for their work. After World War II, Australia was the first country to make the drug available for civilian use. The challenge of mass-producing this drug was daunting. On March 14, 1942, the first patient was treated for streptococcal septicemia with U.S.-made penicillin. Half of the total supply produced at the time was used on that one patient. By June 1942, there was just enough U.S. penicillin available to treat ten patients. In July 1943, the War Production Board drew up a plan for the mass distribution of penicillin stocks to Allied troops fighting in Europe. A moldy cantaloupe in a Peoria, Illinois, market in 1943 was found to contain the best and highest-quality penicillin after a worldwide search. The discovery of the cantaloupe, and the results of fermentation research on corn steep liquor allowed the United States to produce 2.3 million doses in time for the invasion of Normandy in the spring of 1944. Large-scale production resulted from the development of deep-tank fermentation by chemical engineer Margaret Hutchinson Rousseau. As a direct result of the war and the War Production Board, by June 1945, over 646 billion units per year were being produced. Penicillin was being mass-produced in 1944.

Вопросы по теме занятия:

1. In how many stages is industrial manufacture of penicillin carried out?

2. In what stage is penicillin extracted from the culture medium?

3. What process is used for drying the sterile concentrated solution in ampoules?

4. What two fermentation methods have been used for the production of penicillin?

5. When was the surface culture method of penicillin production used?

6. What substances are named antibiotic substances?

7. Why do antibiotics assume a position of major importance?

8. What are the conditions for maximum production of the antibiotics substance?

Придаточные обстоятельственные – перевод; повторение образования Passive Voice; самостоятельного причастного оборота (см. Грам. практикум стр 64-65 упр 21)

**Придаточные обстоятельственные.**

Придаточные предложения обстоятельственные отвечают на вопросы **when** *когда?*, **where?** *где? куда?*, **why?** *почему?*, **how?** *как?* и т.д.; присоединяются к главному различными союзами, и ***отделяются запятой*** от главного предложения только в том случае, если они ***предшествуют*** главному предложению.

Союзы: **so that / that / in order that  - *чтобы; для того, чтобы***

**lest** - *чтобы не; как бы не*

Этот союз заключает в себе отрицание, поэтому в придаточном предложении форма сказуемого не должна быть отрицательной.

**as if / as though** – *как если бы / как будто / словно/ как бы*.

Translate and determine a type of subordinate clause:

When his condition improved he was discharged from the clinic.

I found the case report where I had left it.

He couldn’t attend the lecture as he was ill.

I will give you this drug so that you may take it at home.

If I don’t feel well, I’ll send for a doctor.

As I was going down the road, I met your sister.

As soon as we received your telegram, we instructed our office to prepare all documents.

We haven’t had any news from him since he left Moscow.

The manager will ring you up when he comes.

While you are having dinner, I’ll be reading the newspaper.

He went where the doctor sent him.

The house stands where the road turns to the left.

They went where you sent them.

I’ll go where my brother lives.

I went away because there was no one there.

Since you have finished your work, you may go home.

He walked quickly for he was in a great hurry.

Now that he is here, he can help you. (now that – ‘теперь когда’, а не now when !)

**5.3. Самостоятельная работа по теме:**

Работа с текстом – письменный перевод “The Production of Penicillin”:

The industrial manufacture of penicillin on a large scale is carried out in several stages of which the first is fermentation. This is the cultivation in vessels of a penicillin-producing fungus 1 on a suitable medium in which penicillin accumulates. In the second stage, penicillin is extracted from the culture medium, 2 concentrated and purified. In the third stage the sterile concentrated solution of purified penicillin which has passed the necessary tests for po­tency and absence of pyrogenic or other toxic impurities 3 is put into ampoules and dried by means of the freeze-drying process.4 Finally the ampoules are labelled and packed for distribution.

*Fermentation.* Two fermentation methods have been used for the production of penicillin, the "surface culture" 5 and the "sub­merged culture" method.6 The surface culture method was used exclusively at the beginning of the development of large-scale man­ufacture of penicillin. It being expensive and unproductive, the submerged culture process has gradually replaced it.

*Submerged culture method.* The principle of the submerged method is to grow the fungus in large steel containers in a me­dium which is constantly agitated and aerated.7 Under these con­ditions the fungus grows not only on the surface but throughout the medium.

The submerged method of penicillin production has several im­portant advantages over the surface method, one of them being the economy of labour. Instead of thousands of small surface fer­mentation vessels8 each of which must be washed, filled, inocu­lated and emptied, only a small number of units 9 is required for the submerged culture method, which can be controlled much more easily.

Another advantage is economy of space, as in the surface meth­od the culture medium can be used only in shallow layers,10 so that a very large surface is required to obtain substantial quanti­ties of culture fluid containing penicillin.

Lastly, higher yields of penicillin n are obtained and it is pos­sible to prepare final products of a high degree of purity by a simpler procedure of purification.

Notes:

1. penicillin-producing fungus — плесень, служащая материалом для производства пенициллина

*2.* culture medium — питательная среда для разведения культуры пенициллина

3. tests for potency and absence of pyrogenic or other toxic

impu­rities — испытания на активность и отсутствие пирогенных и других токсических примесей

4. by means of the freeze-drying process — при помощи процесса сухого замораживания

5. the "surface culture" method — метод поверхностного брожения

культуры пенициллина

6. the "submerged culture" method — метод погруженной культу­ры или метод нижнего брожения

7. in a medium which is constantly agitated and aerated — в сре­де, которая постоянно взбалтывается и газируется воздухом

*8.* surface fermentation vessels — бродильные установки для по­лучения пенициллина методом поверхностного брожения

9. unit *(зд.* в значении vessel) — емкость, танкер

10. shallow layers — поверхностные слои

11. yield of penicillin — выход пенициллина

I. Find the English equivalents from the text:

стерильный концентрированный раствор пенициллина, два ме­тода ферментации, метод поверхностного брожения культуры пе­нициллина, метод нижнего брожения, высокая степень чистоты, более простой способ очистки, процесс сухого замораживания, плесень для производства пенициллина.

II. Read the sentences and indicate those containing some additional information for the text:

1. The cultivation of penicillin-producing fungus takes place in large fermentation vessels. 2. In most plants the fermentation vessels or tanks are provided with control instruments which serve for measuring the fermentation temperature. 3. Various materials are used as culture medium. 4. The duration of fermentation in large fermenters is usually about 3 days. 5. In the second stage penicillin is extracted from the culture medium. 6. The culture me­dium is usually not sterilized in the fermenters, but in special ves­sels — cookers. 7. In the third stage the sterile concentrated solu­tion of purified penicillin after passing necessary tests for potency is put into ampoules. 8. In the fourth stage the ampoules are la­belled and packed.

III. Answer the questions:

1. In how many stages is the industrial manufacture of peni­cillin carried out? 2. In what stage is penicillin extracted from the culture medium? 3. What process is used for drying the sterile concentrated solution in ampoules? 4. What two fermentation meth­ods have been used for the production of penicillin? 5. When was the surface culture method of penicillin production used?

**5.4. Итоговый контроль знаний:**

1. THE USE OF PENICILLIN MAY CAUSE…
2. excited mood
3. superinfection
4. insomnia
5. irritability
6. ALEXANDER FLEMING IS … SCIENTIST.
7. Polish
8. a German
9. an American
10. a Scottish
11. THE MOLD IS USEFUL BECAUSE IT FEEDS ON … ORGANIC MATTER AND DESTROYS PUTRIFACTION PRODUCT.
12. decaying
13. food
14. fresh
15. unknown
16. THE USE OF …. AS A MEANS OF TREATING SUPPURATING WOUNDS WAS A STAPLE OF FOLK MEDICINE IN EUROPE SINCE THE MIDDLE AGES.
17. wine
18. iodine
19. snake venom
20. bread with a blue mold
21. THE UNDESIRABLE EFFECTS ON THE HOST CELLS ARE TERMED … EFFECTS.
22. side
23. insidious
24. placebo
25. marginal

**5.5. Ситуационные задачи по теме:**

1. Tell about production of penicillin.

2. Imagine you are a teacher. Ask your students questions what they know about antibiotics.

**6. Домашнее задание для уяснения темы занятия:**

Выучить лексику. Ex VII, VIII, IX p49.

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

“History of discovery and research of antibiotics”, “Groups of antibiotics”.

**1. Занятие № 8**

**Тема занятия:** **“Antibiotics. Anti – inflammatory Preparations”**

**2. Форма организации занятия:** практическое занятие.

Разновидность занятия: дискуссия, упражнения.

Методы обучения: объяснительно-иллюстративный, частично-поисковый.

**3. Значение темы** - Формирование коммуникативной и профессиональной компетенции по данной теме. Наука об антибиотиках развивается бурно. Если это развитие началось с микробиологии, то теперь проблему изучают не только микробиологи, но и фармакологи, биохимики, химики, радиобиологи, физики, химики, технологи, врачи всех специальностей.

**Цели обучения:**

**общая:**

студент должен обладать ОК-5; ПК-1; ПК-48;

**учебная:**

студент должен **знать** лексический минимум по изучаемой теме; на основе теоретических знаний и практических умений обучающийся должен **уметь** излагать на английском языке материал об антибиотиках и противовоспалительных препаратах, **уметь** ориентироваться в тексте, по контексту или с помощью словаря находить значения английских эквивалентов, **владеть** навыками аннотации текста, делать грамматический анализ текста, находить нужную информацию; **владеть** грамматическими навыками, а именно: **уметь** употреблять в устной и письменной речи Gerund, **знать** особенности перевода данной конструкции; закрепление Infinitive in the function of Adjective .

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

Контроль домашнего задания. Words and word-combinations: antibiotic-resistant bacterial infections, resistant bacteria, reasonable, alternative treatment, allergic responses, adverse effects, to be of great value, negative influence, susceptible bacteria, newly approved drugs.

**5.2. Основные понятия и положения темы:**

* Antibiotics are of great value in medicine.
* Their action in the body.
* Their negative influence on the organism.
* Negative features that antibiotics possess.
* Adverse effects caused by antibiotics.
* Names of scientists are connected with the discovery of penicillin.

General characteristics of antibiotics

The increasing prevalence of antibiotic-resistant bacterial infections seen in clinical practice stems from antibiotic use both within human medicine and veterinary medicine. Any use of antibiotics can increase selective pressure in a population of bacteria to allow the resistant bacteria to thrive and the susceptible bacteria to die off. As resistance towards antibiotics becomes more common, a greater need for alternative treatments arises. However, despite a push for new antibiotic therapies there has been a continued decline in the number of newly approved drugs. Antibiotic resistance therefore poses a significant problem.

The widespread use of antibiotics both inside and outside of medicine is playing a significant role in the emergence of resistant bacteria. Although there were low levels of preexisting antibiotic-resistant bacteria before the widespread use of antibiotics, evolutionary pressure from their use has played a role in the development of muiltidrug resistance varieties and the spread of resistance between bacterial species.

The volume of antibiotic prescribed is the major factor in increasing rates of bacterial resistance rather than compliance with antibiotics. A single dose of antibiotics leads to a greater risk of resistant organisms to that antibiotic in the person for up to a year.

Inappropriate prescribing of antibiotics has been attributed to a number of causes, including: people who insist on antibiotics, physicians simply prescribe them as they feel they do not have time to explain why they are not necessary, physicians who do not know when to prescribe antibiotics or else are overly cautious for medical legal reasons. For example, a third of people believe that antibiotics are effective for the common cold and 22% of people do not finish a course of antibiotics primarily because they feel better (varying from 10% to 44%, depending on the country). Compliance with once-daily antibiotics is better than with twice-daily antibiotics. Suboptimum antibiotic concentrations in critically ill people increase the frequency of antibiotic resistance organisms. While taking antibiotics doses less than those recommended may increase rates of resistance, shortening the course of antibiotics may actually decrease rates of resistance.

There are some characteristics that all antibiotics share. All antibiotics can elicit allergic responses, although some are more allergenic than others. Allergic reactions can range from mild, annoying rashes to life-threatening reactions like anaphylaxis and Stevens-Johnson syndrome. In some cases, there is a cross-sensitivity between agents in different classes. In addition, all antibiotics target normal body flora as well as pathogens, which may result in overgrowth of Candida and pathogenic bacteria such as Clostridium difficile.

**Grammar:**

**The Gerund**

Неличная форма глагола, занимает промежуточное место между существительным и инфинитивом глагола и показывает опредмеченное действие.

Герундий в предложении может быть:

Подлежащим – Reading is her favourite occupation.

Дополнением – I remember reading it. I’m fond of swimming.

Именной частью составного сказуемого – Her greatest pleasure is reading.

Частью составного глагольного сказуемого – He finished writing the article.

Определением – I like your idea of visiting this exhibition. A thermometer is an instrument for measuring temperature.

Обстоятельством времени – After saying this he left the room.

Обстоятельством образа действия – We cannot gain knowledge without hard working.

Герундий отличается от Present Participle, который в выше названных функциях не употребляется (за исключением функций определения и обстоятельства). В этих функциях перед герундием всегда стоит предлог. На русский язык герундий переводится существительным, инфинитивом, иногда деепричастием.

Герундий имеет формы времени и залога:

|  |  |  |
| --- | --- | --- |
|  | ACTIVE | PASSIVE |
| Indefinite | reading | being read |
| Perfect | having read | having been read |

Герундий формы Indefinite показывает, что действие, выраженное им, происходит одновременно с действием сказуемого или будет происходить в будущем.

Герундий формы Perfect показывает, что действие, выраженное им, произошло раньше действия сказуемого.

Сложные формы Indefinite Passive, Perfect Active and Perfect Passive переводятся на русский язык личной формой глагола, т.е. сказуемым придаточного предложения с союзами **что (чтобы);** **то, что**; **о том, что**; **в том, что** и т.д.

Предлог **in** перед герундием переводится – **при; on/upon – после/ по; by – путём, при помощи; through – благодаря/из-за.**

**On** having examined the patient, the doctor made the diagnosis of bronchitis. **После** того, как врач обследовал больного, он поставил диагноз: бронхит.

В переводе герундия деепричастием предлог может опускаться.

On concluding the contract, the representative of the firm left Moscow. Заключив контракт, представитель фирмы уехал из Москвы.

Exercises

1. Complete the sentences with the gerund form:

She is good at (dance). He is crazy about (sing). I don't like (play) cards. They are afraid of (swim) in the sea. You should give up (smoke). Sam dreams of (be) a popstar. He is interested in (make) friends. My uncle is afraid of (go) by plane. We insist on (cook) the dinner ourselves.

2. Choose the right variant:

1. Bob found himself in an awkward situation ... coming to see his friend too early.

Without/ for/ through

2. I don’t have your book. I remember ... it back to you.

to be given/ to give/ giving

3. Let’s get together tonight. I want to talk about ... a new business.

opening / open/ to open

4. I don’t like ... to - and that, exactly, is what you are trying to do.

to be lied/ be lied/ being lied

5. I don’t like ... these shorts; they are too tight.

to wear / wearing/ wear

6. It started to drizzle and we hoped it would cease soon, but ... stopping the rain increased.

For/ instead of / by

7. His son’s car crushed into a wall. The terrible tragedy prevented him ... doing what was right or reasonable.

Of/ from / in

8. Helen seemed genuinely pleased ... seeing me.

With/ at / on

9. I enjoy making practical jokes about people, but I hate ... fun of.

being made / to make/ making

10. The conference closed ... discussing about a dozen reports.

By/ after / before

11. ..... looking out of the window, they noticed a fire in the opposite building.

After/ on / at

12. My big grey cat Fluffy is good ... mice.

to catch/ at catching / catch

13. Anne was able to keep the kids still ... telling them an interesting story.

by / on/ instead of

14. I am sorry I have forgotten ... you my textbook. Can I have it back?

lending / lend/ to lend

3. Translate the sentences:

1. Dan enjoys reading science fiction. 2. Cheryl suggested seeing a movie after work. 3. I miss working in the travel industry. Maybe I can get my old job back. 4. Where did you learn to speak Spanish? Was it in Spain or in Latin America? 5. Do you mind helping me translate this letter? 6. He asked to talk to the store manager. 7. You've never mentioned living in Japan before. How long did you live there? 8. If he keeps coming to work late, he's going to get fired! 9. Debbie plans to study abroad next year. 10. I agreed to help Jack wash his car.

4. Gerund or Infinitive?

1. I can't stand (she complains/her complaining/to complain) all the time. 2. Our teacher won't allow (using/ us to use) dictionaries during the test. 3. We advised him to take a taxi instead of (walk/walking) to the restaurant. 4. The city doesn't allow (to park/ parking) along curbs painted red. 5. She prefers (my making/ me to make) dinner because she doesn't like to cook. 6. I hope you don't mind (my smoking/ me to smoke) while you eat. 7. John is never on time to work! I hate (he arrives/his arriving) late every day. 8. Sarah urged me (to vote/voting) in the next election. 9. He needs to get a visa extension immediately. The authorities won't permit (him to stay/ he stays) in the country without a visa. 10. Travel agents usually advise (reconfirming/reconfirm) flight bookings three days before departure.

**Infinitive**

В роли определения инфинитив стоит после определяемого слова (существительного, неопределенного местоимения, порядкового числительного) и отвечает на вопрос какой? Если инфинитив в простой форме - Indefinite Active, то он чаще переводится неопределенной формой глагола.

1. После существительного:

He had a great desire to travel. У него было большое желание путешествовать.

Suddenly she felt the need to speak. Вдруг она почувствовала потребность говорить.

It was the signal to stop. Это был сигнал остановиться.

I have no money to buy the ticket. У меня нет денег, чтобы купить билет.

He was trying to find a way to earn a little money. Он старался найти способ заработать немного денег.

Примечание: Замечание о порядке слов. Такое русское предложение как: «Он принес мне почитать книгу», нельзя переводить дословно. Здесь *книга* - прямое дополнение к глаголу *brought* и поэтому оно (т.е. *книга*) должно стоять после этого глагола, а *почитать* - определение. А определение, выраженное инфинитивом, всегда должно стоять после слова, к которому оно относится: Он принес мне почитать книгу.

Нужно - He brought me a book to read. Нельзя - He brought me to read a book.

Инфинитив в функции определения может указывать на предназначение упоминаемого предмета:

She gave him some water to drink. Она дала ему воды попить.

The children have a good garden to play in. У детей есть хороший садик для игр (чтобы играть).

Инфинитив в функции определения часто выражает возможность, способность или долженствование и переводится придаточным определительным предложением, обычно с союзом *который*:

He was not a man to tell a lie. Он не был человеком, способным лгать.

I have brought you the forms to fill in. Я принес тебе бланки, которые надо заполнить.

Пример употребления инфинитива в страдательном залоге (Passive):

This is a good house to be bought. Этот дом хорош для того, чтобы купить его.

2. После неопределенного местоимения:

Give me something to eat. Дайте мне чего-нибудь поесть.

I have nothing to tell you. Мне нечего сказать вам.

Have you got anything to declare? У вас есть что-нибудь, что нужно вносить в декларацию. (вопрос на таможне)

3. После порядковых числительных: the first - первый, the second – второй и т.д. или слов the last - последний, the next – следующий, the only – единственный инфинитив переводится личной формой глагола или определительным придаточным предложением:

He was the first to realize the situation. Он был первым, кто понял ситуацию.

Who was the last to come? Кто пришел последним?

Read, translate and find the sentences with the Infinitive in the function of adjective.

1. Because he loved French, Pierre refused to speak any other language. 2. The most important thing to do is not always obvious. 3. To keep the passageways clear, they blocked the pedestrian traffic. The student had four questions to ask the instructor after class. 5. To do well in that class, you must spend hours in the library. 6. To do well in that class is my primary goal this semester. 7. Hemingway reeled the fish in slowly to keep it securely on the line. 8. We finally found the best actor to play that difficult role. 9. Jones is attempting to eat forty-five hot dogs. 10. The salesperson altered his pitch\* to suit each potential buyer.

\*pitch - рекламирование

**5.3. Самостоятельная работа по теме:**

Работа с текстом – аннотация “Antibiotics”; ex 7,8 по тексту p 55 (“Pharmacy in my life”); аннотация лекарственного препарата:

Why is this medication prescribed?

Amoxicillin is used to treat certain infections caused by bacteria, such as pneumonia; bronchitis; gonorrhea; and infections of the ears, nose, throat, urinary tract, and skin. It is also used in combination with other medications to eliminate H. pylori, a bacteria that causes ulcers. Amoxicillin is in a class of medications called penicillin-like antibiotics. It works by stopping the growth of bacteria. Antibiotics will not work for colds, flu, and other viral infections.

How should this medicine be used?

Amoxicillin comes as a capsule, a tablet, a chewable tablet, a suspension (liquid), and pediatric drops to take by mouth. It is usually taken every 12 hours (twice a day) or every 8 hours (three times a day) with or without food. To help you remember to take amoxicillin, take it around the same time every day. Follow the directions on your prescription label carefully, and ask your doctor or pharmacist to explain any part you do not understand. Take amoxicillin exactly as directed. Do not take more or less of it or take it more often than prescribed by your doctor.

Shake the liquid and pediatric drops well before each use to mix the medication evenly. Use the bottle dropper to measure the dose of pediatric drops. The pediatric drops and liquid may be placed on a child's tongue or added to formula, milk, fruit juice, water, ginger ale, or other cold liquid and taken immediately.

The chewable tablets should be crushed or chewed thoroughly before they are swallowed. The tablets and capsules should be swallowed whole and taken with a full glass of water.

Take amoxicillin until you finish the prescription, even if you feel better. Stopping amoxicillin too soon may cause bacteria to become resistant to antibiotics.

Amoxicillin also is used sometimes to prevent anthrax infection after exposure and to treat anthrax infection of the skin and chlamydia infections during pregnancy. Talk with your doctor about the possible risks of using this medication for your condition.

This medication may be prescribed for other uses; ask your doctor or pharmacist for more information.

What special precautions should I follow?

Before taking amoxicillin,

• tell your doctor and pharmacist if you are allergic to amoxicillin, penicillin, cephalosporins, or any other medications;

• tell your doctor and pharmacist what prescription and nonprescription medications, vitamins, nutritional supplements, and herbal products you are taking. Be sure to mention any of the following: chloramphenicol (Chlormycetin), other antibiotics, and probenecid (Benemid). Your doctor may need to change the doses of your medications or monitor you carefully for side effects.

• tell your doctor if you have or have ever had kidney disease, allergies, asthma, hay fever, hives, or phenylketonuria.

• tell your doctor if you are pregnant, plan to become pregnant, or are breast-feeding. If you become pregnant while taking amoxicillin, call your doctor.

What should I do if I forget a dose?

Take the missed dose as soon as you remember it. However, if it is almost time for the next dose, skip the missed dose and continue your regular dosing schedule. Do not take a double dose to make up for a missed one.

What side effects can this medication cause?

Amoxicillin may cause side effects. Tell your doctor if any of these symptoms are severe or do not go away: upset stomach, vomiting, diarrhea.

Some side effects can be serious. The following symptoms are uncommon, but if you experience any of them, call your doctor immediately: severe skin rash, hives, seizures, yellowing of the skin or eyes, unusual bleeding or bruising, pale skin, excessive tiredness, lack of energy.

What storage conditions are needed for this medicine?

Keep this medication in the container it came in, tightly closed, and out of reach of children. Store the capsules and tablets at room temperature and away from excess heat and moisture (not in the bathroom). Throw away any medication that is outdated or no longer needed. The liquid medication preferably should be kept in the refrigerator, but it may be stored at room temperature. Throw away any unused medication after 14 days. Do not freeze. Talk to your pharmacist about the proper disposal of your medication.

In case of emergency/overdose

In case of overdose, call your local poison control center at 1-800-222-1222. If the victim has collapsed or is not breathing, call local emergency services at 911.

What other information should I know?

Keep all appointments with your doctor and the laboratory. Your doctor may order certain lab tests to check your body's response to amoxicillin.

If you are diabetic, use Clinistix or TesTape (not Clinitest) to test your urine for sugar while taking this medication.

Do not let anyone else take your medication. Your prescription is probably not refillable. If you still have symptoms of infection after you finish the amoxicillin, call your doctor.

It is important for you to keep a written list of all of the prescription and nonprescription (over-the-counter) medicines you are taking, as well as any products such as vitamins, minerals, or other dietary supplements. You should bring this list with you each time you visit a doctor or if you are admitted to a hospital. It is also important information to carry with you in case of emergencies.

**5.4. Итоговый контроль знаний:**

Insert proper words:

1. ANTIBIOTICS SHOULDN’T BE TAKEN FOR … PERIODS OF TIME.

1. difficult
2. epidemic
3. hot
4. short

2. IT’S RECOMMENDED NOT TO USE ANTIBIOTICS TOO LITTLE OTHERWISE BACTERIAL … MAY DEVELOP.

1. immunity
2. resistance
3. intolerance
4. sensitivity

3. ANTIBIOTICS MAY REVEAL … REACTIONS.

1. allergic
2. therapeutic
3. good
4. curative

4. ANTIBACTERIAL EFFECTS OF PENICILLIN ARE ASSOCIATED WITH SPECIFIC ABILITY TO … BIOSYNTHESIS OF CELL WALLS OF MICROORGANISMS.

1. strengthen
2. inhibit
3. contribute to
4. improve

5.… WAS THE FIRST TO DISCOVER PENICILLIN.

1. Harvey
2. Pasteur
3. Fleming
4. Jenner

**5. 5. Ситуационные задачи по теме:**

1. “Everywhere I go people thank me for saving their lives. I do not know why they do it. I didn’t do anything. Nature makes … . I only found it.”

Whose words are these? What did he tell about?

2. Think and answer:

What kinds of manufacturing techniques of penicillin may be broken? What allergic manifestations can a patient suffer from?

**6. Домашнее задание для уяснения темы занятия:**

Выучить лексику.

Text B p 56 – read and retell.

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

Useful sites:

<http://medshadow.org/features/pros-cons-of-antibiotics/>

<http://textbookofbacteriology.net/antimicrobial_2.html>

<http://www.cdc.gov/features/getsmart/>

<http://www.biotechnologyforums.com/thread-49.html>

“Antibiotics and their peculiarities”, “Antibiotics: pros and cons”.

**1. Занятие № 9**

**Тема занятия: “Sulfanilamide”**

**2. Форма организации занятия:** практическое занятие.

Разновидность занятия: дискуссия, упражнения.

Методы обучения: объяснительно-иллюстративный, частично-поисковый.

**3. Значение темы** - Знание данной темы необходимо для профессионального становления будущих специалистов и формирования коммуникативной и профессиональной компетенции. Сульфаниламиды были первыми химиотерапевтическими (системными) антибактериальными средствами, которые нашли широкое применение в практической медицине.

**Цели обучения:**

**общая:**

студент должен обладать

ОК-5; ПК-1; ПК-48.

**учебная:**

студент должен **знать** лексический минимум по изучаемой теме; на основе теоретических знаний и практических умений обучающийся должен **уметь** излагать на английском языке материал о Сульфаниламидах (антибактериальных препаратов), **уметь** ориентироваться в тексте, по контексту или с помощью словаря находить значения английских эквивалентов, **владеть** навыками аннотации текста, делать грамматический анализ текста, находить нужную информацию; **владеть** грамматическими навыками, а именно: **уметь** употреблять в устной и письменной речи Perfect Passive Voice и безличных предложений (Impersonal Sentences, чтение текста с извлечением полной информации, **знать** особенности перевода данной конструкции Passive, Impersonal sentences.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

Sulfonamides are one of the oldest classes of antibiotics. What do you know about sulfa drugs? What action does the drug exert on the organism? Is Sulfanilamide widely used in medicine?

**5.2. Основные понятия и положения темы:**

Сульфаниламиды являются одним из старейших классов антибактериальных препаратов. За последние десятилетия они утратили свое значение и имеют очень ограниченные показания к применению. Сульфаниламиды по активности значительно уступают современным антибиотикам и в то же время характеризуются высокой токсичностью. Большинство клинически значимых бактерий в настоящее время устойчивы к сульфаниламидам.

Сульфаниламиды практически не отличаются друг от друга по спектру активности. Основное различие между ними заключается в фармакокинетических свойствах, из которых наиболее существенным являются периоды полувыведения.

Изначально были чувствительны многие грамположительные и грамотрицательные кокки, грамотрицательные палочки (E. coli, P. mirabilis и др.), однако в настоящее время они приобрели устойчивость. Нежелательные реакции:

Аллергические реакции. В тяжелых случаях возможен анафилактический шок, синдром Стивенса-Джонсона, синдром Лайелла.

Диспептические явления. Кристаллурия при кислой реакции мочи. Меры профилактики: запивать щелочной минеральной водой или содовым раствором. Гематотоксичность: гемолитическая анемия, тромбоцитопения.

Вопросы по теме занятия:

1. What was the most important discovery in the history of chemotherapy?

2. Why is p-aminobenzene sulfonamide better known as Sulfanilamide?

3. How is Sulfanilamide produced?

4. What does the choice of base or acid for hydrolysis depend on?

5. What are the physical and chemical properties of Sulfanilamide?

6. What methods of the assay of Sulfanilamide and its derivatives are used?

7. How is the usual dose of Sulfanilamide calculated?

8. What action does the drug exert on the organism?

**Grammar:**

**The Present Perfect Tense**

auxiliary verb **to have** (*have/has*) + **Participle II**

(the present tense of the verb **to have** + **the past participle** of the main verb.)

|  |  |  |
| --- | --- | --- |
| **Affirmative** | **Interrogative** | **Negative** |
| I have worked.  He has worked.  She has worked.  It has worked.  We have worked.  You have worked.  They have worked. | Have I worked?  Has he worked?  Has she worked?  Has it worked?  Have we worked?  Have you worked?  Have they worked? | I have not worked. He has not worked.  She has not worked.  It has not worked.  We have not worked.  You have not worked.  They have not worked. |

*(****Verb Contractions:****I have = I’ve; he has = he’s; she has = she’s; it has = it’s;  we have = we’ve; you have = you’ve;  they have = they’ve)*  
  
**The Present Perfect denotes**:  
1) a completed action closely connected with the present when the time of the action is indefinite.  
*Key example:*  
Mr. Smith **has finished** his work. He can rest now.  
  
*For study:*

* Mrs. Smith **has laid** the table. The family are having dinner.
* Granny **has prepared** a surprise. Everybody is looking forward to it.
* Granny **has baked** a layer cake. The family are enjoying it.
* Jane **has cleared** the table. She can do her lessons now.
* Little Kate **has gone** for a walk. It is quiet in the house.

*Note:* - **The Present Perfect** is not used when the time of the action in the past is definite, e.g.: I finished my work *at 8 o’clock*.  
2) an action performed within a period of time which has not yet ended. The period may be indicated by such words as t*his month, this year, never, yet,* etc.  
*Key example:*  
Annie **has written** an article this year.   
  
*For study:*

* Samuel **has been** to London this month.  
  Sarah **has studied** abroad this year.  
  She **has taken** the post-graduate course this year.  
  She **has**never **failed** in in her exams.  
  She **has** already **got** a place at the hostel.

3) The beginning of the period is often indicated by the conjunction *since* which denotes “from some definite moment in the past till now”.  
*Key example:*  
Samuel **has known** me since he was twelve.  
  
*For study:*

* Samuel **has lived** in Hanbury Street since he moved to London.
* Sarah **has studied** abroad since she graduated from college.
* We **have been** friends with Samuel since 2005.
* Annie **has worked** as a hospital pharmacist since she graduated from the University.

**The Past Perfect Tense**auxiliary verb **had** + **Participle II**

(the past tense of the verb **to have** + **the past participle** of the main verb.)

|  |  |  |
| --- | --- | --- |
| **Affirmative** | **Interrogative** | **Negative** |
| I had worked.  He had worked.  She had worked.  It had worked.  We had worked.  You had worked.  They had worked. | Had I worked?  Had he worked?  Had she worked?  Had it worked?  Had we worked?  Had you worked?  Had they worked? | I had not worked. He had not worked.  She had not worked.  It had not worked.  We had not worked.  You had not worked.  They had not worked. |

**The Past Perfect**denotes an action completed before a certain moment in the past.  
*Key example:*  
He told us that he **had passed** his exams.   
  
*For study:*

* They told us that John **had gone** to the dentist.
* I **had come** to the station before the train arrived.
* I **had seen** my friend before the train stopped.
* I **had called** her before she saw me.
* I **had run up** to her carriage before she got off.

**The Future Perfect Tense**auxiliary verb **shall/will have**+ **Participle II**

(the future tense of the verb **to have** + **the past participle** of the main verb.)

|  |  |  |
| --- | --- | --- |
| **Affirmative** | **Interrogative** | **Negative** |
| I shall have worked.  He will have worked.  She will have worked.  It will have worked.  We shall have worked.  You shall have worked. They will have worked. | Shall I have worked?  Will he have worked?  Will she have worked?  Will it have worked?  Shall we have worked?  Shall you have worked?  Will they have worked? | I shall not (I’ll) have worked. He will (He’ll) not have worked.  She will not have worked.  It will not have worked.  We shall not have worked.  You shall not have worked.  They shall not have worked. |

*(****Verb Contractions:****I shall = I’ll; he will = he’ll)*  
  
**The Future Perfect**denotes an action completed before a definite moment in the future or an action which will begin before a definite moment in the future, will continue up to that moment and will be going on at that moment.  
*Key example:*  
They **will have closed** the shop before we get there.  
  
*For study:*

* I **shall have finished**my work by the 23d of July.
* We **shall have booked** tickets by the time school breaks up.
* My daughter and I **will have come** to Miami by the 27th of July.
* We **shall have been** there a fortnight when my husband joins us.

**PERFECT PASSIVE (TO HAVE + BEEN + PARTICIPLE II)**

This letter has been brought by the secretary. (Present Perfect Passive) - Секретарь принёс письмо. (Письмо принесено секретарём)

He decided to become a writer only when his first story had been published. (Past Perfect Passive) - Он решил стать писателем, только когда его первый рассказ был напечатан.

By the 1st of July the last exam will have been passed (Future Perfect Passive) - К первому июля последний экзамен будет вами сдан.

Сказуемое в страдательном залоге может переводиться на русский язык: а) кратким страдательным причастием; б) глаголом на -ся; в) неопределённо-личным глаголом.

Rewrite the sentences in Passive Voice:

1. Kerrie has paid the bill. 2. I have eaten a hamburger. 3. We have cycled five miles. 4. I have opened the present. 5. They have not read the book. 6. You have not sent the parcel. 7. We have not agreed to this issue. 8. They have not caught the thieves. 9. Has she phoned him? 10. Have they noticed us?

**5.3. Самостоятельная работа по теме:**

**SULFANILAMIDES**

The most important development in the history of chemotherapy was the discovery of the antibacterial powers of p-aminobenzene sulfonamide and its derivatives. This compound is better known as sulfanilamide, which is a perfectly proper chemical name, since it is the amide of sulfanilic acid.

*Synthesis.* The fundamental intermediate common to all the de­rivatives of sulfanilamide is N-acetylsulfanilyl chloride. On treatment with excess ammonia and hydrolysis of the acetyl group with excess mineral acid or base, sulfanilamide is produced.

The choice of base or acid for hydrolysis depends on the nature of the compound.

Sulfanilamide is a white, odourless, crystalline compound with a slightly sweet taste, melting range 164.5° to 166.5°, soluble in water. It is readily soluble in boiling water, hot alcohol, cold hydro­chloric acid, cold dilute sodium hydroxide, and cold acetone. It is soluble in ether, chloroform, and benzene. It is assayed by solution in hydrochloric acid and diazotization with standard sodium nitrite solution, using starch-iodine to determine the end point. This same method of assay is used for all N-substituted sulfanilamides.

Sulfanilamide is usually given in the form of tablets. In both mild and severe infections, the usual dose is calculated as 0.1 gm per kilogram of body weight per day, divided into six parts and given at intervals of 4 h, day and night until the temperature of the patient is normal for 5 days. The drug exhibits a number of toxic reactions such as dizziness, cyanosis, hemolytic anemia, psy­chosis, acidosis, fever, and rash. Adequate care by a physician is, therefore, essential in the use of the drug. Sodium bicarbonate is commonly given to counteract acidosis. It has been found that p-aminobenzoic acid in relatively small amounts overcomes the antibacterial action of Sulfanilamide and its derivatives.

The administration of local anaesthetics derived from this com­pound, such as procaine, monocaine, etc., therefore, must be avoid­ed. .

Read and determine which sentences are not relevant to the content of the text:

1. Sulfanilamide is one of the derivatives of the sulfonamide group. 2. It is considerably less toxic than other amides of sulfanilic acid though it may exhibit a number of toxic reactions. 3. Sulfanilamide is prescribed orally before meals. 4. It may be used in hospitals and in outpatient conditions. 5. The duration of treatment depends on the peculiarities of the diseases in each case. 6. It has been found that Sulfanilamide overcomes all other deri­vatives of the group in its antibacterial action.

**5.4. Итоговый контроль знаний:**

1. SULFONAMIDES WERE THE FIRST DRUGS FOR SUCCESSFUL PREVENTION AND TREATMENT OF… .

1) congenital diseases

2) urogenital diseases

3 various bacterial infections

2. ONE OF THE UNWANTED EFFECTS IN THE TREATMENT WITH SULFONAMIDES IS … .

1) renal dysfunction

2) increased appetite

3) squint

3. DURING INTRAVENOUS INJECTION DEVELOPMENT OF THROMBOPHLEBITIS AND … MAY BE POSSIBLE.

1) necrosis of surrounding tissue

2) loss of consciousness

3) heart attack

4. SULFANILAMIDE IS USUALLY GIVEN IN THE FORM OF … .

1) powders

2) tablets

3) solutions

4) tinctures

5. SODIUM BICARBONATE IS COMMONLY GIVEN TO COUNTERACT … .

1) a urinary tract infection

2) nausea and vomiting

3) middle ear infection

4) acidosis

**5. 5. Ситуационные задачи по теме:**

1. During the lecture one of your foreign group mates had to leave the conference hall because of an urgent call. Answer his questions:

What kinds of diseases do sulfa drugs treat?

What do they prevent?

What side – effect can sulfanilamide produce?

2. Your foreign group mate misunderstood the theme “Sulfanilamides”. Try to explain him general characteristics of sulfa drugs using the following words and word combinations:

bacterial infections, high toxicity level, odourless, crystalline compound, poorly water soluble, unfavorable effects, resistant strains of pathogens, conduct of successful prevention.

**6. Домашнее задание для уяснения темы занятия:**

Выучить лексику. Краткий пересказ.

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

Useful sites:

[**http://www.medicinenet.com/sulfonamides-oral/article.htm**](http://www.medicinenet.com/sulfonamides-oral/article.htm)

[**http://www.drugs.com/drug-class/sulfonamides.html**](http://www.drugs.com/drug-class/sulfonamides.html)

[**http://www.merckmanuals.com/professional/infectious-diseases/bacteria-and-antibacterial-drugs/sulfonamides**](http://www.merckmanuals.com/professional/infectious-diseases/bacteria-and-antibacterial-drugs/sulfonamides)

“Sulfanilamides: pros and cons”, “Action of sulfa drugs”.

**1. Занятие № 10**

**Тема занятия: “Sulfanilamide and Its Derivatives”**

**2. Форма организации занятия:** практическое занятие.

Разновидность занятия: дискуссия, упражнения.

Методы обучения: объяснительно-иллюстративный, частично-поисковый.

**3. Значение темы** - Знание данной темы необходимо для профессионального становления будущих специалистов и формирования коммуникативной и профессиональной компетенции. Сульфаниламиды - группа химически синтезированных соединений, используемых для лечения инфекционных болезней, главным образом бактериального происхождения. Они стали первыми лекарственными средствами, позволившими проводить успешную профилактику и лечение разнообразных бактериальных инфекций. Благодаря этим препаратам, вошедшим в медицинскую практику с 1930-х годов, удалось значительно снизить смертность от воспаления легких, заражения крови и многих других бактериальных инфекций. Их повсеместное применение во время Второй мировой войны спасло множество жизней.

**Цели обучения:**

**общая:**

студент должен обладать ОК-5; ПК-1; ПК-48;

**учебная:**

студент должен **знать** лексический минимум по изучаемой теме; на основе теоретических знаний и практических умений обучающийся должен **уметь** излагать на английском языке материал о Сульфаниламидах (антибактериальных препаратах), **уметь** ориентироваться в тексте, по контексту или с помощью словаря находить значения английских эквивалентов, **владеть** навыками аннотации текста, делать грамматический анализ текста, находить нужную информацию; **владеть** грамматическими навыками, а именно: **уметь** употреблять в устной и письменной речи Perfect Passive Voice и безличные предложения Impersonal Sentences, **знать** особенности перевода данной конструкции Passive и Impersonal sentences.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

Perfect Passive - formation?

Translate:

1. This house has been given a fresh coat of paint.
2. This baby has been given a lot of love and care by its mother.
3. They have been assigned to work on a big project.
4. He has been tied up for several hours.
5. The Eiffel Tower has been visited by people from all over the world.

Make these present perfect sentences passive. You don't need to repeat 'somebody':

1. Somebody has watered the plants.
2. Somebody has taken the money.
3. Somebody has bought the presents.
4. Somebody has finished the report.
5. Somebody has killed the President.

Introduce correct passive forms of the verb in Past Perfect:

1. The table looked nice because it … (polish).
2. The water … (keep) in the fridge so it was cold.
3. Mike … (see) near the cinema so we went there.
4. She … (not/love) so much before she met Jim.
5. I …(inform) about the accident as the last person.
6. The dog … (wash) by my son before I came home.
7. She was very depressed because her daughter …(hurt) in a car accident.

Introduce correct passive forms of the verb in Future Perfect:

1. By the end of the week my flat … (sell).
2. The report … (print) by next Friday.
3. My dress … (sew) by tomorrow.
4. By next month Bill … (promote).
5. That picture … (draw) by the end of the day.
6. All necessary things for our journey … (buy) by 5 o'clock tomorrow.
7. I … (examine) on geography and history by next week.
8. The talks … (finish) by the afternoon.
9. By 2 o'clock the cake … (bake).
10. All my work … (do) by Monday.

**5.2. Основные понятия и положения темы:**

Сульфаниламиды являются одним из старейших классов антибактериальных препаратов. За последние десятилетия они утратили свое значение и имеют очень ограниченные показания к применению. Сульфаниламиды по активности значительно уступают современным антибиотикам и в то же время характеризуются высокой токсичностью.

Сульфаниламидные препараты были открыты немецкой корпорацией в ходе исследований азокрасителей - синтетических красителей, в структуру которых входит сульфаниламид. В 1932 корпорация запатентовала несколько азокрасителей, в том числе пронтозил. Фармаколог Г.Домагк, руководивший исследовательским отделом корпорации, обнаружил, что пронтозилом можно вылечить мышей, инфицированных бактериями; после этого он немедленно приступил к изучению как пронтозила, так и других азокрасителей в качестве средств лечения инфекционных болезней человека, и в итоге показал, что они действительно эффективны. В 1935 ученые Пастеровского института (Франция) установили, что антибактериальным действием обладает именно сульфаниламидная часть молекулы пронтозила, а не структура, придающая ему окраску. Начиная с 1930-х годов были синтезированы тысячи различных сульфаниламидов, но медицинское применение нашли лишь 20 из них. Наиболее широко известны сульфаниламид (стрептоцид) и полученные на его основе сульфатиазол, сульфапиридазин, сульфадиазин, этазол, сульфадоксин, сульфацетамид (сульфацил). В основе лечебного действия сульфаниламидов лежит их способность подавлять рост бактерий (бактериостатический эффект). Предполагается, что они препятствуют нормальному усвоению бактериями пара-аминобензойной кислоты - вещества, играющего важную роль в жизнедеятельности большинства бактерий. Будучи близки к ней по строению, сульфаниламиды захватываются бактериальными клетками вместо этой кислоты, но не могут использоваться в тех процессах (включая синтез факторов роста), где она необходима. Угнетая дыхание, рост и размножение бактерий, сульфаниламиды способствуют их активному фагоцитозу (т.е. разрушению лейкоцитами). Не все бактерии чувствительны к сульфаниламидным препаратам. Эти лекарства повсеместно применяют для лечения бактериальных инфекций, вызванных менингококками, стрептококками, стафилококками, многими грамотрицательными и грамположительными бактериями, а также простейшими, в частности кокцидиями. Кроме того, они незаменимы для лечения.

Введение лексики: odourless, melting range, starch, assay, exhibit, dizziness, cyanosis, acidosis, to counteract, to overcome.

Вопросы по теме занятия:

1. What kinds of diseases do sulfa drugs treat?
2. What do they prevent?
3. What side – effect can sulfanilamide produce?

**5.3. Самостоятельная работа по теме:**

Выполнить письменный реферативный перевод текста «Methazid». Ответить на вопросы к тексту:

What indications has methazid?

How long is the course of treatment with methazid?

What are the ways of taking methazid?

What side effect can it produce during lengthy use?

In what diseases is methazid contraindicated?

**METHAZID (METHAZIDUM)**

White crystalline powder of bitter taste. Melting point is 175— 180°. Soluble in mineral and organic acids; insoluble in water and the usual organic solvents.

In its antitubercular potency methazid is close to phthivazid. It is considerably less toxic than tubazid and is readily absorbed from the gastrointestinal tract, penetrating into the spinal fluid.

Indications for use are the same as for phthivazid. Methazid is used in all forms of pulmonary tuberculosis in children and adults, both in fresh cases of the disease and during exacerbations of a chronic process and the presence of symptoms of intoxication. It is likewise indicated in tuberculosis of the larynx and oral cav­ity, tuberculosis of the serous membranes, tuberculosis of the peri­pheral lymph nodes, bones and joints, skin. In miliary tuberculosis and tubercular meningitis, methazid is used in conjunction with streptomycin.

Methazid is prescribed orally, before meals. During the first few days adults are given 0.2 gm twice a day; if the drug is tolerated well, the dose is increased to 0.3—0.5 gm 3 times daily. Children are given methazid in a daily dose of 0.02 gm per kg body weight, this being prescribed in 2—3 divided doses. The duration of treat­ment is the same as for phthivazid.

Methazid can be used in hospitals and sanatorium conditions, and also in outpatient conditions. The duration of treatment depends *on the* peculiarities *of* the disease in each case, the effective­ness *of* treatment, and *so on.* The course of treatment may last from 2 or 3 months to a year or more.

There is usually good tolerance to the drug. During lengthy use the same complications may set in as during the reception of other deriiatives of isonicotinic acid hydrazide: vertigo, headache, pain in the region of the heart, dermatitis, paresthesia, dysuric symptoms, nausea, vomiting, and anorexia. In such cases the dose must be reduced or the drug temporarily withdrawn.

Methazid is contraindicated in stenocardia and decompensated heart disease, organic diseases of the central nervous system, and diseases of the kidneys of a nontuberculous character which are accompanied by a derangement of the secretory function.

**5.4. Итоговый контроль знаний:**

1. Insert necessary word:

1. IN the case of complications the dose must be … .

1) increased

2) decreased

3) the same

2. METHAZID is not PRESCRIBED in … .

1) pulmonary tuberculosis

2) tuberculosis of bones and joints

3) organic diseases of the CNS

3. METHAZID IS A White crystalline powder of … taste.

1. bitter
2. sweet
3. pleasant
4. acidic

4. METHAZID IS SOLUBLE IN … .

1) water

2) mineral and organic acids

5. THERE IS USUALLY GOOD … TO METHAZID.

1) attitude

2) tolerance

3) sympathy

2. Fill in proper word combinations:

*it is suggested, it is possible, it is considered, it is shown, it is necessary, it should be noted*

1. ... to understand the system of nomenclature for these compounds, because new members of the group are constantly appearing. 2. ... by means of fermentation tests to prove the presence or absence of these sugars. 3. ... that eight preparations represent individual glycosides. 4. By means of the above mentioned reactions... to identify and differentiate pyridoxine and pyridoxal. 5. ... that a mixed indicator is suitable when it shows grey intercolouration at the titration exponent. 6. ... that the method is sufficiently specific for trypsin and well reproducible. 7. ... that during the interaction of furaciline and iodine chloride in an acid medium there occur acidification reactions only.

**5.5. Ситуационные задачи по теме:**

1. Imagine yourself in the place of the teacher. Check up the following work and correct mistakes if any:

Sulfanilamide is the amide of sulfanilic acid.

Sulfanilamide is not soluble in water.

Sulfanilamide has a slightly sweet taste.

Procaine, monocaine, etc., shouldn’t be avoided.

2. Think and explain(tell):

a) what the name of sulfa drugs means;

b) physical and chemical properties of the drugs;

c) usual medicinal form;

d) name toxic reactions which are exhibited by the drug.

**6. Домашнее задание для уяснения темы занятия:**

Приготовить аннотацию на английском языке по заданной схеме одного сульфаниламидного препарата.

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

“Types of sulfa drugs”, “Adverse effects of sulfa drugs”.

**1. Занятие №11**

**Тема занятия: “Emotional Stress”**

**2. Форма организации учебного процесса** - практическое занятие.

Разновидность занятия: работа в парах, дискуссия, упражнения.

Методы обучения: объяснительно-иллюстративный, частично-поисковый.

**3. Значение темы** – Формирование коммуникативной компетенции по данной теме; будущий специалист должен знать влияние эмоционального стресса на организм и способы преодоления его для собственного здоровья и создания доброжелательной атмосферы в рабочем коллективе.

**Цели обучения:**

**общая:**

студент должен обладать

ОК-6; ОК-5; ПК-1);

**учебная:**

обучающийся должен **знать** лексику по теме, быть готов к чтению оригинальной литературы с минимальным использованием словаря, **уметь** коротко изложить информацию о причинах, механизме возникновения стресса, а также о том, как с ним справляться; **знать** и **владеть** грамматическим материалом, а именно: **иметь навыки** употребления эквивалентов модальных глаголов.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

1. How can job stress be defined?
2. What can job stress lead to?
3. What other concept is usually confused with the concept of job stress?
4. What does a challenge do to us?
5. How do we feel when a challenge is met?
6. Where does job stress result from?
7. What are the primary causes of job stress?
8. How does the nervous system respond in stressful situations?
9. Why is this response of a nervous system important?
10. What stress poses little risk?
11. What happens when stressful situations go unresolved and last for a long time?
12. What are the early signs of stress related problems?
13. What is the role of stress in chronic health problems?

**5.2. Основные понятия и положения темы:**

Stress is a feeling that's created when we react to particular events. It's the body's way of rising to a challenge and preparing to meet a tough situation with focus, strength, stamina, and heightened alertness. The events that provoke stress are called **stressors**, and they cover a whole range of situations - everything from outright physical danger to making a class presentation or taking a semester's worth of your toughest subject. The human body responds to stressors by activating the nervous system and specific hormones. The **[hypothalamus](http://kidshealth.org/teen/your_body/body_basics/endocrine.html)** signals the **adrenal glands** to produce more of the hormones adrenaline and cortisol and release them into the bloodstream. These hormones speed up heart rate, breathing rate, blood pressure, and metabolism. Blood vessels open wider to let more blood flow to large muscle groups, putting our muscles on alert. Pupils dilate to improve vision. The liver releases some of its stored glucose to increase the body's energy. And sweat is produced to cool the body. All of these physical changes prepare a person to react quickly and effectively to handle the pressure of the moment. This natural reaction is known as the **stress response**. Working properly, the body's stress response enhances a person's ability to perform well under pressure. But the stress response can also cause problems when it overreacts or fails to turn off and reset itself properly.

Грамматический материал

**ЭКВИВАЛЕНТЫ МОДАЛЬНЫХ ГЛАГОЛОВ**

**1.** Вместо модальных глаголов **can, may, must** могут употребляться их эквиваленты.

**2.** Эквивалентом модального глагола саn является сочетание **to be able (to**), которое может употребляться вместо глагола *саn* в настоящем, прошедшем и будущем времени:

Не can play tennis. Не is able to play tennis. - Он умеет (может) играть в теннис.

I could translate this text. I was able to translate this text. Я мог перевести этот текст.

He will be able to play tennis. Он сможет играть в теннис.

**3.** Эквивалентом модального глагола may является сочетание **to be allowed (to**), которое может употребляться вместо глагола *may* в настоящем, прошедшем и будущем времени:

You may smoke here. You are allowed to smoke here. Вы можете курить здесь.

You might use these books. Вы могли бы пользоваться этими книгами.

You were allowed to use these books. Вы могли (вам разрешили) пользоваться этими книгами.

You will be allowed to smoke here. Вы сможете (вам разрешат) курить здесь.

We shall be allowed to use these books. Мы сможем (нам разрешат) пользоваться этими книгами.

**4.** Эквивалентом модального глагола must является сочетание **to be obliged (to),** которое может употребляться вместо глагола *must* в прошедшем и будущем времени; в настоящем времени это сочетание употребляется редко:

Не was obliged to be on duty yesterday. Он должен был дежурить вчера.

We were obliged to do these exercises. Мы должны были выполнить эти упражнения.

He will be obliged to be on duty tomorrow. Он должен будет дежурить завтра.

We shall be obliged to do these exercises. Мы должны будем выполнить эти упражнения.

You must do it at once. You are obliged to do it at once. Вы должны сделать это немедленно.

**5.** Эквивалентом модального глагола must являются также глагол **to have (to**) и сочетание **to have got (to),** которые передают обязанность, необходимость совершения действия в силу определенных обстоятельств, в то время как модальный глагол *must* передает обязанность, необходимость совершения действия с точки зрения говорящего:

They have to train before the game. Им нужно потренироваться перед игрой.

You must train regularly. Вы должны регулярно тренироваться.

Глагол **to have (to)** и сочетание **to have got (to)** могут употребляться вместо глагола *must* в настоящем, прошедшем и будущем времени:

You must help your friend. You have (have got) to help your friend. Вы должны помочь своему другу.

You had (had got) to help your friend. Вы должны были помочь своему другу.

You will have (have got) to help your friend. Вам нужно будет помочь своему другу.

**6.** Вопросительная и отрицательная формы глагола to have (to) образуются так же, как и соответствующие формы всех глаголов действия, т.е. при помощи вспомогательного глагола to do:

I have to do it. Я должен это сделать.

Do you have to do it? Вы должны это сделать?

You do not (don't) have to do it. Вам не нужно это делать.

Не had to come at seven. Он должен был прийти в семь.

Did he have to come at seven? Он должен был прийти в семь?

Не did not have to come at seven. Он не должен был приходить в семь.

We shall have to stay there. Нам нужно будет остаться там.

Shall we have to stay there? Нам нужно будет остаться там?

We shall not (shan't) have to stay there. Нам не нужно будет оставаться там.

**7.** Эквивалентом модального глагола must является также и глагол **to be (to**), который употребляется для выражения приказания или необходимости совершить действие по предварительной договоренности, намеченному плану или приказу:

You are to be back by three o'clock. Вы должны вернуться к трем часам.

Глагол **to be (to**) употребляется вместо глагола must в настоящем и прошедшем времени.

Не must bring this book. Он должен принести эту книгу.

Не is to bring this book. Он должен принести эту книгу (т.е. есть такая договоренность).

We were to ring him up. Мы должны были ему позвонить (т.е. мы обещали).

**8.** Вопросительная и отрицательная формы глагола **to be (to**) и сочетаний **to be able (to), to be allowed (to), to be obliged (to)**, образуются как и соответствующие формы глагола to be:

Are you to stay here till she comes? Вы должны оставаться здесь, пока она не придет?

Is he able to do this? Он может это сделать?

Is she allowed to walk? Ей разрешили ходить?

Are we obliged to be there at seven? Мы обязаны быть там в семь?

You are not to stay here till she comes. Вам не нужно оставаться здесь, пока она не придет.

Не is not able to do this. Он не может сделать этого.

She is not allowed to walk. Ей не разрешили ходить.

We are not obliged to be there at seven. Мы не обязаны быть там в семь.

**Need**

**1.** Глагол **need** в сочетании с Indefinite Infinitive употребляется для выражения необходимости совершить действие со значением нужно, надо**. Need** употребляется только в форме Present Indefinite в вопросительных и отрицательных предложениях:

Need he come here? - Нужно ли ему приходить сюда?

You needn't come so early. - Вам не нужно приходить так рано.

Нe needn't hurry. - Ему не надо спешить.

Обратите внимание! В утвердительном ответе на вопрос с глаголом need употребляется must:

Need I go there at once? - Yes, you must.

С другой стороны, в отрицательном ответе на вопрос с глаголом must употребляется needn't: Must I go there at once? - No, you needn't.

**2.** Need not (needn't) в сочетании с Perfect Infinitive употребляется по отношению к прошедшему времени и выражает, что лицу, о котором идет речь, не было необходимости (надобности) совершать действие:

You needn't have come so early. - Вы не должны были (вам не было необходимости) приходить так рано.

Обратите внимание!

Глагол **need** употребляется также как смысловой глагол со значением нуждаться (в чем-нибудь). В этом случае **need** имеет обычные формы спряжения и употребляется в настоящем, прошедшем и будущем времени:

You need a long rest. I don't need your book any longer. Does he need my help? We needed the dictionary badly. I'll need your advice.

Exercises:

1.Translate the following sentences into Russian, paying attention to the verbs*to have (to) и to be (to):*

1) It looks like raining. You have to take your raincoat. 2) Remember that we are to be at this place not later than eight. 3) He will have to stay there for a month. 4) We are to leave on Monday. 5) The children had to stay indoors because it was raining. 6) Nobody met me when I came, because I was to arrive by the ten o'clock train, but I couldn't get a ticket for it. 7) We had to touch upon this question at the scientific conference. 8) You will have to work hard to finish the work in time.

2. Fill in the blanks with modal verbs or their equivalents:

1) She ... play chess well. 2) ... I take your pen? 3) ... I ask you a question? 4) You ... not talk at the lesson. 5) He ... not speak English last year. 6) My sister ... not play piano two years ago, but now she ... .7) You ... get this novel in our library. 8) I ... go to the library today to prepare for my report at the conference. 9) ... you do me a favour?

Введение активной лексики по теме “Stress”:

to require enormous efficiency, to require improvement in research methods, to require appropriate results; to suggest going home, on your suggestion; to reduce a physiological need, to reduce one’s sight, to reduce one’s hearing, to reduce interaction, to reduce stimulation, to reduce mental activity, to reduce fear, to reduce nervous disturbance.

**5.3. Самостоятельная работа по теме:**

Изучающее чтение текста. Выявление ключевых фраз для составления резюме текста.

**Stress at Work**

Job stress can be defined as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker. Job stress can lead to poor health and even injury.

The concept of job stress is often confused with challenge, but these concepts are not the same. Challenge energizes us psychologically and physically, and it motivates us to learn new skills and master our jobs. When a challenge is met, we feel relaxed and satisfied. Thus, challenge is an important ingredient for healthy and productive work.

Job stress is considered to be a result from interaction of the worker and the conditions of work. Views differ, these differing viewpoints are important because they suggest different ways to prevent stress at work. Although the importance of individual differences cannot be ignored, scientific data suggest that certain working conditions are stressful to most people.

Stress sets off an alarm in the brain, which responds by preparing the body for defensive action. The nervous system is aroused and hormones are released to sharpen the senses, quicken the pulse, deepen respiration, and tense the muscles. This response is important because it helps us defend against threatening situations. The response is preprogrammed biologically. Everyone responds in much the same way, regardless of whether the stressful situation is at work or home. Short-lived or infrequent episodes of stress bear little risk. But when stressful situations go unresolved, the body is kept in a constant state of activation, which increases the rate of wear and tear to biological systems. The ability of the body to repair and defend itself becomes low. As a result, the risk of injury or disease escalates.

Many studies have looked at the relationship between job stress and a variety of ailments. Mood and sleep problems, upset stomach and headache, and poor relationships with family and friends are examples of stress-related. These early signs of job stress are usually easy to recognize. The evidence is rapidly accumulating to suggest that stress plays an important role in several types of chronic health problems – especially cardiovascular disease, musculoskeletal disorders, and psychological disorders. Stress is an unavoidable consequence of life. Without stress, there would be no life. Stress is not always necessarily harmful. Winning a race or election can be just stressful as losing, but may trigger very different biological responses. Increased stress results in increases productivity – up to a point. We all need to find the proper level of stress that allows us to perform optimally as we go through life.

Words and word combinations:

harmful – вредный, вредоносный; to occur - случаться; requirement - требование; to match – подходить, сочетаться; capability – способность; injury – травма; challenge – вызов; to energize – заряжать энергией; to be aroused – быть возбужденным; infrequent – нерегулярный; unresolved- неразрешенный;

to trigger – включать, инициировать, дать начало (чему-л.)

**5.4. Итоговый контроль знаний:**

Find equivalents to the following verbs:

1. TRIGGER

1. углублять
2. тормозить
3. предотвращать
4. давать начало

2. REQUIRE

1. требовать
2. спрашивать
3. отвечать
4. сочетать

3.SUGGEST

1. сомневаться
2. договор
3. предлагать
4. произойти

4. OCCUR

1. случай
2. случаться
3. происхождение
4. сочетание

5.THREATEN

1. угрожать
2. угроза
3. предотвращать
4. заострять

6. PREVENT

1. заряжать энергией
2. предотвращать
3. вмешиваться
4. мера

7. MATCH

1. сочетаться
2. смотреть
3. наблюдать
4. зажигать

**5.5. Ситуационные задачи по теме:**

1. Describe the role of stress in your life. In what situations do you experience stress? What is the positive role of stress in your life? What is the negative role of stress in your life?

2. How do you manage stress? Describe one of the stressful situations you experienced last week and explain how you managed it.

Helpful words and expressions: Once I forgot/failed/heard unpleasant news/get it in the neck from my boss/…I got upset. I apologize if it’s my fault. I often seek advice / counsel (from), ask advice (of); talk things over with my friends/colleagues/relatives.

**6. Домашнее задание для уяснения темы занятия:**

Выучить лексику темы “Stress”; Учебно-методические разработки для внеаудиторной работы по теме.

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

You may use the following sites to learn more about stress:

<http://kimberlysnyder.com/blog/2015/03/11/pros-cons-stress-revealed/>

<http://news.bbc.co.uk/2/hi/health/medical_notes/318025.stm>

<http://campusmindworks.org/students/self_care/managing_stress.asp>

“Is stress necessary for life?”, “Stress and challenge. What is the difference?”,

“Physical reactions to stress”, “Stress as mental distress”.

**1. Занятие №12**

**Тема занятия: “Emotional Stress and Health”**

**2. Форма организации учебного процесса** - практическое занятие.

Разновидность занятия: работа с понятиями, обсуждение, упражнения.

Методы обучения: объяснительно-иллюстративный, частично-поисковый.

**3. Значение темы** – Формирование коммуникативной компетенции по данной теме; будущий специалист должен знать влияние эмоционального стресса на организм и способы преодоления его для собственного здоровья и создания доброжелательной атмосферы в рабочем коллективе.

**Цели обучения:**

**общая:**

студент должен обладать ОК-6; ОК-5; ПК-1; ПК-48;

**учебная:**

обучающийся должен **знать** лексику по теме, быть готов к чтению оригинальной литературы с минимальным использованием словаря, **уметь** коротко изложить информацию о причинах, механизме возникновения стресса, а также о том, как с ним справляться; **знать** и **владеть** грамматическим материалом, а именно: **иметь навыки** употребления эквивалентов модальных глаголов.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

a. Translate the following words: to feel relaxed and satisfied, to prevent stress, stressful, threatening situations, response, go unresolved, psychological disorders,

harmful, capability, injury, challenge, to energize, to be aroused, to trigger.

b.What verbs do the given equivalents correspond to? to be able (to), to be allowed (to), to be obliged (to), to have (to), to be (to).

**5.2. Основные понятия и положения темы:**

Stress is a highly unpleasant and even debilitating emotion. Stress is known to lower the immune system making us more likely to become ill, it has been known to negatively affect our abilities making decision and it is linked with many other unpleasant emotions such as depression and anxiety. However every emotion exists for a reason and of course we adapted to feel stress through evolution, so of course it must offer some kind of benefit – and indeed it is not without its positive points. In fact sometimes focusing on the positive aspects of stress can be enough to help us turn stress around and to make the most of it.

Stress is positive in that it can be a great motivating force at times. In fact it's often easy to see how stress can be a useful motivating factor by looking at every day examples. You may remember for instance being at school and revising for exams.

Psychologist Hans Seley is often called the 'Father of Stress' due to his extensive research into the topic. He called these smaller amounts of positive stress 'eustress'.

The people who felt that eustress may also have experienced more success in their exams for other reasons too – because the stress might have actually improved some aspects of their intelligence. It is actually a cognitive enhancer which can boost several aspects of our mental prowess and so help us in professional and academic capacities.

First of all this is because stress helps our brain to focus. Stress developed to help us to react to potential dangerous situations in the wild – and this might mean for instance trying to escape from a predator. Meanwhile stress has also been shown in some studies to help increase memory and recall – so a little stress while revising for an exam or a presentation can help you to remember what it is you've read on the big night. This is supposed to be a result of slightly higher levels of cortisone – though again moderation is key as levels of cortisone that are too high have been shown to cause damage to the hippocampus.

As well as improving your brain function, stress can also increase your physical performance and endurance. This is because it causes the release of adrenaline which speeds up your heart rate and so your metabolism. This can then result in increased reactions and reflexes, while also acting as a painkiller meaning that you can have better endurance. This may have once helped us to run for longer when being chances, but today it might help us in a physical confrontation, or during a sporting event. A bit of stress for an athlete then is a great thing. Adrenaline can also help to fight tiredness and fatigue.

Вопросы по теме занятия:

1. How can you recognize what you can change in the stressful situation?

2. How can you reduce the intensity of you emotional reactions to stress?

3. What are some examples of moderating one’s physical reactions to stress?

4. What are some recommendations that can help you to build physical reserves?

5. How can you maintain one’s emotional reserve?

6. Why can stress be positive?

7. How does it influence our brain?

8. Does it influence our physical performance?

Грамматический материал: эквиваленты модальных глаголов- закрепление.

Вспомните, что эквивалент модального глагола must глагол **to have (to**) передаёт обязанность, необходимость совершения действия в силу определенных обстоятельств.

Глагол to have (to) и сочетание to have got (to) могут употребляться вместо глагола must в настоящем, прошедшем и будущем времени.

Модальный глагол should употребляется в значении – «следовало бы».

Вставьте модальные глаголы should или had to. Раскройте скобки, употребляя требующуюся форму инфинитива.

1. Mike isn’t here. He … (to leave) early. 2. The car broke down and they … (to get) the taxi. 3. You … (to disconnect) the computer yesterday. There is something wrong with it. You can’t send e-mail now. 4. She … (to go) shopping last Friday because there was nothing in the fridge. 5. I … (to write) this composition yesterday, but I was too busy as I … (to translate) a very long text from English. 6. I … not (to take) my little brother to the evening performance, he was so excited; but I really … (to do) so, for there was nobody at home to leave him with. 7. You … (to see) our team play! You have missed a lot. You … (to go) to the stadium. 8. It was a very important meeting and we … (to attend) it. That’s why we returned home late. 9. He … (to attend) the lesson: the material which the teacher explained was very difficult. 10. Although he felt unwell, he … (to attend) the lesson, because the teacher explained some very difficult material.

Изучающее чтение

**Stress Management**

It has been found that most illnesses are related to unrelieved stress. If you are experiencing stress symptoms, you have gone beyond your optimal stress level; you need to reduce the stress in your life and/or improve your ability to manage it.

Identifying unrelieved stress and being aware of its effect on our lives is not sufficient for reducing its harmful effects. Just as there are many sources of stress, there are many possibilities for its management. However, all require work toward change: changing the source of stress and/or changing your reaction to it. How do you proceed?

**1. Become aware of your stressors and your emotional and physical reactions.**

Notice your distress. Determine what events distress you. What are you telling yourself about meaning of these events?

Determine how your body responds to the stress. Do you become nervous or physically upset? If so, in what specific ways?

**2. Recognize what you can change.**

Can you change your stressors by avoiding or eliminating them completely?

Can you reduce their intensity (manage them over a period of time instead of on a daily or weekly basis)?

Can you shorten your exposure to stress (take a break, leave the premises)?

Can you devote the time and energy necessary to making a change (goal setting, time management techniques, and delayed gratification strategies may be helpful here)?

**3. Reduce the intensity of your emotional reactions to stress.**

The stress reaction is triggered by your perception of physical or emotional danger. Do not view your stressors in exaggerated terms and taking a difficult situation and making it a disaster. Do not expect to please everyone.

Work at adopting more moderate views; try to see the stress as something you can cope with rather than something that overpowers you. Try to temper your excess emotions. Put the situation in perspective. Do not think about the negative aspects and the “what if’s”.

**4. Learn to moderate your physical reactions to stress.**

Slow, deep breathing will bring your heart rate and respiration back to normal.

Relaxation techniques can reduce muscle tension. Electronic biofeedback can help you gain voluntary control over such things as blood pressure.

Medications, when prescribed by a physician, can help in the short term in moderating your physical reactions.

**5. Build your physical reserves.**

Exercise for cardiovascular fitness three to four times a week (moderate, prolonged rhythmic exercise is best, such as walking, swimming, cycling, or jogging).

Eat well-balanced, nutritious meals.

Maintain your ideal weight.

Avoid nicotine, excessive caffeine, and other stimulants.

Mix leisure with work. Take breaks and get away when you can.

Get enough sleep. Be as consistent with your sleep schedule as possible.

**6. Maintain your emotional reserves.**

Develop some mutually supportive friendships/relationships.

Pursue realistic goals which are meaningful to you, rather than goals others have for you that you do not share.

Expect some frustrations, failures, and

Always be kind and gentle with yourself – be a friend to yourself.

Words and word combinations:

specific - конкретный

exposure - подверженность

to cope with – справляться, бороться с чем-либо

to temper - сдерживать

excess- чрезмерный

biofeedback – приборы для измерения биологических показателей (например, приборы для измерения давления)

to moderate - сдерживать

to pursue goals – преследовать цели

**5.3. Самостоятельная работа по теме:**

Письменный перевод текста:

**Is stress necessary for life?**

Doctors noticed a long time ago that negative emotions often cause such illnesses as hypertension, bronchial asthma, and allergy, ulcer of the stomach and the duodenum, heart failure and others. The direct and most simple conclusion, therefore, is – if you don’t want to be ill, avoid negative emotions.

There is a psychosomatic (“soma” is “body” in Greek) trend in medicine based on this conclusion – negative emotions cause many illnesses. But in reality, and doctors also noted that some time ago, this theory does not explain everything.

It is an amazing, but universally recognized fact that many psychosomatic illnesses (duodenal ulcer, hypertension, allergy) disappear if a person quickly and energetically comes up against an enemy or while working, during the most dreadful periods of life – war, siege, etc. – when there are so many negative emotions and when life is almost unbearable.

The phenomenon of “blockade hypertension” has been studied thoroughly. There was hardly anyone with hypertension among the Leningraders during the inhumanly tense living conditions of the siege. When the blockade was lifted and the struggle for survival abated, people put up less resistance to difficulties. Hypertension then made a comeback.

It has also been known for a considerable time that intensive and responsible duties tend to make the human organism more resistant to infectious diseases. For example, the doctors, nurses and orderlies who selflessly combated epidemics of plague or cholera rarely caught these fearsome diseases.

Therefore, can we say that stress is not to be feared and is not the cause of serious illnesses? No. Stress, on the one hand, is a normal and necessary component of active life, but on the other – it is the preliminary symptom before an organism succumbs to disease or perishes altogether. Where, then, is the borderline between the reaction to stress being a necessary component of adaptation and when it causes grave pathological symptoms?

The scientists offered one explanation for the essence of psychosomatic illnesses. According to their hypothesis, the reason for the occurrence and development of a whole number of diseases lies not so much with emotions (whether positive or negative) but in the person’s behavior and the degree of his activity. They studied the various types of behavior and worked out which patterns influence the development of the illness. They determined that actively defensive behavior stimulates the adaptation mechanism and tends to block the development of the illness. On the other hand, passively defensive behavior tends to intensify the illness and inhibits the organism’s defense system, perhaps even leading to death.

Words and word combinations:

dreadful period – страшный, ужасный

siege – осада, блокада

unbearable – невыносимый

tense – напряжённый

comeback – возвращение

orderly - больничный служитель; санитар

selflessly - самоотверженно, бескорыстно

Выявление ключевых фраз. Information for discussion. Introduction phrases: as far as I know, it’s known that; simply; at last; by the way; fortunately/unfortunately; apparently, evidently; it seems / appears that.

**5.4. Итоговый контроль знаний:**

Choose the synonyms:

1. RESPOND

1. correspondent
2. suggest
3. ask
4. answer

2. REDUCE

1. decrease
2. increase
3. produce
4. duct

3. EXPOSE

1. pretend
2. subject
3. imagine
4. predispose

4. MODERATE

1. modest
2. abate
3. rate
4. mode

5. AVOID

1. include
2. consist
3. escape
4. contain

6. FAIL

1. mail
2. tail
3. tale
4. break down

7. HARM

1. damage
2. ham
3. charm
4. farm

**5. 5. Ситуационные задачи по теме:**

1. Imagine you are a psychologist. Give your recommendations how to manage your stress.

Helpful words: personal qualities, to focus on, affairs, hobbies, to keep emotions inside, to seek advice from, to stay alone, to commune with nature.

2. Explain how stress may be positive.

Helpful words: motivate for better results, give stimulus, fruitful work, increase memory.

**6. Домашнее задание для уяснения темы занятия:**

Составить и выучить диалог “Stress in my life and ways I manage it”

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

Useful sites:

<http://www.helpguide.org/articles/stress/stress-at-work.htm>

<http://www.forbes.com/sites/jennagoudreau/2013/03/20/12-ways-to-eliminate-stress-at-work/>

<http://www.apa.org/helpcenter/work-stress.aspx>

“Methods of managing stress”, “Positive role of stress”.

**1. Занятие №13**

**Тема занятия: “Cardiac Glycosides”**

**2. Форма организации учебного процесса** - практическое занятие.

Разновидность занятия: работа с понятиями, обсуждение, упражнения.

Методы обучения: объяснительно-иллюстративный, частично-поисковый.

**3. Значение темы** – Формирование коммуникативной компетенции по данной теме; студенты получают первичные знания о сердечных гликозидах, которые представляют большую группу лекарственных препаратов, которые необходимо знать будущему провизору.

**Цели обучения:**

**общая:**

студент должен обладать ОК-5, ПК-1, ПК-48;

**учебная:**

обучающийся должен **знать** лексику по теме, быть готов к чтению оригинальной литературы с минимальным использованием словаря, **уметь** коротко изложить информацию о лечебных препаратах этой группы; **знать** и **владеть** грамматическим материалом (Perfect Tenses, Infinitive в функции обстоятельства цели), а именно: **иметь навыки** реферативного перевода и чтения лекарственной аннотации.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

What is Infinitive? What is its formal sign? Is “to” always used?

**5.2. Основные понятия и положения темы:**

Treatment of the cardiac insufficiency includes taking effective drugs which saved lives of millions. Digitalis and Strophanthus are considered to be the most important active substances in heart diseases. Strophanthus, Korglicon and Digitoxin are given parenterally. Digitoxin and Celanid are taken orally. The dose is administered by a doctor. Other constituents of digitalis are digitoflavin, digitophyllin, etc.

Растения, содержащие гликозиды, привлекали к себе внимание ещё со времён глубокой древности. Так, египтяне и римляне применяли морской лук (Drimia maritima) для возбуждения сердечной деятельности. Препараты из семян и коры строфанта (Strophantus hispidus) использовались не только для возбуждения сердечной деятельности, но и для отравления стрел. Применение наперстянки (Digitalis purpurea) для лечения водянки было известно уже в 1785 году, когда В. Уитеринг впервые внедрил ее в практическую медицину.

Первые попытки изучения веществ, выделенных из листьев наперстянки, относятся к 1809 году. В 1841 году из той же наперстянки была выделена смесь веществ, названная дигиталином; ещё ранее из миндаля П. Робике (1830 г.) выделил амигдалин.

В 1869 г. Нативелл выделил из наперстянки достаточно чистый дигитоксин. В 1889—1892 г. Е. А. Шацкий опубликовал ряд работ, относящихся к гликозидам и алкалоидам. Особое развитие химия гликозидов, однако, получила с 1915 г., когда были опубликованы исследования Виндауса, Джекобса, Штоля и Чеше и др. в области сердечных гликозидов. Из российских работ известны исследования Н. Н. Зинина о масле горьких миндалей, Лемана о периплоцине, Куррота о ряде гликозидов, А. Е. Чичибабина, впервые получившего в 1913 г. синтетический амигдалин.

Вопросы по теме:

1. What drugs do cardiac glycosides include?
2. What action do digitalis constituents exert on the heart?
3. In what cases is digitalis administered?
4. Why does digitalis exert beneficial effects on the failing heart?
5. How many types of digitalis dosage are recognized?
6. Can optimal effects be obtained without toxic effects?
7. When is digitalization usually complete?
8. What are the chief constituents of digitalis?
9. Are digitalis preparations mainly used in the treatment of congestive heart failure?

Выполнение грамматических упражнений на Present Perfect Active и на употребление союзов придаточных предложений. (см Приложение1). Введение лексики: crude drugs, possess, cardiotonic properties, constituents, regardless of…, salutary effect, sinus rhythm, ventricular fibrillation, the force of contraction, abolish, a tolerated dose.

**The Infinitive**

Инфинитив - это неличная глагольная форма, которая только называет действие и выполняет функции как глагола, так и существительного. Инфинитив отвечает на вопрос *что делать?, что сделать?*

Формальным признаком инфинитива является частица **to**, которая стоит перед ним, хотя в некоторых случаях она опускается. Отрицательная форма инфинитива образуется при помощи частицы **not**, которая ставится перед ним:

|  |  |
| --- | --- |
| Try **not** **to use** bad language! | *Постарайся* ***не употреблять*** *грубых слов!* |
| It was difficult **not** **to speak**. | *Было трудно* ***не говорить****.* |

|  |
| --- |
| **Обстоятельство** |

Инфинитив употребляется в функции обстоятельства для выражения цели и следствия и отвечает на вопрос: ***для чего?***:

**1.**  В функции ***обстоятельства цели***, поясняя ***зачем?, почему?*** и т.д. совершается действие.***.*** Встреч. и в начале и в конце предложения. При переводе на русский яз. перед инфинитивом обычно ставят союз ***чтобы, для того чтобы***. Иногда инфинитив вводится сочетан. **in order** и **so as**, хотя чаще они опускаются.

e.g. He stopped **to speak** to Mary.  **To be** there on time we must hurry. I have come here **to meet** her. We had a swim so as **to cool off**. I went in **to see** if they were ready.

При отрицательном инфинитиве **so as** обычно употребляется всегда:

I hired a taxi so as **not to miss** the train.

**2.** В функции ***обстоятельства следствия.*** В этом случае инфинитив ставится в конце и ему обычно предшествуют слова: **too** - *слишком*, **enough** - *достаточно*. При переводе на русский яз. обычно ставится союз ***(для того) чтобы***.

**to  +**  прилагательное/наречие  **+  инфинитив**

He is too lazy to get up early. He is too young to understand it. It was too late to come back.

прилагательное/наречие   **+  enough   +   инфинитив**

He is lazy enough **to get up** early. She is old enough **to go** to work.

|  |
| --- |
| **Употребление частицы to с инфинитивом** |

Инфинитив, как правило, употребляется с частицей **to**, которая является его грамматическим признаком. Однако частица **to** иногда опускается, и инфинитив употребляется без нее:

**1.**  После вспомогательных и модальных глаголов: **can, could, must, may, might, will, shall, would, should** (и их отрицательных форм cannot= can’t, must not= mustn’t и т.п.).

She can **dance**. I must **see** you at once. He might **help** me.

После **need** и **dare**, если они используются как модальные:

How dare you **ask** me? You needn’t **go** there.

**Исключение:** После **ought (to)** и **have (to), be (to)** в роли модальных инфинитив употребляется с частицей **to**:

He ought **to answer** you. I had **to send** him money. We are **to see** her tonight.

**2.**  После выражений **had better** – *лучше (бы)*, **would rather** –*предпочитаю; лучше бы*:

|  |  |
| --- | --- |
| You had (=You’d) better **help** her. | I would (=I’d) rather **go** by train. |
|  |  |

**3.**  В ***объектном инфинитивном обороте*** (сложное дополнение) после глаголов:

**а)**  выражающих восприятие при помощи органов чувств: **to feel** *чувствовать,* **to hear** *слышать,* **to notice** *замечать,* **to see** *видеть* и др.: I felt my pulse **quicken**. She heard the clock **strike** eight. I saw him **jump**.

Но если эти глаголы употребляются в страдательном залоге, то инфинитив употребляется с **to**:

|  |  |
| --- | --- |
| She was seen **to go** to the institute. | *Видели, как она* ***пошла*** *в институт.* |

**б)**  После глаголов: **to make** в значении –*заставлять, вынуждать* и **to let** – *разреша*ть*, позволять:*

He made me **help** him. What makes you **think** so? He let me **take** his book.

Но если эти глаголы употребляются в страдательном залоге, то инфинитив употребляется с **to**:

|  |  |
| --- | --- |
| She was made **to repeat** the story. | *Ее заставили* ***повторить*** *(свой) рассказ.* |

**в)**  !!!После глагола **to help -** *помогать* частица **to** может либо употребляться; либо не употребляться – оба варианта допустимы. Вариант без **to** более распространен в неформальном общении:

He helped me **do** the exercise. Could you help **me** (to) **unload** the car?

**Примечание 1:** После **why**, с которого начинается вопрос. Это редкий тип предложений, относящихся к односоставным, где из двух главных членов предложения (подлежащее и сказуемое) имеется всего один – сказуемое, представленное инфинитивом.

Why not **go** there right away? Why not **take** a holiday? Why **worry** ?

**Примечание 2:** Если в предложении есть два инфинитива, объединенные союзом **and** или **or**, то частица **to** употребляется только перед первым инфинитивом:

I want **to come** and **see** your new house. She decided **to go** and **buy** something for supper.

**Примечание 3:** В конце предложения частица **to** иногда употребляется без инфинитива во избежание повторения одного и того же глагола в одном предложении, а также, если значение инфинитива понятно из контекста:

He wants me **to go** there but I don’t want **to** (go). Why didn’t you **come**? You promised **to** (come). Come and see us. – I’d love **to**. (come, see)

Translate the sentences using Infinitive:

Я пришёл сюда, чтобы помочь вам. Для того чтобы знать английский язык хорошо, вы должны усердно заниматься. Для улучшения знания английского языка он ежедневно читает книги на английском. Я хочу порекомендовать вам эти препараты.

Translate the sentences from English into Russian:

To translate this text you should use a dictionary. To melt this metal a higher temperature must be used. To carry out this research work requires special knowledge and training. We use thermometers to measure temperature. He is to demonstrate the results of his experiments next Monday. His aim is to demonstrate the results of his experiment. The only method to solve the problem is to make some experiments. Our task is to help this student. His plan was to finish the work by the end of the month. We study English to read English books on our speciality.

**5.3. Самостоятельная работа по теме:**

TEXT A

Treatment of the cardiac insufficiency includes taking effective drugs which saved lives of millions. Digitalis and Strophanthus are considered to be the most important active substances in heart diseases. Strophanthus, Korglicon and Digitoxin are given parenterally. Digitoxin and Celanid are taken orally. The dose is administered by a doctor. Other constituents of digitalis are digitoflavin, digitophyllin, etc.

Cardiovascular drugs may be divided into three groups: drugs that affect the heart; drugs that affect blood pressure; and drugs that prevent blood clotting.

**Drugs that affect the heart**. Drugs may affect the heart in two major ways: changing the rate and forcefulness of the heart beat and altering the rhythm of the heart beat. Other drugs which belong to the general class of *sympathomimetrics* are used to increase heart rate and the force of contraction. Drugs used to correct abnormal heart rhythm are called *antiarrhythimics*.

**Drugs that affect blood pressure.** *Vasodilators* are drugs which relax the muscles of vessel walls, thus increasing the size of blood vessels. They are used in treating blood vessel diseases, heart conditions, hypertension. Nitrites are used as vasodilators. Diuretics promote excretion of fluid and shrinkage (reduction) of the volume of blood within the vessels.*Vasoconstrictors* are drugs which constrict muscle fibres around blood vessels and narrow the size of the vessel opening.

**Drugs that prevent blood clotting.** These drugs are called *anticoagulants.*They are used to prevent the formation of clots in veins and arteries.

TEXT B. CARDIAC GLYCOSIDES

Cardiac glycosides include crude drugs and their preparations which possess cardiotonic properties by virtueof their glycosidal content .The important drugs are: Digitalis, Strophanthus, their preparations, and purified glycosides obtained from them.

Digitalis has been the subject of long investigation. The consti­tuents which are now recognized as being of the greatest importance cardiovascular agents are digitoxin, gitoxin, digoxin and lantoside. Digitoxin is the most active principle. Other constituents of digitalis are digitoflavin, digitophyllin, etc.

The chief therapeutic use for digitalis is in the treatment of congestive heart failure. It is of value regardless of whether the failure is predominantly of the right or left side of the heart. The type of rhythm exhibited by the decompensated heart is secondary in importance, and digitalis exerts its salutary effects on the failing heartwith normal sinus rhythm as well as on the failing heart exhibiting ventricular fibrillation.

The mechanism by which digitalis and all allied cardiac gly­cosides exert (influence) beneficial effects on the failing heart is identical, namely, a direct cardiotonic action on the myocardium to increase the force of contraction and to increase cardiac tone. Slowing of the cardiac rate occurs only when the rate was originally rapid due to the failure.

The signs and symptoms of heart failure are in large measure abolished by digitalis, but bed rest, sedatives, and often diuretics and restriction of fluid intake may be required to obtain best results.

Two types of digitalis dosage are recognized, initial dose for digitalization, and maintenance dose for chronic therapy.

Digitalization is usually complete when the patient has ingested the equivalent of a total of 1.2 gm of powdered digitalis in a period of 48 to 96 hours. This amount can be divided into several equal daily doses, and the total daily dose is usually divided into two or three equal amounts.

By maintenance dose is meant that daily dose which will give optimal digitalis effects and replace the glycoside which is con­stantly being destroyed or excreted. Optimal effects can be obtained without toxic effects, and the optimal dose is not necessarily the largest tolerated dose.

Notes:

congestive heart failure - сердечная недостаточность с рас­стройством кровообращения

failing heart — сердечная недостаточность

force of contraction – сократительная способность

by virtue – действие, достоинство

glycosidal content – содержание гликозидов

purified - очищенный

salutary – благотворный

Do exercises:

1. Read the sentences and insert the appropriate prepositionsinstead of gaps**:** *as to, owing to, according to, by means of, due to, in addition to.*

1. ... the common sugars there are some relatively rare desoxy sugars. 2. Some of the microorganisms may persist ... the devel­opment of secondary resistance. 3. ... their clinical course all cases of hypotonia can be divided into three types. 4. ... ginseng it is well known that its roots produce a stimulating action and do not disturb sleep. 5. Ginseng glycosides are obtained ... precipitation with ether from the hot alcoholic extracts of the root. 6. Mendeleyev classified the elements ... their atomic weights. 7. ... the question of the existence of galactose as a constant of the gum, the evidence is much less convincing than that for glucose.

2. Read the sentences; select compound prepositions and translate the sentences into Russian:

1. Cardiac glycosides include crude drugs in their preparations which possess cardiotonic properties by virtue of their glycosidal content. In spite of definite progress in this direction one must conclude from these articles that the point in question has not yet been sufficiently investigated. 3. The activity coefficient was de­termined by means of the effect of solvent salts and sodium chlo­ride. 4. Slowing of the cardiac rate occurs only when the rate was originally rapid due to the failure. 5. Antibiotic substances are chemical compounds produced as a result of the metabolic activi­ties of living cells. 6. Thanks to its mechanism of excretion, rimactane may also be employed in patients with impaired renal function.

3. Answer the questions on the text:

1. What drugs do cardiac glycosides include? 2. What action dо digitalis constituents exert on the heart? 3. In what cases is digitalis administered? 4. Why does digitalis exert beneficial effects on the failing heart? 5. How many types of digitalis dosage are recognized? 6. Can optimal effects be obtained without toxic effects? 7. When is digitalization usually complete? 8. What are the chief constituents of digitalis? 9. Are digitalis preparations mainly used in the treatment of congestive heart failure?

**5.4. Итоговый контроль знаний:**

Chose the proper word expressions:

a*.administered,* b.*investigations,* c.*sedatives,* d.*cardiac glycosides*, e.*diuretics,* f.*glycosidal content,* g*.a cardiac rate,* h*.the force of contraction*

1. … are effective means in treatment of the heart failure.

2. They improve … of the heart muscle.

3. They decrease… .

4. Digitalis preparations due to… are widely used in therapy.

5. … on the beneficial effects of cardiac glycosides are carried out.

6. Digitalis was… to this patient.

7. Bed rest, …, and often … and restriction of fluid may be required to obtain best results.

**5. 5.Ситуационные задачи по теме:**

1. Imagine yourself on the place of a doctor. What would you prescribe? Use the model:

I'd prescribe.....for... .

1.Hypertension a.sympathomimetrics

2.Varicose veins b.vasodilators

3.Ischemia c.vasoconstrictors

4.Hypotension d.anticoagulants

2. Is the student’s work done correctly? Find mistakes if any:

* *sympathomimetrics* are used to slow heart rate and the force of contraction.
* vasodilators promote increasing the size of blood vessels.
* Diuretics promote reduction of the volume of blood within the vessels.
* The increased liquid consumption may be required to obtain best results in heart failure.

**6. Домашнее задание для уяснения темы занятия:**

Tell about effects of digitalis.

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

“New tendencies in cardiotherapy”, “History of cardiac glycosides discovery”.

**1. Занятие №14**

**Тема занятия: “Cardiac Glycosides. Features.”**

**2. Форма организации учебного процесса** - практическое занятие.

Разновидность занятия: работа с понятиями, обсуждение, упражнения.

Методы обучения: объяснительно-иллюстративный, частично-поисковый.

**3. Значение темы** – Формирование коммуникативной компетенции по данной теме; студенты получают первичные знания о сердечных гликозидах, которые представляют большую группу лекарственных препаратов, которые необходимо знать будущему провизору.

**Цели обучения:**

**общая:**

студент должен обладать ОК-5; ПК-1; ПК-48;

**учебная:**

обучающийся должен **знать** лексику по теме, быть готов к чтению оригинальной литературы с минимальным использованием словаря, **уметь** коротко изложить информацию о лечебных препаратах этой группы; **знать** и **владеть** грамматическим материалом (Perfect Tenses, Infinitive в функции обстоятельства цели, дополнительные придаточные предложения), а именно: **иметь навыки** чтения лекарственной аннотации, реферативного перевода.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

What arecardiac glycosides? How many groups may cardiovascular drugs be divided into? What are they? In what cases is digitalis administered? What effects do cardiac glycosides exert on the failing heart?

**5.2. Основные понятия и положения темы:**

Сердечные гликозиды являются основными средствами патогенетического лечения сердечной недостаточности. Эти препараты улучшают функциональное состояние сердца при его декомпенсации; под их влиянием миокард способен выполнить большую, чем прежде, работу, что может привести к устранению симптомов недостаточности кровообращения. Сердечные гликозиды в большом количестве содержатся в листьях наперстянки и семенах строфанта, в морском луке, в траве и ландыша и весеннего горицвета, а также в листьях омандра.

Первым растением, из которого был выделен препарат, была обычная наперстянка. В 1775 году Уильям Витеринг (ботаник по образованию) описал клинический случай: женщина, страдавшая водянкой, избавилась от отеков и одышки, принимая настой трав на основе наперстянки. Витеринг начал исследования по изучению влияния наперстянки при водянке и одышке. В результате исследования были стандартизированы препараты листьев наперстянки и даны рекомендации по отбору больных для лечения. К сожалению, главные принципы У. Витеринга — осторожность в назначении препарата и стандартизация процесса его приготовления (порошок из сухих листьев) — были проигнорированы, что привело к большому числу случаев выраженных побочных реакций и, как следствие, к отказу от препарата примерно на 100 лет. С конца ХІХ века предпринимались усилия по борьбе с выраженностью интоксикации, в том числе и методом снижения доз. Однако ни один из методов не привел к разработке безопасных методов лечения. Кроме того, неясными были показания к назначению препарата. Так, к концу ХІХ века большинство врачей считали наперстянку мочегонным средством, а в ряде случаев — мочегонным препаратом с выраженным рвотным эффектом. Многие министерства здравоохранения исключили это средство из применения и обозначали его в качестве ядовитого соединения. К счастью, как бывает в истории, черные полосы сменяются белыми и наоборот.

Grammar

Дополнительные придаточные предложения

**Дополнительные придаточные предложения** выполняют функцию прямого или предложного косвенного дополнения и отвечают на вопросы **what?** *что?*, **about what?** *о чем?*, **for what?** *за что?* и т.д.

Они соединяются с главным предложением теми же союзами и союзными словами, что и придаточные предложения подлежащие и сказуемые: союзами **that** *что*, **whether, if** *ли*  или союзными словами **who (whom)** *кто (кого),* **whose** *чей,* **what** *что, какой,* **which** *который,* **when** *когда,* **where** *где, куда,* **how** *как,* **why** *почему.*

He asked us **what** we thought of it. I don’t know **whether** (if) he will come. They laughed at **what** he said.

I don’t know **where** you live. I’ll ask him to find out **where** they live. He told me **why** he did not come. Time will show **if** (whether) he is right

Чаше всего они вводятся союзом **that** - *что*, который часто вообще опускается:

I know (**that**) he was wrong. I thought (**that**) they were joking. I know **that** he is in the laboratory. = I know he is in the laboratory. I think **that** it is cold in the street.  = I think it is cold in the street.

Дополнительные придаточные предложения не отделяются запятой от главного предложения.

**Примечание**. Русский союз *что* соответствует союзу that, а относительное местоимение *что -* местоимению **what**.

*Я знаю,* ***что*** (что именно) *он купил вчера*. I know **what** he bought yesterday.

*Я знаю,* ***что*** *он купил вчера словарь.*   I know **that** he bought a dictionary yesterday.

*Я видел,* ***что*** *он был недоволен.* I saw **that** he was displeased.

**Это примечание** относится к придаточным предложениям подлежащим, сказуемым и дополнительным:

**1**. Учащиеся иногда ошибочно употребляют вопросительный порядок слов в придаточных предложениях подлежащих, сказуемых и дополнительных, которые вводятся словами **whose, whom, which, what, when, where, how, why.**

Следует иметь в виду, что вопросительный порядок слов употребляется только в самостоятельных вопросительных предложениях; в придаточных же предложениях всегда употребляется порядок слов повествовательного предложения:

How did he do it? (самостоятельный вопрос). *Как он это сделал?*

How he did it is difficult to say (придаточное подлежащее). *Трудно сказать, как он это сделал.*

That is how he did it (придаточное сказуемое). *Вот как он это сделал.*

He told me how he did it (придаточное дополнительное). *Он сказал мне, как он это сделал.*

**2**. Учащиеся иногда ошибочно заменяют в придаточных предложениях подлежащих, сказуемых и дополнительных, которые вводятся словом **when,** будущее время настоящим. Следует иметь в виду, что будущее время после **when** заменяется настоящим только в придаточных  предложениях   обстоятельства   времени :

**When** he will arrive is not yet known.   *Когда он приедет, еще неизвестно.*

The question is **when** he will arrive.  *Вопрос в том, когда он приедет.*

He has told me **when** he will arrive. *Он сказал мне, когда он приедет.*

**Ho:**

I shall ask him about it when he arrives. *Я спрошу его об этом, когда он приедет.*

Практически можно следующим образом определить, следует ли после **when** заменять будущее время настоящим:

Если **when** имеет значение когда именно, т. е. если имеется в виду месяц, день, час и т. п., и если на **when** можно поставить логическое ударение, то употребляется будущее время. В противном случае будущее время заменяется настоящим:

I don't know **when** he will come.  *Я не знаю, когда* (когда именно, в какой день, в котором часу) *он придет.*

I shall ask him about it **when** he comes.  *Я спрошу его об этом, когда он придет.*

Read the text. Tell about the use of ginseng in medicine; select a paragraph, which refers to the properties of ginseng root.

**HOW TO USE THE GINSENG ROOT**

Ginseng is a perennial herbaceous plant. It grows in the Eastern parts of Russia. It contains substances of the glycoside series: saponin, panaquilene; in addition to these its roots contain other oils — panacene and also panaxic acid, ginsenin, a small amount of alkaloids of unknown composition, cane-sugar, phytosterols, res­ins, ferments (amylase and phenolase), the vitamins bi and B2. It has been established experimentally that ginseng preparations have a very low toxicity and possess a wide therapeutic activity. They excite the nervous system, particularly the cortex, acting upon the stimulating and inhibitory process, increase the reactive pro­cesses of the organism, stimulate cardiac activity, increase blood pressure, reduce the sugar content of the blood, excite the endo-112 crine apparatus. Besides this, they render a positive effect in case of inflammatory and wound processes.

Various publications contain numerous indications of the use of ginseng in the treatment of various diseases. Yet, it should be noted that ginseng is not a specific remedy for any particular disease. One of the first indications for the administering ginseng as a tonic is hypotension, physical and mental fatigue, overstrain, neurasthenia and recently endured exhausting disease. Ginseng is also used in the treatment of nervous and mental diseases. In these cases it completely removes general weakness, headache, high irri­tability, insomnia and poor appetite. Under the effect of ginseng, depression and headaches decrease and an increase in activity is observed.

The positive effect of ginseng was marked also in functional disturbances of the cardio-vascular system: the heart tones of the patient become clearer, the heart contractions — rhythmical, hypo-tensive symptoms disappear, the blood pressure rises, general con­dition improves and pains in the region of the heart disappear.

The positive effect of ginseng has been established in the treat­ment of vegetative dystonia, general neurosis with symptoms of progressive emaciation, vasomotor lability. There are indications of the use of ginseng also in the treatment of diabetes, tuberculosis, malaria, Botkin's disease, in this case a more rapid restoration of the function of the liver is obtained.

Ginseng is prescribed after consulting the physician and is administered orally in the form of an alcohol tincture, 15—25 drops 3 times a day, or in powder form by 0.25—0.3 gm.

**5.3. Самостоятельная работа по теме:**

**Consolidation of knowledge**

Translate the expressions:

to be available only on doctor’s prescription; to take exactly according to the prescription;

to take on an empty stomach

to take… before (during, after) meals; at bed time

might lead to unexpected complications

shake the bottle

rise sharply( about pressure)

short of breath; a sudden attack of breathlessness

on climbing stairs, on exertion, while walking

radiate to the shoulder-blade

a sense of tightness

a pressing (aching, arching, burning) pain

to lack air to breath (to take a deep breath)

a sensation resembling heartburn

taking....gives

to get tired easily

to lose consciousness

slowing of the heart beat

palpitation occurs with anxiety(stress eating,change in posture)

Exercises:

**1**. Read the sentences and select those in which the verb *to have* has the function of the auxiliary verb:

1. Digitalization is usually complete' when the patient has been injected the equivalent of a total of 1.2 gm of powdered digitalis in a period of 48 to 96 hours. 2. Anti-inflammatory drugs have many properties in common. 3. Experimental evidence has shown that rimactane is significantly more effective in staphylococcal in­fections. 4. We applied this method some years ago and have not tried any other since. 5. The substance has a pleasant odour. 6. You have to keep chemicals in the laboratory. 7. Various precau­tions have to be taken during the process of extraction.

**2.** Read the sentences. Put the verb given in brackets in the Present Perfect Active:

1. Digitalis (to be) the subject of long investigation. 2. Digi­talization is usually complete when the patient (to ingest) the equivalent of a total of 1.2 gm of powdered digitalis in a period] of 48 to 96 hours. 3. The investigator (to establish) the positive effect of ginseng in the treatment of diabetes and tuberculosis. 4. We (to conduct) observation over 26 patients with essential hypotonia. 5. The age long experience of folk medicine always (to be) one of the sources from which science borrows new medicinal remedies. 6. Pergonal (to prove) effective in treating infertility in women. 7. There (to be) a renewed interest in the constituents of digitalis in recent years.

**3.** Read the sentences. Put the verb given in brackets in the Present or Past Perfect Active:

1.When all of the crystalls (to change) to the diethyl ether the time of evacuation was lengthened. 2. The repeated experiment (to show) that the composition of mixture can be calculated within 5%. 3. The alcoholic solution will be poured into water and evap­orated until the precipitate (to coagulate). 4. We (to describe) an intermediary product, isolated from the reaction. 5. Investiga­tions (to be) very much more prolific and extensive. 6. After the catalyst (to flocculate), the solution was evaporated under reduced pressure. 7. After the reaction (to take place), the product gave an intense colouration. 8.After crystallization (to occur), the solvent was removed by evaporation. 9. The progress of chemistry (to take place) in all directions.

**4.** Insert the relevant adverbial groups of words by selecting them from the list:

*to improve man­agement of pharmacological institutions; to determine the rela­tive proportion of iodine; to obtain a very pure product; to prevent moisture from entering the apparatus; to obtain purifi­cation with methyl alcohol; to remove nitrous acid; to obtain a general idea of ginseng root; to increase cardiac tone.*

1. Comparative tests were made on potassium iodide test solu­tions ... to the intensity of colour produced. 2. ... some pharmacy boards set up central pharmacies in a number of large cities. 3. Pre­cautions were taken... . 4. ... if was dissolved in the minimum amount of boiling toluene. 5. Digitalis was administered to the pa­tient... . 6. ... the ether residue was distilled. 7. The partially diluted solution of silver nitrate was warmed.... 8. We have accu­mulated sufficient data....

**5.** Combine the following simple sentences into one with the help of complex conjunctions:*that, what, whether (if), how*:

1. It may be noted. Chlorine was present in the samples as an impurity. 2. It is interesting to observe. The analyst determines the properties of cardiac glycosides. 3. She is not sure. They calculated the amounts of substances involved in the reaction. 4. It is not known. These effects are related to prostoglandin release. 5. It should be noted. Ginseng is not a specific remedy for any particu­lar disease. 6. It is not evident. The concentration of tetracycline in the blood is achieved following single or repeated doses.

**6.** Read the sentences and indicate conjunctions of subordinate clauses:

1. It has been established experimentally that ginseng prepara­tions have a very low toxicity. 2. It should be noted that ginseng is not a specific remedy for any particular disease. 3. Steroids must pass through the liver where they are largely inactivated. 4. It is essential that the food of man and animals should contain small amounts of organic substances called vitamins. 5. It would be in­teresting to see whether tellurium tetrachloride has double mole­cules in the gas phase. 6. It was not clear why the same adsorbent was not suitable for the separation of sodium constituent.

**5.4. Итоговый контроль знаний:**

Choose answers to match the questions:

1. -Do you consider that tachycardia is worth attention?
2. -What is the specified sense of the term *tachycardia*?
3. -Can doctors depend on their "guessing" in diagnosis of heart disease?
4. -What must a doctor use to make certain of his diagnosis?
5. -What are chief complaints?
6. -What does the term *placebo* mean?

a) It means an inert substance (without active chemical or other properties) given as a medication to calm rather than to cure a patient.

b) It implies excessive rapidity of heart's action.

c) He must use an electrocardiograph to get cardiogram records to form a judgement of the patient's heartbeat, of his heart condition.

d) Certainly it is. The disease is still to be met with nowadays.

e) The diagnosis of a heart disorder can't be a matter of individual conjuncture without sufficient ground, i.e. well-founded facts.

f) A patient may suffer from rapid respiration, cold extremities, cold sweat all over the body, sleeplessness, a sensation of tightness inside, insatiable thirst.

**5. 5.Ситуационные задачи по теме:**

Imagine you are having a test. How would you answer and explain:

a) What measures are required to relieve signs and symptoms of heart failure? Explain why.

b) How do vasodilators take effect?

c) How do vasoconstrictors take effect?

**6. Домашнее задание для уяснения темы занятия:**

Индивидуальная работа с аннотацией лекарств (сердечного препарата). Приготовить сообщение.

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

Useful sites for additional knowledge on glycosides:

[**http://www.ncbi.nlm.nih.gov/pubmed/15685783**](http://www.ncbi.nlm.nih.gov/pubmed/15685783)

[**http://botany.csdl.tamu.edu/FLORA/Wilson/481/medbot/bot2.htm**](http://botany.csdl.tamu.edu/FLORA/Wilson/481/medbot/bot2.htm)

[**http://www.neriumbiotech.com/research.htm**](http://www.neriumbiotech.com/research.htm)

“Nature as a pharmacy storeroom”, “Cardiac medicines of plant origin”.

**1. Занятие №15**

**Тема занятия: “Sedative preparations. General Characteristics”**

**2. Форма организации учебного процесса** - практическое занятие.

Разновидность занятия: работа с понятиями, обсуждение, упражнения.

Методы обучения: объяснительно-иллюстративный, частично-поисковый.

**3. Значение темы** – Формирование коммуникативной компетенции по данной теме; студенты получают первичные знания о седативных препаратах, которые представляют большую группу лекарств, которые необходимо знать будущему провизору.

**Цели обучения:**

**общая:**

студент должен обладать ОК-5; ОК-6; ПК-1;

**учебная:**

обучающийся должен **знать** лексику по теме, быть готов к чтению оригинальной литературы с минимальным использованием словаря, **уметь** коротко изложить информацию о лечебных препаратах этой группы; **знать** и **владеть** грамматическим материалом (Типы придаточных предложений), а именно: **иметь навыки** чтения лекарственной аннотации, реферативного перевода.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

What do we mean by to be under sedation? What are sedative preparations? A number of people suffering from neurosis is steadily growing. What are the reasons? Are there any side effects of sedatives? What is necessary to know about this group of preparations?

**5.2. Основные понятия и положения темы:**

Sedation is the act of calming by administration of a sedative. A sedative is a medication that commonly induces the nervous system to calm.

The process of sedation has two primary intentions. First, sedation is recommended to allow patients the ability to tolerate unpleasant diagnostic or surgical procedures and to relieve anxiety and discomfort. Second, sedation for uncooperative patients may expedite and simplify special procedures that require little or no movement. Additionally, sedation is often desirable to diminish fear associated with operative procedures. Sedation is typically used for common diagnostic tests that require prolonged immobilization such as magnetic resonance imaging (MRI) and computed axial tomography (CAT) scanning. Some cases that require sedation may also necessitate the use of analgesics to decrease pain associated with a procedure or test.

Sedative preparations are medicines which relieve pains, states of emotion tension and the symptoms of depression, helps in insomnia, inner spasm. According to data provided by the World Health Organization (WHO), the number of people suffering from neurosis is steadily growing. Neurosis is often associated with sleeping disorders.

People are more and more resorting to tranquilizers in order to avoid psychoemotional stress. Many doctors have reservations about psychotropic preparations. They are characterized by undesirable side effects.

**Grammar**

**ВИДЫ ПРИДАТОЧНЫХ ПРЕДЛОЖЕНИЙ**

Любой член простого предложения может быть выражен при­даточным предложением, которое занимает в сложном предложении то же место, что и выражаемый им член предложения. В английском языке существуют следующие придаточные предложения.

1. Придаточные подлежащие, которые соединяются с главным предложением союзами that, who, what и т.д.

That this bоу has infесtiоus hepatitis is quite clear. То, что этот маль­чик болен инфекционным гепатитом, совершенно ясно.

2. Придаточные сказуемые, которые выполняют функцию именной части

составного сказуемого.

The question is whether he will bе ablе tо translate the article. Вопрос состоит в том, сможет ли он перевести эту статью.

3. Придаточные дополнительные, которые присоединяются к главному предложению союзами that, whether, if, when, why и тд. или бессоюзно.

I saw that he was pale and feverish. Я видела, что он бледен и его лихорадит.

I'm sure уоu are right. Я уверен, что ты прав.

4. Придаточные обстоятельственные:

а) времени, которые присоединяются к главному предложению союзами и союзными словами when, while, as, before, after, till, since и т.д.

When his condition improved he was discharged from the clinic. Ког­да ему стало лучше, его выписали из клиники.

б) места, которые вводятся союзными словами where, wherever

где бы ни, куда бы ни.

I found the case report where I had lefl it. Я нашла историю болез­ни там, где я ее оставила.

в) причины, которые вводятся союзами because, since, as. Не could not attend the lecture as he was ill.

г) цели, которые вводятся союзами so that с тем, чтобы, in order

that для того, чтобы, lest чтобы ... не.

I shall give уоu this dгug so that уоu mау take it at home. Я дам вам это лекарство, чтобы вы могли принимать его дома.

д) условия, которые вводятся союзами if если, provided (providing)

при условии, если (что), in case (в случае) если, unless если не.

If I don 't feel well, I shall send for а doctor. Если я заболею, я вызову врача.

5. Определительные придаточные, которые вводятся союзными

словами who, whom, whose, which, that, when, where, why и др.

The animals that we prepared for the experiment were intravenously injected. Животным, которых мы подготовили для проведения эксперимента, были сделаны внутривенные вливания.

**Sedative preparations**

A sedative or tranquilizer is a substance that induces [sedation](http://en.wikipedia.org/wiki/Sedation) by reducing [irritability](http://en.wikipedia.org/wiki/Irritability) or [excitement](http://en.wikipedia.org/wiki/Psychomotor_agitation).

At higher doses it may result in slurred speech, staggering [gait](http://en.wikipedia.org/wiki/Gait_%28human%29), poor judgment, and slow, uncertain [reflexes](http://en.wikipedia.org/wiki/Reflex). Doses of sedatives such as [benzodiazepines](http://en.wikipedia.org/wiki/Benzodiazepines), when used as a hypnotic to induce sleep, tend to be higher than amounts used to relieve anxiety, whereas only low doses are needed to provide a peaceful and calming sedative effect.

Sedatives can be misused to produce an overly-calming effect ([alcohol](http://en.wikipedia.org/wiki/Alcoholic_beverage) being the classic and most common sedating drug). In the event of an overdose or if combined with another sedative, many of these drugs can cause [unconsciousness](http://en.wikipedia.org/wiki/Unconsciousness) and even [death](http://en.wikipedia.org/wiki/Death).

There is some overlap between the terms "sedative" and "[hypnotic](http://en.wikipedia.org/wiki/Hypnotic)". The terms describe distinct effects, but medications that cause one of these effects often also cause the other.

Advances in pharmacology have permitted more specific targeting of receptors, and greater selectivity of agents, which necessitates greater precision when describing these agents and their effects:

* [Anxiolytic](http://en.wikipedia.org/wiki/Anxiolytic) refers specifically to the effect upon [anxiety](http://en.wikipedia.org/wiki/Anxiety). (However, some benzodiazepines can be all three: sedatives, hypnotics, and anxiolytics).
* [Tranquilizer](http://en.wikipedia.org/wiki/Tranquilizer) can refer to anxiolytics or [antipsychotics](http://en.wikipedia.org/wiki/Antipsychotic).
* [Soporific](http://en.wikipedia.org/wiki/Soporific) and sleeping pills are near-synonyms for [hypnotics](http://en.wikipedia.org/wiki/Hypnotic).

Therapeutic use

[Doctors](http://en.wikipedia.org/wiki/Physician) often administer sedatives to patients in order to dull the patient's anxiety related to painful or anxiety-provoking procedures. Although sedatives do not relieve pain in themselves, they can be a useful adjunct to [analgesics](http://en.wikipedia.org/wiki/Analgesic) in preparing patients for [surgery](http://en.wikipedia.org/wiki/Surgery), and are commonly given to patients before they are [anaesthetized](http://en.wikipedia.org/wiki/Anaesthesia), or before other highly uncomfortable and invasive procedures like [cardiac catheterization](http://en.wikipedia.org/wiki/Cardiac_catheterization), [colonoscopy](http://en.wikipedia.org/wiki/Colonoscopy) or [MRI](http://en.wikipedia.org/wiki/MRI) (magnetic resonance imaging - магнитная резонансная томография). They increase tractability and compliance of children or troublesome or demanding patients.

Patients in [intensive care](http://en.wikipedia.org/wiki/Intensive_care) units are almost always sedated (unless they are unconscious from their condition anyway).

Sedative dependence

Some sedatives can cause physiological and psychological dependence when taken regularly over a period of time, even at therapeutic doses. Dependent users may get withdrawal symptoms ranging from restlessness and insomnia to convulsions and death. When users become psychologically dependent, they feel as if they need the drug to function, although physical dependence does not necessarily occur, particularly with a short course of use. In both types of dependences, finding and using the sedative becomes the focus in life. Both physical and psychological dependence can be treated with therapy.

Dangers of combining sedatives and alcohol

Sedatives and alcohol are sometimes combined recreationally or carelessly. Since alcohol is a strong depressant that slows [brain](http://en.wikipedia.org/wiki/Brain) function and depresses respiration, the two substances compound each other's actions and this combination can prove fatal.

Find the English equivalents:

удобство манипулирования и уступчивость; беспокойные или требовательные пациенты; вызвать седативный эффект; раздражительность или волнение; невнятная речь; шаткая походка; недальновидность (неадекватность суждений); уменьшить беспокойство; успокаивающий эффект; потеря сознания; процедуры,вызывающие тревогу; зависимость; синдром отмены.

**5.3. Самостоятельная работа по теме:**

Prepare annotation of the text:

Many sedatives can be abused, but barbiturates and benzodiazepines are responsible for most of the problems with sedative use due to their widespread recreational or non-medical use. People who have difficulty dealing with stress, anxiety or sleeplessness may overuse or become dependent on sedatives. Some [heroin](http://en.wikipedia.org/wiki/Heroin) users may take them either to supplement their drug or to substitute for it. [Stimulant](http://en.wikipedia.org/wiki/Stimulant) users may take sedatives to calm excessive jitteriness (nervousness). Others take sedatives recreationally to relax and forget their worries. Barbiturate overdose is a factor in nearly one-third of all reported drug-related deaths. These include [suicides](http://en.wikipedia.org/wiki/Suicide) and accidental drug poisonings. Accidental deaths sometimes occur when a drowsy, confused user repeats doses, or when sedatives are taken with [alcohol](http://en.wikipedia.org/wiki/Alcoholic_beverages). There are also serious [paradoxical reactions](http://en.wikipedia.org/wiki/Paradoxical_reactions) that may occur in conjunction with the use of [sedatives](http://en.wikipedia.org/wiki/Sedatives) that lead to unexpected results in some individuals. [Malcolm Lader](http://en.wikipedia.org/w/index.php?title=Malcolm_Lader&action=edit&redlink=1) at the [Institute of Psychiatry in London](http://en.wikipedia.org/w/index.php?title=Institute_of_Psychiatry_in_London&action=edit&redlink=1) estimates the incidence of these adverse reactions at about 5%, even in short-term use of the drugs. The paradoxical reactions may consist of [depression](http://en.wikipedia.org/wiki/Depression_%28mood%29), with or without suicidal tendencies, [phobias](http://en.wikipedia.org/wiki/Phobias), aggressiveness, [violent](http://en.wikipedia.org/wiki/Violent) behavior and symptoms sometimes misdiagnosed as [psychosis](http://en.wikipedia.org/wiki/Psychosis).

**5.4. Итоговый контроль знаний:**

Carry out self-assessment of knowledge the vocabulary on the topic under study:

|  |  |
| --- | --- |
| 1. Dizziness | 1. Заикание, логоневроз |
| 1. Tremor | 1. Речевая спутанность, бессвязность |
| 1. Cramps | 1. Поверхностный сон |
| 1. Impaired speech, aphasia | 1. Снохождение, сомнамбулизм |
| 1. Stammering | 1. Потеря чувствительности |
| 1. Confused speech, incoherence | 1. Судороги |
| 1. Superficial sleep | 1. Пониженная чувствительность (гипестезия) |
| 1. Sleep walking, somnambulism | 1. Афазия, расстройство речи |
| 1. Sensory loss, loss of sensation | 1. Повышенная болевая чувствительность, гипералгезия |
| 1. Hyperalgesia, increased sensitivity to pain | 1. Дрожание |
| 1. Hypoesthesia | 1. Головокружение |

**5. 5. Ситуационные задачи по теме:**

Imagine that you are at the doctor’s. How would you answer the following questions?

* What is the character of your headaches?
* Is the headache accompanied by vomiting?
* When are headaches more frequent?
* What relieves the attack of headache?
* Do you feel at times dizzy or unsteady? What do you attribute it to?
* Do your hands shake, tremble?
* Do you fall asleep at once?
* Do you suffer from insomnia?
* Do you take sleeping pills at night?
* Have you noticed a rise in your arterial pressure?

Use the following expressions:

*arching, pressing, spread all over the head, forehead, back of the head; after work, at night, in the morning after sleep; to feel sleepless at night.*

**6. Домашнее задание для уяснения темы занятия:**

Make a dialogue on the topic

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

**Useful sites for more details on the topic:**

[**https://en.wikipedia.org/wiki/Valerian\_(herb)**](https://en.wikipedia.org/wiki/Valerian_(herb))

[**http://www.eolss.net/sample-chapters/c10/e5-02-05-05.pdf**](http://www.eolss.net/sample-chapters/c10/e5-02-05-05.pdf)

[**http://www.galenopharm.ru/eng/production/sedatives\_and\_tonics/index.php**](http://www.galenopharm.ru/eng/production/sedatives_and_tonics/index.php)

[**http://global.britannica.com/topic/sedative-hypnotic-drug**](http://global.britannica.com/topic/sedative-hypnotic-drug)

“Natural stimulants”, “Sedative preparations of plant origin”.

**1. Занятие №16**

**Тема занятия: “Sedative preparations. Medicines”**

**2. Форма организации учебного процесса** - практическое занятие.

Разновидность занятия: работа с понятиями, обсуждение, упражнения.

Методы обучения: объяснительно-иллюстративный, частично-поисковый.

**3. Значение темы** – Формирование коммуникативной компетенции по данной теме; студенты получают первичные знания о седативных препаратах, которые представляют большую группу лекарств, которые необходимо знать будущему провизору.

**Цели обучения:**

**общая:**

студент должен обладать ОК-6; ПК-48;

**учебная:**

обучающийся должен **знать** лексику по теме, быть готов к чтению оригинальной литературы с минимальным использованием словаря, **уметь** коротко изложить информацию о лечебных препаратах этой группы; **знать** и **владеть** грамматическим материалом, а именно: **иметь навыки** чтения лекарственной аннотации, реферативного перевода.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

What sedative preparations are known to you? How do they act on the body?

**5.2. Основные понятия и положения темы:**

Имеющиеся сейчас успокоительные (седативные) препараты делятся на две категории: растительного происхождения (валериана, пустырник) и синтетического (бензодиазепины, барбитураты). И если первые можно беспрепятственно купить в любой аптеке, то вторые крайне желательно принимать в соответствии с назначением врача, так как они способны вызвать серьезные побочные эффекты.

Но успокаивающее действие свойственно не только вышеперечисленным препаратам. Например, несмотря на то, что основное назначение димедрола антигистаминное, он также эффективен в качестве седативного средства.

Sedative preparations are medicines which relieve pains, states of emotion tension and the symptoms of depression, helps in insomnia, inner spasm. According to data provided by the World Health Organization (WHO), the number of people suffering from neurosis is steadily growing. Neurosis is often associated with sleeping disorders.

People are more and more resorting to tranquilizers in order to avoid psychoemotional stress. Many doctors have reservations about psychotropic preparations. They are characterized by undesirable side effects.

**Read the text** attentively and say what you have learnt from the text. Name drugs mentioned in the text:

These drugs act on the nervous system. There are two major types of neuropharmacologic drugs: automic drugs and central nervous system drugs. Central nervous system drugs are those which affect the central nervous system. They are of two main types: those which stimulate the nerves in the brain and spinal cord, stimulants, and those which depress the nerves in the brain and spinal cord, depressants.

*Stimulants* are used to speed up vital processes in cases of shock and collapse, and also to oppose the depressant effect of other drugs.

*Depressants* include analgesics, hypnotics, sedatives and barbiturates, tranquilizers, anticonvulsants, alcohol, and anesthetics. Analgesics are agents which act to relieve pain. Examples of analgesics are acetylsalicylic acid (aspirin), acetaminophen (Tylenol), and dextropropoxyphene (Darvon). Aspirin and Tylenol are *antipyretics* (agents against fever) as well as analgesics. Darvon is used to lessen any type of mild pain, especially in recurrent or chronic disease.

Acetylsalicylic acid, acetaminophean, and dextropropoxyphene are examples of non-narcotic analgesics. Examples of narcotic analgesics are opium, morphine, heroin, codeine, and meperidine (Demedrol). Narcotics are drugs which, in moderate doses, can suppress the central nervous system and relieve pain, but in excessive doses produce unconsciousness, stupor, coma, and possibly death. Most of the narcotic analgesics are addictive and habit-forming.

**5.3. Самостоятельная работа по теме:**

**Read annotation of the drug:**

**Lexapro** is used for:

Treating depression or generalized anxiety disorder. It may also be used for other conditions as determined by your doctor. Lexapro is a selective serotonin reuptake inhibitor (SSRI). It works by restoring the balance of serotonin, a natural substance in the brain, which helps to improve certain mood problems.

*Before using Lexapro :*

Tell your doctor or pharmacist if you have any medical conditions, especially if any of the following apply to you: • if you are pregnant, planning to become pregnant, or are breast-feeding, • if you are taking any prescription or nonprescription medicine, herbal preparation, or dietary supplement, • if you have allergies to medicines, foods, or other substances, • if you or a family member has a history of bipolar disorder (manic-depression), other mental or mood problems, suicidal thoughts or attempts, or alcohol or substance abuse, • if you have a history of seizures, liver problems, severe kidney problems, stomach or bowel bleeding, or metabolism problems

Some MEDICINES MAY INTERACT with Lexapro . Tell your health care provider if you are taking any other medicines, especially any of the following:

• Anticoagulants (eg, warfarin), aspirin, or nonsteroidal anti-inflammatory drugs (NSAIDs) (eg, ibuprofen) because the risk of bleeding, including stomach bleeding, may be increased, • Diuretics (eg, furosemide, hydrochlorothiazide) because the risk of low blood sodium levels may be increased.

*How to use Lexapro :*

Use Lexapro as directed by your doctor. Check the label on the medicine for exact dosing instructions. • Take Lexapro by mouth with or without food. • Taking Lexapro at the same time each day will help you remember to take it. • Continue to take Lexapro even if you feel well. Do not miss any doses. • Do not suddenly stop taking Lexapro without checking with your doctor. • If you miss a dose of Lexapro , take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

*Important safety information:*

• Lexapro may cause drowsiness or dizziness. These effects may be worse if you take it with alcohol or certain medicines. Use Lexapro with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. • Do not drink alcohol while you are using Lexapro . • Check with your doctor before you use medicines that may cause drowsiness (eg, sleep aids, muscle relaxers) while you are using Lexapro ; it may add to their effects. • One to 4 weeks may pass before your symptoms improve. Do NOT take more than the recommended dose, change your dose, or use Lexapro for longer than prescribed without checking with your doctor. • Children, teenagers, and young adults who take Lexapro may be at increased risk for suicidal thoughts or actions. Contact the doctor at once if new, worsened, or sudden symptoms such as depressed mood; anxious, restless, or irritable behavior; panic attacks; or any unusual change in mood or behavior occur. Contact the doctor right away if any signs of suicidal thoughts or actions occur. • Lexapro and a medicine called citalopram have the same active ingredient. Do not take Lexapro if you are also taking citalopram. • Caution is advised when using Lexapro in the ELDERLY; they may be more sensitive to its effects, especially low blood sodium levels. • Caution is advised when using Lexapro in CHILDREN; they may be more sensitive to its effects, especially increased risk of suicidal thoughts or actions. • Lexapro should be used with extreme caution in CHILDREN; safety and effectiveness in children have not been confirmed.

• Lexapro may cause weight changes. CHILDREN and teenagers may need regular weight and growth checks while they take Lexapro .

• PREGNANCY and BREAST-FEEDING: Lexapro may cause harm to the fetus if it is used during the last 3 months of pregnancy. If you become pregnant, contact your doctor. You will need to discuss the benefits and risks of using Lexapro while you are pregnant. Lexapro is found in breast milk. Do not breast-feed while taking Lexapro.

*COMMON side effects persist or become bothersome:*

Constipation; decreased sexual desire or ability; diarrhea; dizziness; drowsiness; dry mouth; headache; increased sweating; lightheadedness when you stand or sit up; loss of appetite; nausea; stomach upset; tiredness; trouble sleeping.

Seek medical attention right away if any of these SEVERE side effects occur:

Severe allergic reactions (rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue); bizarre behavior; black or bloody stools; chest pain; confusion; decreased concentration; fast or irregular heartbeat; hallucinations; memory loss; menstrual period changes; new or worsening agitation, panic attacks, aggressiveness, impulsiveness, irritability, hostility, exaggerated feeling of well-being, restlessness, or inability to sit still; persistent or severe ringing in the ears; red, swollen, blistered, or peeling skin; seizures; severe or persistent anxiety or trouble sleeping; stomach pain; suicidal thoughts or attempts; tremor; unusual bruising or bleeding; unusual or severe mental or mood changes; vision changes; worsening of depression.

*Proper storage of Lexapro* : Store Lexapro at 77 degrees F (25 degrees C). Store away from heat, moisture, and light. Do not store in the bathroom. Keep Lexapro out of the reach of children and away from pets.

**5.4. Итоговый контроль знаний:**

Insert the necessary words:

|  |  |
| --- | --- |
| 1) .......is one of the most complex of all human body systems. | *a)dysphasia* |
| 2) Epinephrine is......produced by the adrenal glands in times of stress. | *b)inflammatory process* |
| 3) The nervous system can be classified into two major divisions: the central nervous system (CNS) and the...... . | *c)the nervous system* |
| 4) ........is the primary center for regulating and coordinating body activities. | *d)anesthesiologist* |
| 5) A deep sleep or unconsciousness due to surgery or illness is called..... . | *e)hormone* |
| 6) Meningitis is an..... ...... of the meninges. | *f)hyperkinesia* |
| 7) Excessive movement is termed as... . | *g)peripheral nervous system* |
| 8) A specialist in the study of rendering one feelingless is named a...... . | *h)coma* |
| 9) ......means difficult speech. | *i)the brain* |

**5. 5.Ситуационные задачи по теме:**

How well have you learnt the topic? Make self-assessment.

Find the meaning of the following using the following words:

*tolerant, thyroid gland, psychotherapy, insight, bizarre, hallucinations, schizophrenia, major, fatigue, psychiatry.*

* Seeing things that are not there or hearing voices
* Talking about one's own experiences with a therapist
* The opposite of minor
* A feeling of understanding
* Strange, unusual
* Branch of medicine concerned with mental illness
* Accepting others with different behavior
* Mental illness which probably has both social and physical causes
* A synonym to 'weakness'
* A gland which can cause very severe anxiety , confusion or depression (overactive or underactive)

**6. Домашнее задание для уяснения темы занятия:**

Tell about groups of sedative preparations.

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

Useful sites:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3227310/>

<http://prc.coh.org/html/Paserosedation.htm>

“Sedative preparations. Unfavorable reactions”, “Sedative dependence”.

**1. Занятие №17**

**Тема занятия:** **“Cancer and Carcinolitica”**

**2. Форма организации учебного процесса** - практическое занятие.

Разновидность занятия: работа в парах, дискуссия, упражнения.

Методы обучения: объяснительно-иллюстративный, частично-поисковый.

**3. Значение темы** – Формирование коммуникативной компетенции по данной теме. Изучение данной темы даёт первичное представление о заболевании и лекарственных препаратах, используемых при их лечении.

**Цели обучения:**

**общая:**

студент должен обладать ОК-5; ПК-1; ПК-48;

**учебная:**

обучающийся должен **знать** лексику по теме, быть готов к чтению оригинальной литературы с минимальным использованием словаря, **иметь навыки** чтения текста с охватом общего содержания, **уметь** коротко изложить информацию о причинах, механизме возникновения заболевания, а также о том, как с ним справляться; **знать** и **владеть** грамматическим материалом, а именно: **иметь навыки** правильного перевода субъектного инфинитивного оборота, придаточных обстоятельственных предложений (условных и сравнительных).

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

Unfortunately cancer is one of the most spread fatal diseases nowadays. And each of us knows a lot of examples concerning this dangerous disease. What is cancer? What are the causes of cancer, in your opinion? What are risk factors? What does treatment depend on? Why is cancer a dangerous disease? Is it curable?

**5.2. Основные понятия и положения темы:**

Cancer takes one of the first places in the statistic of the cases of death directly after cardiac and circulatory diseases. About half of the deaths from cancer is distributed to only six organ localizations: respiratory tract with lungs, mammary gland, colon and rectum, stomach, cervix uteri, body of the uterus and prostate gland. Among these localizations we can observe a continuous steep rise in cancerous diseases of the respiratory tract and with both sexes. In women, cancer of the mammary glands is on the increase. There are no direct relations between death and incidence. Cancer is actually a general name for an entire group of diseases. In reality there are presently 100 different cancers known to man and each is unique. That is why it is so very difficult to find a cure for cancer, since that entails finding the answer to at least 100 diseases – not simply one disease. Progress, however, has been made in many cancers, and research continues in all cancers.

Cancer is the uncontrolled proliferation of abnormal cells (called cancer cells). These abnormal cells often form a mass or tumor. However, not all tumors found in the body are cancerous – they can be benign. Cancerous cells are capable of multiplying rapidly, invading tissues and organs, destroying healthy cells and tissues; spreading all over the body, a process called metastasis. Today, the most widely methods of cancer treatment include surgery, chemotherapy and radiation therapy.

Terminal care is the branch of medicine which deals with incurable diseases. Doctors cannot prevent death, but they can help patients to spend the last months of their lives comfortably and to die with dignity. One important aspect of terminal care is pain control. The strongestpainkillers are opiates such as morphine and diamorphine (heroin). These drugs are very addictive. But when the patient is dying, it is absurd to worry about addiction to the painkillers. There are other ways of relieving pain. The doctor can inject a local anestheticinto the nerve that supplies a painful part of the body. This is called a nerve block. A nerve block is useful if the pain is confined to one part of the body such as an arm or a leg. Patients who are dying of cancer can be very uncomfortable even when they are not in pain. Nausea is a common problem. There are now many effective drugs for nausea. The most powerful drugs would be dangerous in healthy patients because they can cause damage to the liver and kidneys. But the doctor should use the strongest anti-nauseadrugs if the patient with terminal cancer needs them. The doctor can help the patient by giving him oxygen and drugs to make breathing easier.

Вопросы для самоподготовки:

1.What is cancer?

2. What are the causes of cancer?

3. What are risk factors?

4. What are the most common symptoms?

5. What do common tests include?

6. What does treatment depend on?

7. Why is cancer a dangerous disease?

8. Is it curable?

Введение тематической лексики: tumor, applicable, unpredictable, confusing aspects, to solve, to prevent cell division, a low therapeutic index, toxicity, diseased tissue, to interfere with, routinely.

Grammar:

**Субъектный инфинитивный оборот или именительный падеж с инфинитивом (сложное подлежащее)**

Субъектный инфинитивный оборот или сложное подлежащее состоит из существительного или личного местоимения в И.п. и инфинитива, обозначающего действие.

Эта конструкция разделена на 2 части глаголом-сказуемым в личной форме, причём последний чаще используется в страдательном залоге.

Субъектный инфинитивный оборот представляет собой сложное подлежащее и на русский язык переводится сложноподчинённым предложением с вводными словами (как известно, по-видимому и т.п.)

Случаи употребления оборота с глаголами в страдательном залоге:

1. Глаголы сообщения. Обороты с этими словами характерны для газет и теленовостей, когда источник информации неизвестен, не важен или его скрывают.

**(be) announced** – заявляют, сообщают,…

**(be) described** - описывают, изображают,…

**(be) reported** – сообщают, …

**(be) said** – говорят, …

**(be) stated** – указывают, заявляют, констатируют

She was announced to be the winner. – Было объявлено, что она победила.

They are reported to arrive in 2 days. – Сообщают, что они прибудут через 2 дня.

He is said to be very ill. – Говорят, что он сильно болен.

1. Глаголы мышления (мнение, предположение, надежда)

**(be) believed** – полагают, считают, верят

**(be) considered** – полагают, думают

**(be) expected** – ожидают, полагают

**(be) supposed** - предполагают

**(be) understood** – думают, считают

She is considered to be the best singer.- Её считают самой лучшей певицей.

He’s known to be a good writer. - Известно, что он хороший писатель.

I was supposed to meet him.- Предполагалось, что я встречусь с ним.

1. Глаголы чувственного восприятия.

(**be) heard** - слышно

**(be) seen** – видят, наблюдают

Birds were heard to sing in the garden.- Было слышно, как птицы поют в саду.

He was seen to enter the house. – Видели, как он входил в дом.

Инфинитив может употребляться в различных формах.

He is reported to be writing a new novel. – Сообщают, что он пишет новый роман.

He is said to have returned at last. – Говорят, что он наконец вернулся.

Случаи употребления оборота с глаголами в действительном залоге:

1. С глаголами: **to appear, to seem** – казаться, оказаться

He appeared to know her new address. – Оказалось, что он знает её новый адрес.

He seems to know us. – Кажется, он знает нас.

Глагол – связка **to be** часто опускается.

He seems (to be) angry.- Кажется, что он сердится.

She seems (to be) unhappy. – Она, кажется, несчастна.

После этих глаголов могут употребляться все виды инфинитива.

He seems to be watching us. – Похоже, он наблюдает за нами.

She seemed to have kept all her promises. - Казалось, что она выполнила все свои обещания.

1. С глаголами: **to chance, to happen** – случайно оказаться

**To prove, to turn out** – случиться, оказаться

После этих глаголов может употребляться лишь простой инфинитив.

Do you happen to know her name? – Вы, случайно, не знаете её имя?

He proved to be a good friend. – Он оказался хорошим другом.

He turned out to be a smuggler. – Он оказался контрабандистом.

В разговорной речи **to be** может опускаться. Глагол **to prove** более характерен для официальной речи, **to turn out** – для разговорной.

1. Глагол выражен прилагательным с глаголом-связкой:

To be +likely – вероятный/unlikely - маловероятный

To be+sure – верный, безусловный

He is likely to come. – Вероятно, он придёт.

She is unlikely to help you. – Вряд ли он поможет вам.

They are sure to come soon. – Они, несомненно, скоро придут.

**Придаточные условные предложения**

Союзы if, in case – если, в случае

supporting (that), suppose (that) – если, предположим что…

unless – если … не…

provided (that), providing (that), on condition (that) – при условии, если; при условии, что…

If we start off now, we’ll arrive there by dinner time. He won’t go there unless he’s invited. If I see him tomorrow, I’ll ask him about it.

Если в главном предложении сказуемое употреблено в будущем времени, то в придаточном оно употребляется в настоящем времени.

They will be glad if you go and see them. If he has time, he’ll do it. We’ll have the party outside if it doesn’t rain.

**Придаточные сравнительные предложения**

Придаточные сравнительные соединяются с главным предложением союзами than - ; as…as - ;no so…as… - ; the…the… -

I couldn’t have done any more than they did. – Я не смог сделать больше, чем они.

He works as quickly as I do. – Он работает так же быстро, как и я.

The film is not so interesting as you think. – Фильм не такой интересный, как ты думаешь.

The more time you spend in the Crimea, the sooner you will recover. – Чем больше времени ты проведёшь в Крыму, тем быстрее поправишься.

**5.3. Самостоятельная работа по теме:**

Изучающее чтение. text A p.63.

Лексический анализ текста: нахождение эквивалентов с их переводом ex 8 p.66;

Выполнение упражнения на заполнение пропусков словосочетаниями ex 6 p.66.

**Read and tell what new information you have learnt from this text:**

An extremely violent effort has been made to develop drugs which would effectively control cancer. The problem of de­veloping a really useful drug is complicated primarily by certain confusing aspects of the etiology of cancer. Carcinomas may occur in any organ of the body. If a reason could be found why only certain tumours are malignant the cancer problem would be solved in a very short period of time. At present, the most effective and successful treatment of carcinomas is surgery and radiation ther­apy is only applicable on localized tumours.1 As for chemotherapy of cancer a lot of work and research must be done in this direction. The results of this method are highly unpredictable; it may be stated though the earlier the carcinoma is diagnosed, the bright­er the prognoses will be. The drug treatment of cancer follows basically four avenues,2 depending upon the type of cancer involved:

1. *Antimitotic Agents3.* These compounds such as the natural products podophyllin, podophyllotoxin, and colchicine, prevent cell division. The latter drug has a low therapeutic index and high toxicity, hence, its use is greatly limited.

2. *Metabolic Antagonists.4*A large number of analyses of healthy and cancerous tissues have revealed a much higher concentra­tion of folic acid in the diseased tissue. The pioneer antimetabolite in this field was 4-amino-pteroglutamic acid (amino-pterin) which showed some promise as a good therapeutic agent, but also consid­erable toxicity.

3. *Polyfunctional Alkylating Agents.5*This group includes com­pounds possessing active alkyl radicals. They are likely to interfere with cell formation in normal as well as cancerous tissues.

Most of these agents have a strong effect on the central nerv­ous system causing nausea and vomiting.

Busulfan is the drug of choice in leukemia 6—10 mg per day at weekly intervals. Of the other agents in this group may be mentioned alkeran, a nitrogen mustard in combination with an aminoacid.

4. *Miscellaneous Agents.* Some success has been achieved with hormones in the treatment of certain types of cancers. Cortisone preparations are used routinely in leukemia, with varying success.

Words:

localized tumours — локализованные опухоли, т.е. опухоли, ограниченные определенным местом; the drug treatment . . . follows basically four avenues — лекарст­венное лечение рака проводится в основном по четырем на­правлениям; antimitotic agents — антимитотические средства, т. е. средства, останавливающие деление клеток; metabolic antagonists -антиметаболиты; polyfunctional alkylating agents — полифункциональные алкилы, радикалы.

**Find equivalents of the following word combinations on the text B:**

1. разрабатывать лекарства2. полезные лекарства 3. этиоло­гия рака 4. в любом органе тела 5. эффективное и успешное лечение рака 6. что касается лечения химическими веществами 7. локализованные опухоли 8. лекарственное лечение 9. высокая концентрация фолиевой кислоты 10. препятствовать образованию клеток 11. нервная система 12. вызывать тошноту и рвоту.

**Answer the questions:**

1. Do you consider the problem of de­veloping a really useful drug complicated? 2. Why couldn't the cancer problem be solved in a very short time? 3. In what part of the body may carcinomas occur? 4. What is the most effective and successful treatment of carcinomas? 5. What does the drug treatment of cancer depend upon? 6. What can you say about chemo­therapy of cancer? 7. What effect do polyfunctional alkylating agents have on the organism? 8. What does the choice of treat­ment of cancer depend on?

**5.4. Итоговый контроль знаний:**

Insert the necessary words:

1. CANCER IS… … OF ABNORMAL CELLS.

1) a disease

2) appearance

3) the uncontrolled proliferation

4) existence

2. THESE CELLS OFTEN FORM… .

1) healthy cells

2) a tumor

3) proliferation

4) a disease

3. NOT ALL TUMORS FOUND IN THE BODY ARE CANCEROUS, THEY CAN BE…

1) malignant

2) benign

3) multiplying

4) uncurable

4. CANCEROUS CELLS ARE CAPABLE OF … RAPIDLY.

1) multiplying

2) cure

3) convalescence

4) llness

5. CANCEROUS CELLS … HEALTHY CELLS AND TISSUES.

1) include

2) contain

3) prevent

4) destroy

6. CANCER SPREADS … …

1) only within one organ

2) all over the body

3) proliferation

4) once during the life time

7. CHEMOTHERAPY IS …….

1) the use of high doses of radiation

2) metastasis

3) the use of potent drugs

4) cutting

**5. 5. Ситуационные задачи по теме:**

1. Your group mate missed a lecture on the treatment of cancer. Help him to prepare for the credit test and tell about the drug treatment of cancer. Use the active vocabulary.

2. Tell why it’s difficult to cure cancer and if it’s possible to cure it.

**6. Домашнее задание для уяснения темы занятия:**

Выучить слова. Ответить на вопросы по тексту - ex 9 p.66; аннотация текста –

Текст на аннотирование.

**MITOMYCIN** (PDH)

Pharmacologic classification: antineoplastic antibiotic (cell cycle-phase nonspecific)  
Pregnancy risk category С

Pharmacokinetics:

Absorption: Because of its vesicant nature, Mitomycin must be administered intravenously.

Excretion: Mitomycin and its metabolites are excreted in urine. A small portion is eliminated in bile and feces.

Therapeutic classification: antineoplastic

Indications, route and dosage:

Dosage and indications may vary. Stomach, pancreas, breast, colon, head, neck, lung, and hepatic cancer, liver cancer.

*Adults: 1* mg/m2 I.V. daily for 5 days. Stop drug for 2 days, then repeat dose for 5 more days; or 10 to 20 mg/m2 as a single dose. Repeat cycle q 6 to 8 weeks. Stop drag if WBC count is below 3,000/mm3 or platelet count is below 75,000/mm3.

How supplied:

Available by prescription only. Injection:5-mg, 40-mg vials

Adverse reactions:

CNS: paresthesias.

GI: nausea, vomiting, anorexia, stomatitis.

НЕМА: bone marrow depression (dose-limiting), thrombocytopenia, leucopenia (may be delayed up to 8 weeks and may be cumulative with successive doses).

Local: desquamation, indurations, pruritus, pain at site of injection; with extravasations, cellulitis, ulceration, sloughing.

Other: reversible alopecia; purple coloration of nail beds; fever; microangiopathic hemolytic anemia, thrombocytopenia, renal toxicity, hypertension.  
Contraindications and precautions:

Mitomycin is contraindicated in patients with a history of hypersensitivity to the drug; in patients with a WBC count below 3,000/mm3, platelet count below 75,000/mm3, or serum creatinine level above 1, 7 mg/100 ml; and in those with coagulation disorders, prolonged prothrombin time, or serious infections, because of the potential for adverse effects.

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

Useful sites for more knowledge on the tipic:

<http://www.pm360online.com/global-challenges-for-oncology-drugs/>

<http://www.mycareadvantage.com/docs/MA10-DeCardenas.pdf>

<http://www.rjwpartners.com/media/1156/spoors_oncology.pdf>

“New tendencies in oncology”, “Cancer medication. Challenges”.

**1. Занятие** **№18**

**Тема занятия** **“Self-treatment”**

**2. Форма организации учебного процесса** - практическое занятие в интерактивной форме.

Разновидность занятия: беседа, упражнения.

Методы обучения: объяснительно-иллюстративный, репродуктивный

**3. Значение темы** – Формирование коммуникативной компетенции и профессиональной эрудиции по данной теме, знание которой необходимо будущему фармацевту для проведения просветительской работы среди населения.

**Цели обучения**:

**общая:**

студент должен обладать ОК-6; ПК-1;

**учебная:**

студент должен **знать** лексический минимум по изучаемой теме; **уметь** находить запрашиваемую информацию, т.е. развитие навыков поискового чтения; высказываться в монологической и диалогической форме на профессионально-ориентированную тему; **владеть** грамматическими навыками, а именно: **уметь** употреблять в устной и письменной речи Условные предложения I типа, **знать** особенности перевода данной конструкции.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

It’s well-known that self-treatment is dangerous. It may lead to serious consequences. Do you always consult a doctor when you feel unwell? Did you happen to feel unwell on account of self-treatment? What errors are common when a person refuses to consult a doctor and prefers to undergo treatment on his own? What are the other causes of patient’s sufferings who get treatment without doctor’s assistance?

**5.2. Основные понятия и положения темы:**

If you are unwell you should consult a doctor. Never take medicines without doctor’s administration. A person who thinks he can cure himself without the doctor’s consultation makes a mistake. He can stop his symptoms but he doesn’t cure the cause of them. The illness may become more serious and chronic. A prescription is usually written for a certain person. Never use medicines prescribed not for you.

A lot of drugs have adverse effects such as headache, insomnia, nausea, vomiting, high blood pressure, rapid pulse rate and some others. Besides every drug has some contraindications which a patient may ignore. When you take medicines following your own way you may fail to take interaction of different drugs into consideration. Some drugs may lessen therapeutical effect of certain drugs and so make the treatment helpless. On the other hand, there are drugs that strengthen effect of medical preparations.

Your doctor treats you individually, he appoints you a course of treatment depending on the state of your health, age, family history, past history and some other data. A doctor observes attentively any changes in a patient’s condition.

You should remember that overdosage is harmful. Dosing errors are common. A lot of hospitalized patients suffer an adverse drug event every year. In every case a patient needs proper medical care.

Words:

rapid pulse rate –учащенный пульс; to follow one’s own way– поступать по своему усмотрению; to take into consideration –принимать во внимание; family history –семейный анамнез; past history–анамнез; error ['erə] - заблуждение, оплошность, ошибка.

**Match the synonyms**:

Adverse effects, errors, proper, state, insomnia, asphyxia, drugs, to appoint, disease, adequate, medicines, sleeplessness, mistakes, condition, side effects, illness, shortness of breath, to administer.

**Answer the questions**:

Why should a person avoid self- treatment? What adverse effects may occur if a patient takes medicines according to his own choice? What data does a doctor take into consideration when he treats a patient?

**Вопросы по теме занятия:**

1. What errors are common when a person refuses to consult a doctor and prefers to undergo treatment on his own?
2. What are the other causes of patient’s sufferings who get treatment without doctor’s assistance?
3. Do you always consult a doctor when you feel unwell?
4. Did you happen to feel unwell on account of self-treatment?

**Grammar:**

**Conditional I**

Для условных предложений существует два типа ситуаций: реальная и нереальная.

**Реальная ситуация**

**1. Будущее время (Future)**

Речь идет о реальной ситуации в будущем по схеме: если… то…

Пример:

If I have the money, I will buy a new car. — Если у меня будут деньги, то я куплю новую машину. - Реальная (вполне возможная) ситуация.

Внимание!

В английской конструкции, несмотря на будущее время, в части предложения, содержащей if, вспомогательный глагол будущего времени НЕ СТАВИТСЯ! В этом отличие от русской конструкции (если у меня будут деньги…)

If I will have the money — НЕПРАВИЛЬНО!

**2. Привычные действия**

Привычные, повторяющиеся действия.

В обеих частях предложения (и в основной, и в придаточной) используется настоящее время (Present Indefinite).

Пример:

Dmitry usually rides a bicycle to a shop if he has enough time. — Дмитрий обычно едет в магазин на велосипеде, если у него достаточно времени.

Привычная (ежедневная) ситуация, тоже реальная. Описывается настоящим временем.

**3. Команда (приказ)**

Пример:

Please e-mail me if you have a new fun picture. — Пожалуйста, напиши мне по электронной почте, если найдешь новую прикольную картинку.

Реальная ситуация. Еще раз обратите внимание, что в части предложения с if (if you have a new fun picture) нет вспомогательного глагола будущего времени.

Exercises

**1.** Complete the Conditional Sentences Type I.

1. If Caroline and Sue (to prepare) the salad, Phil (to decorate) the house.
2. If Sue (to cut) the onions for the salad, Caroline (to peel) the mushrooms.
3. Jane (to clean) the sitting room if Aron and Tim (to move) the furniture.
4. If Bob (to tidy) up the kitchen, Anita (to clean) the toilet.
5. Elaine (to buy) the drinks if somebody (to help) her carry the bottles.
6. If Alan and Rebecca (to make) the main course, Mary and Connor (to prepare) the sandwiches.
7. If Bob (to look) after the barbecue, Sue (to let) the guests in.
8. Frank (to play) the DJ if the others (to bring) along their CDs.
9. Alan (to mix) the drinks if Jane (to give) him some of her cocktail recipes.
10. If they all (to do) their best, the party (to be) great.

**2.**

1. If you (to send) this letter now, she (to receive) it tomorrow.
2. If I (to do) this test, I (to improve) my English.
3. If I (to find) your ring, I (to give) it back to you.
4. Peggy (to go) shopping if she (to have) time in the afternoon.
5. Simon (to go) to London next week if he (to buy) a ticket.
6. If her boyfriend (to phone / not) today, she (to leave) him.
7. If they (to study / not) harder, they (to pass / not) the exam.
8. If it (to rain) tomorrow, I (to have to / not) water the plants.
9. You (to be able/ not) to sleep if you (to watch) this scary film.
10. Susan (to move / not) into the new house if it (to be / not) ready on time.

**3.**

1. If I (to study), I (to pass) the exams.

2. If the sun (to shine), we (to walk) to the town.

3. If he (to have) a temperature, he (to see) the doctor.

4. If my friends (to come), I (to be) very happy.

5. If she (to earn) a lot of money, she (to fly) to New York.

6. If we (to travel) to London, we (to visit) the museums.

7. If you (to wear) sandals in the mountains, you (to slip) on the rocks.

8. If Rita (to forget) to do her homework, the teacher (to give) her a low mark.

9. If they (to go) to the disco, they (to listen) to loud music.

10. If you (to wait) a minute, I (to ask) my parents.

**5.3. Самостоятельная работа по теме:**

**Read and translate the text:**

The cough mixture you take can have harmful – even fatal- side effects. There is no drug that does not have side effects.

With an ageing population, and far more chronically ill people often taking multiple medications, the legal drug market is increasing all the time, and with it, the potential problems.

Different drugs may have little or no effect on one another. Sometimes they help one another, sometimes they reduce the effect. But more frequently they potentiate or heighten a particular effect, causing a harmful reaction.

Patients often forget to tell their doctors about common over-the-counter drugs they take, such as pain-killers and cough medicines. And, of course, many people forget or ignore the danger of mixing medicines with the most common drug in our society: alcohol.

Another important problem now that people suffer from such illnesses as arthritis or high blood pressure and this is the result of long-term use of medications.

Many sedatives, tranquillizers and certain pain-killers promote tolerance which leads to the need for higher doses, creating danger of over dosage and a far higher likelihood of long-term damage.

* **Name the text and give a short retelling of the text.**

**5.4. Итоговый контроль знаний:**

1. THE DOCTORS … RESPONSIBLE FOR THE PROTECTION OF OUR HEALTH AND LIVES.

1. are being
2. were
3. are
4. will be
5. have been

2. THE RESEARCHER … HIS EXPERIMENT IN A WEEK.

1. finishes
2. is finishing
3. has finished
4. finished

3. WE … JUST … SOME INTERESTING FINDINGS AFTER OUR EXPERIMENTS ON ANIMALS.

1. got
2. have got
3. will get
4. are getting

4. THE SURGEON … AT THE CLINIC FOR THE WHOLE DAY YESTERDAY.

1. worked
2. was working
3. will be working
4. works

5. HE … ENTER THE INSTITUTE LAST YEAR.

1. cannot
2. must not
3. may not
4. couldn’t

6. THE RESULTS OF EXPERIMENT IN OUR GROUP UNDER THE SUPERVISION OF PROFESSOR D. WERE … THAN IN OTHER GROUPS.

1. the most successful
2. successful
3. more successful
4. the least successful

7. HE WILL OBTAIN THE DEGREE IF HE … THESIS BASED ON HIS ORIGINAL RESEARCH.

1. defend
2. will defend
3. defends
4. defended

8. THE … INFORMATION WAS VERY IMPORTANT.

1. receiving
2. being received
3. received
4. having received
5. having been received

9. SHE WILL MAKE A DIAGNOSIS WHEN SHE … ALL FINDINGS ON HER HANDS.

* 1. has
  2. will have
  3. have
  4. had

10. WHEN HE … ALL NECESSARY TREATMENT, HE WILL BE DISCHARGED FROM THE CLINIC.

* 1. get
  2. got
  3. will get
  4. gets

**5. 5.Ситуационные задачи по теме:**

1.Imagine you are a pharmacist. A patient asks to sell him some kind of medicine for hypertension. What would you say in response?

Use the following words:

avoid self-treatment; to consult a doctor; dangerous; according to the prescription.

2. During the flu epidemic I have bought a pack of face masks. Unfortunately I’m poor in English. Help to translate the inscription: surgical disposal, 3-ply with earloops, without glass fibers, hypoallergenic, nose bar adaptable, very low resistance to breathing, high filtration capacity, perfect fitting.

**6. Домашнее задание для уяснения темы занятия:**

Tell about harm of self-treatment.

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

“Statistics of diseases caused by self-treatment”, “Self-treatment and adverse effects”.

**1. Занятие №19**

**Тема занятия “Herbal Remedies”**

**2. Форма организации учебного процесса** - практическое занятие в интерактивной форме.

Разновидность занятия: беседа, упражнения.

Методы обучения: объяснительно-иллюстративный, репродуктивный.

**3. Значение темы** – Формирование коммуникативной и профессиональной компетенции по данной теме. Знание темы необходимо будущему фармацевту, так как многие препараты имеют растительное происхождение.

**Цели обучения:**

**общая:**

студент должен обладать ОК-6; ОК-5; ПК-1; ПК-48;

**учебная:**

студент должен **знать** лексический минимум по изучаемой теме, **уметь** находить запрашиваемую информацию, высказываться в монологической форме по теме, **уметь** вести дискуссию, **владеть** навыками лексико-грамматического анализа текста; **владеть** грамматическими навыками, а именно: **уметь** употреблять в устной и письменной речи Условные предложения I типа, **знать** особенности перевода данной конструкции.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

Do you know any herbal remedies? Are they often used in your family? Do you gather herbs? Have you ever gathered herbs? What herbs grow in your region?

In what places is it recommended to gather herbs? Why?

Grammar:

Conditional Sentences Type I – formation?

Choose the correct form of the given verbs:

1. If you (repairs, will repair, repair)my bike, I (help, helps, will help) you with the maths homework.
2. It (be, is, will be) too hot if he (travels, will travel, to travel) to Greece in August.
3. If Peter (will sit, sit, sits) on the sofa, his sister (will sit, to sit, sits) next to him.
4. The policeman (to tell, will tell, tells) you the way if you (ask, asks, will ask) him.
5. If it (snows, will snow, snow) in the Alps, it (will rain, rains, rain) in Munich.
6. I (lends, will lend, lend) you my laptop if you (promise, promises, will promise) to be careful with it.
7. If you (add, will add, adds) some tomatoes, the sauce (taste, tastes, will taste) much better.
8. If Tom (pulls, pull, will pull) this string, he (will open, opens, to open) the box.
9. If I (find, will find, to find) Simon's mobile, I (takes, take, will take) it to the office.
10. We (will get, gets, get) lost if we (forget, will forget, forgets) the town map.

**5.2. Основные понятия и положения темы:**

Herbal Medicine sometimes referred to as Herbalism or Botanical Medicine, is the use of herbs for their therapeutic or medicinal value. A herb is a plant or a plant part valued for its medicinal, aromatic or savory qualities. Herb plants produce and contain a variety of chemical substances that act upon the body.

Herbalists use the leaves, flowers, stems, berries, and roots of plants to prevent, relieve, and treat illness. From a "scientific" perspective, many herbal treatments are considered experimental. The reality is, however, that herbal medicine has a long and respected history. Many familiar medications of the twentieth century were developed from ancient healing traditions that treated health problems with specific plants. Today, science has isolated the medicinal properties of a large number of botanicals, and their healing components have been extracted and analyzed. Many plant components are now synthesized in large laboratories for use in pharmaceutical preparations. For example, vincristine (an antitumor drug), digitalis (a heart regulator), and ephedrine (a bronchodilator used to decrease respiratory congestion) were all originally discovered through research on plants.

Rather than using a whole plant, pharmacologists identify, isolate, extract, and synthesize individual components, thus capturing the active properties. This can create problems, however. In addition to active ingredients, plants contain minerals, vitamins, volatile oils, glycosides, alkaloids, bioflavanoids, and other substances that are important in supporting a particular herb's medicinal properties. These elements also provide an important natural safeguard. Isolated or synthesized active compounds can become toxic in relatively small doses; it usually takes a much greater amount of a whole herb, with all of its components, to reach a toxic level. Herbs are medicines, however, and they can have powerful effects. They should not tee taken lightly. The suggestions for herbal treatments in this book are not intended to substitute for consultation with a qualified health care practitioner, but rather to support and assist you in understanding and working with your physician's advice.

Вопросы по теме занятия:

1. What is Herbal Medicine?
2. What are herbs valued for?
3. What parts of plants are used in treatment?
4. What drugs of vegetable origin do you know?
5. In what forms are herbs available?
6. Why are wild-grown herbs dangerous for treatment?
7. What advantages have farm-grown herbs?
8. What should be taken into account during herb gathering?

**5.3. Самостоятельная работа по теме:**

Ознакомительное чтение текстов (по вариантам)

Text A. THYME PLANT (Чабрец)

More than 75% of modern scientific words are known to be based on Greek

roots. "Thymos" is also a Greek word meaning "seul" or "spirit", and thymus gland is supposed to have been called so because Greek physicians and anatomists thought it to be the seat of the "soul". But there is another theory that the gland had got its name because of it likeness to the flowers of thyme, a Greek plant with aromatic flowers growing in clusters.

Ancient peoples were in the habit of burning plants for religious purposes. The Ancients burnt aromatic plants to please god or "gods" in the hope that they will protect them against illnesses, catastrophes and death. Thyme is known to be widely used for this purpose because of its nice smell. Hence its name "thymos" -a "spirit".

But thyme plant was used not only for religious purposes. From ancient times it was considered to be an important medical plant. It is said to have been used for medical purposes in Mesapotamia and Egypt. Thyme and its extracts were prescribed for inhalations, given in enemas and added in the water of medical baths.

Later on the medical use of thyme was introduced in Europe. Thyme (or hymian as it was called in Germany) and its extracts were widely used in. Europe as an antiseptic remedy, as bronchial and intestinal antispasmodics and antiparasitics as well as a skin desinfectant. It was also used for dental anesthesia and was believed to be good for measles. In England it was taken orally against scrofula and other diseases.

Egyptians are said to be first to discover thyme oil. Thymol which is derived from this oil is widely used in modern medicine. It is a powerful germicide and fungicide. It stops the growth of anthrax bacilli and hampers the development of staphylococci and streptococci. It is used for mouth, larynx and throat desinfection in tonsillitis as well as for desinfection of bowels. It is also being used as a powerful helminthic. As for the word "thymos" it is interesting to note that it gave rise to more than 50 modern terms in such different subject as anatomy, dermatology, pharmacology and psychiatry.

Text B.VALERIAN

Valerian is a central nervous system relaxer, and as such has been used as a calming sleep aid for over 1,000 years. When taken in the proper dosage, Valerian can induce restful sleep without grogginess the next morning, unlike prescription drugs that mimic its properties, such as Valium. It is also much safer when used with alcohol; as it doesn't magnify the effects of alcohol as do its prescription counterparts. It is widely used in Europe, and is rapidly gaining popularity in the United States as more people discover its beneficial properties.

Valerian root is the part of the plant that is used for medicinal purposes. The root can be distilled into oils and ointments, or dried and used in teas or capsules.

Valerian has a fairly wide range of uses in the home medicine cabinet. It is an effective stress reducer, and has benefit in cases of nervous tension, depression, irritability, hysteria, panic, anxiety, fear, stomach cramping, indigestion due to nervousness, delusions, exhaustion, and, of course, nervous sleeplessness. It also appears to have real benefits in cases of sciatica, multiple sclerosis, epilepsy, shingles, and peripheral neuropathy, including numbness, tingling, muscle weakness, and pain in the extremities. Testing has also revealed that it eases muscle cramping, rheumatic pain, migraines, uterine cramps, intestinal colic, and stress-related heart problems and hypertension. It has a stabilizing effect on blood pressure and can help regulate arrhythmias.

It has shown some benefit in behavioral problems in both adults and children, and is used to treat attention deficit disorders, hyperactivity, anxiety headaches, and bedwetting, and it has shown some promise in helping reduce thumb sucking and nail biting in children.

Lastly, Valerian is useful as a digestive aid, is helpful in cases of gas, diarrhea, and cramps, and alleviates the pain of ulcers. In the respiratory tract, it is believed to be of benefit in reducing the discomfort of asthma attacks.

Valerian is contraindicated in pregnant and breast feeding women, but otherwise is a safe herb to use intermittently when needed for stress or sleep related problems. It is not recommended that you use it every day, however. Overdose is unlikely, so experiment with dosages that work best for you. The usual dose with oil is 1 teaspoon as needed, and with tea or capsule, 1-2 cups or tablets as needed.

In rare cases, valerian may cause an allergic reaction, typically as a skin rash, hives, or difficulty breathing.

Text C.ECHINACEA

Echinacea is well known for its anti-viral, anti-bacterial, anti-fungal, and anti-inflammatory properties. It is commonly recommended by herbalists as an agent to lessen the symptoms and duration at the onset of a cold or the flu. Liquid form seems to be the most effective way, taken in a Tea to be used up to 6 times per day, or as an Oil at one drop every 2-3 hours or so (mix it in warm water because it tastes bad). Alternatively, the leaves can be dried, pulverized into a powder, and made into Capsules for when it is inconvenient to utilize its beneficial properties otherwise. This method also solves the problem of the bad taste. As a cold and flu preventative, Echinacea has not been conclusively proven scientifically, but as with most herbs, it hasn't been tested extensively either. There are plenty of people who swear by it, and it is safe to take intermittently for a couple of weeks a month if you want to experiment with its possible preventative properties.

Echinacea also appears to be useful for a plethora of other common ailments, and a tea can be made to reduce symptoms of scratchy or sore throat, lymph node inflammation, stomach cramps, and urinary tract infections. There is some indication that it is beneficial in cancer patients, helping to rejuvenate the system after chemotherapy, and it is widely used as a general blood purifier. Externally, it can be made into an Ointment for treatment of insect bites, burns, measles, skin ulcers, herpes sores, cold sores, and yeast infections in women. The Indians swore by it as being an effective anti-venom agent for snakebites, but this hasn't been conclusively proven. It would sure be worth a try in a situation with no doctors close by, however.

Echinacea is safe to use other than for people with allergies to members of the daisy family. A doctor should be consulted first for people with AIDS, HIV, or other immune system problems.

**5.4. Итоговый контроль знаний:**

1. HERBS ARE AVAILABLE IN………..

1. tinctures
2. tea
3. capsules
4. a variety of forms

2. THE DISADVANTAGE OF WILD-GROWN HERBS IS THAT THERE IS NO GUARANTEE THE PLANTS……

1. are not dusty
2. are not dirty
3. haven’t been exposed to chemicals and pesticides
4. haven’t been gathered by well-informed people
5. All HERBS ARE HARVESTED …………
6. at the optimum moment
7. all the year round
8. only in autumn
9. only in summer
10. …………ARE APPLIED IN MEDICINE.
11. berries
12. leaves
13. stems and roots
14. leaves, flowers, berries, stems, roots

5. A HERB IS A PLANT VALUED FOR ITS MEDICINAL, AROMATIC AND …..QUALITIES.

1. savory
2. pleasant
3. fresh
4. necessary

**5. 5.Ситуационные задачи по теме:**

1.My doctor administered me a mixture of herbs to gargle a sore throat. I decided to use chamomile. What else is chamomile used for?

2.Imagine that you are having a rest in the country. Unfortunately your friend injured his leg. You haven’t got medical preparations with you. How would you help your friend? What herbs would you use?

**6. Домашнее задание для уяснения темы занятия:**

Make a report on herbs often used at home.

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

“Herbs in Siberia”, “Herbal teas”.

**1. Занятие №20**

**Тема занятия** **“Lexical and grammar test”**

**2. Форма организации учебного процесса** - зачетное занятие.

Разновидность занятия: индивидуальная работа.

Методы обучения: метод контроля.

**3. Значение темы** – развитие умений самостоятельной работы и навыков самоконтроля, контроль умений лексико-грамматических навыков по темам семестра.

**Цели обучения:**

**общая:**

студент должен обладать ОК-5; ОК-6; ПК-1; ПК-48;

**учебная:**

студент должен **знать** грамматический и лексический материал, **уметь** распознавать его в тексте, правильно переводить, **иметь навыки** самостоятельной работы.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

безличные предложения (Impersonal Sentences), модальные глаголы в сочетании с пассивным инфинитивом, инфинитив в функции обстоятельства цели, Present Participle Passive, модальный глагол should, повелительное наклонение, придаточные обстоятельственные предложения, Infinitive in the function of Adjective, Gerund, Perfect Tenses, Perfect Passive Voice, эквиваленты модальных глаголов, типы придаточных предложений, субъектный инфинитивный оборот, Условные предложения I тип.а

**5.2. Основные понятия и положения темы:**

На последнем занятии 3 семестра подводится итог всего изученного лексико-грамматического материала. Вопросы для самоподготовки дают возможность вспомнить и закрепить тематическую лексику.

**5.3. Самостоятельная работа по теме:**

**“Tablets”:**

What is a tablet characterized by when brought into contact with water?

What substances are used for tablet making?

Are any auxiliary substances added?

To what drugs is it necessary to add auxiliary substances?

Why are some difficulties experienced in the process of tabletting?

What is necessary to do in order to avoid unnecessary complication during tabletting?

**“General Rules for Drug Taking”:**

What information does a prescription contain?

Why are some medicines impossible to take with meals or just after meals?

How should a patient take medicines having an organic structure?

What medicines are impossible to take with acidic juices?

How does alcohol influence medicines?

What should a patient do in case he misses a dose?

**“Structure of Annotation to Medical Preparations”:**

What is the established order in the annotation to medical preparations?

May the structure of annotations vary? What may it depend on?

What information goes after the name of the medical preparation?

What medicinal forms is it necessary to remember?

What kinds of tablets do you know?

What routes of administration do you remember?

What side effects can appear while taking medicines?

**“Antibiotics. Anti-inflammatory Preparations”:**

What substances are named antibiotic substances?

How do they act in the body?

Do they have any negative influence on the organism?

Is it reasonable to take antibiotics every time you undergo treatment?

What negative features do antibiotics possess?

What adverse effects can be caused by antibiotics?

What names of scientists are connected with the discovery of penicillin?

**“Sulfanilamide and Its Derivatives”:**

What substances are called sulfa drugs?

What are characteristic features of sulfa drugs?

What kinds of diseases do sulfa drugs treat? What do they prevent?

What side – effect can sulfanilamide produce?

**“Emotional Stress and Health”:**

How does the nervous system respond in stressful situations?

What stress poses little risk?

What happens when stressful situations go unresolved and last for a long time?

What are the early signs of stress related problems?

What is the role of stress in chronic health problems?

How can you reduce the intensity of you emotional reactions to stress? How can you maintain one’s emotional reserve?

**“Cardiac Glycosides”:**

What drugs do cardiac glycosides include?

What action do digitalis constituents exert on the heart?

In what cases is digitalis administered?

Why does digitalis exert beneficial effects on the failing heart?

How many types of digitalis dosage are recognized?

Can optimal effects be obtained without toxic effects?

When is digitalization usually complete?

What are the chief constituents of digitalis?

**“Sedative Preparations”:**

What preparations are called sedatives?

What should a patient remember concerning doses of sedatives?

Can some sedatives cause dependence?

What reactions may occur if the drugs are taken with alcohol?

What herbs that reduce anxiety do you know?

**“Cancer and Carcinolitica”:**

What is cancer? What are the causes of cancer?

What are risk factors? What are the most common symptoms?

What does treatment depend on?

Why is cancer a dangerous disease? Is it curable?

“**Self-treatment”:**

Why should a person avoid self- treatment?

What adverse effects may occur if a patient takes medicines according to his own choice?

What data does a doctor take into consideration when he treats a patient?

What errors are common when a person refuses to consult a doctor and prefers to undergo treatment on his own?

Did you happen to feel unwell on account of self-treatment?

**“Herbal Remedies”:**

What are herbs valued for? In what forms are herbs available?

What parts of plants are used in treatment?

What drugs of vegetable origin do you know?

Why are wild-grown herbs dangerous for treatment?

What advantages have farm-grown herbs?

What should be taken into account during herb gathering?

**5.4. Итоговый контроль знаний:**

Обучающимся предлагается 50 тестовых заданий в компьютерном варианте.

См. сборник тестовых заданий.

**5. 5.Ситуационные задачи по теме:**

Задачи представлены ситуациями в бытовой и деловой сфере и предлагаются для решения в компьютерном варианте.

Просмотреть решение всех ситуационных задач, предложенных в 3 семестре.

**6. Домашнее задание для уяснения темы занятия:**

Повторение и закрепление лексико-грамматического материала, изученного за семестр.

**2 курс 4 семестр**

**1. Занятие №1**

**Тема занятия “Medical Education in Great Britain”**

**2. Форма организации учебного процесса** - практическое занятие.

Разновидность занятия: беседа, упражнения.

Методы обучения: объяснительно-иллюстративный, репродуктивный.

**3. Значение темы** – приобщение студентов к социо-культурной среде носителей английского языка, развитие профессионального интереса.

Формирование коммуникативной и профессиональной компетенции по данной теме.

**Цели обучения:**

**общая:**

студент должен обладать ОК-6; ПК-1;

**учебная:**

студент должен **знать** лексический минимум по изучаемой теме,

**уметь** находить запрашиваемую информацию, высказываться в монологической форме по теме, **уметь** вести дискуссию, **владеть** навыками лексико-грамматического анализа текста; **уметь** употреблять и переводить страдательный залог.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

1. When are entrance examinations to a medical school taken?

2. What is the amount of tuition fee in Russia?

3. What examinations do medical students pass?

4. What degrees are given to medical students after the final examinations?

5. Is it obligatory to obtain the degree of Doctor of Medicine for all graduates of a medical school?

6. When can a young doctor work as a medical practitioner?

7. When do the students take exams?

8. What oath do the clinical students take?

9. What outstanding doctors do you know?

**5.2. Основные понятия и положения темы:**

Some aspects of British University life.

University trains students in such a way that they themselves will always be eager to search for new knowledge and new ideas.

Tutorial system and tutorial method.

The difference between older Universities such as Oxford and Cambridge and modern Universities.

The length of terms in the university year.

Vacations in English Universities.

Medical Education in the UK covers :

1. undergraduate education – four or five years at medical school.
2. a two-year Foundation Programme which provides training for new doctors after graduation.
3. postgraduate training which doctors take to become GPs or consultants
4. continuing professional development in the form of courses and seminars, which doctors undertake throughout their working lives to keep up to date.

Вопросы по теме занятия:

1. Is the entry to a medical school highly competitive?
2. What exams are required to pass?
3. They are taken at advanced level, aren’t they?
4. How many terms is the academic year divided into?
5. Is Latin obligatory in all medical school?
6. What degrees do the medical graduates receive?
7. In what forms do they have exams?
8. What is peculiar about final exams in Britain?
9. How long does complete medical education last in Great Britain?
10. What periods does modern medical education consist of?
11. What is the aim of premedical training? How long does it last?
12. What sciences do students study during the second (preclinical) period of medical education?
13. How long does this period last?
14. When do students begin to get practical experience in the care of patients?
15. What subjects do medical students learn in the third (clinical) period of studying?

1. Повторение страдательного залога

**Сводная таблица спряжения глаголов в страдательном залоге (Passive Voice)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Вид  Время | **Indefinite**  *Неопределенное* | **Continuous**  *Длительное* | **Perfect**  *Совершенное* | **Perfect Continuous** |
|  | **to be** (am, is, are, was, were, ...)  +  **III-я форма** (-ed форма) | | |  |
| **Present**  *Настоящее* | I   **+ am III**  he, she, it **+  is III**  we, you, they  **+ are III** | I   **+ am being III**  he, she, it **+  is being III**  we, you, they  **+ are being III** | I, we, you, they  **+ have been III**  he, she, it  **+ has been III** | ----- |
| Пример: | I **am** ask**ed** | I **am being** ask**ed** | I **have been** ask**ed** |  |
| **Past**  *Прошедшее* | I, he, she, it  **+ was III**  we, you, they  **+ were III** | I, he, she, it  **+ was being III**  we, you, they  **+ were being III** | I, he, she, it, we, you, they**+ had been III** | ----- |
| Пример: | I **was** ask**ed** | I **was being** ask**ed** | I **had been** ask**ed** |  |
| **Future**  *Будущее* | I, we  **+ shall be III**  he, she, it, you, they  **+ will be III** | ----- | I, we  **+ shall have been III**   he, she, it, you, they  **+ will have been III** | ----- |
| Пример: | I **shall be** ask**ed** |  | I **shall have been** ask**ed** |  |
| **Future in the Past**  *Будущее в прошедшем* | I, we  **+ should be III**  he, she, you, they  **+ would be III** | ----- | I, we  **+ should have been III**   he, she, it, you, they  **+ would have been III** | ----- |
| Пример: | I **should** **be** ask**ed** |  | I **should have been** ask**ed** |  |

2. Введение нового лексического материала:

to attend lectures; at advanced level; at the age of; at least; under the supervision; to cover expenses; to be highly competitive; delivery; senior students; teaching hospitals; to receive financial assistance; tuition fee; Bachelor of Medicine; thesis; grant; competitive exams; bedside instruction; questions of multiple choice; medical practitioner; to write out prescription.

2) Изучающее чтение.

Текст “Medical Education in Great Britain”

In Great Britain physicians are trained in either medical schools or faculties of Universities. They have medical schools in the Universities of London, Oxford, Birmingham, Bristol and Edinburgh. There are faculties of medicine in the Universities of Liverpool, Manchester, Glasgow and Aberdeen. And there is the School of Clinical Medicine in the University of Cambridge. Entry to a medical school is highly competitive and usually the number of candidates is much higher than the number of the places.

To enter a medical school in Great Britain candidates must pass entrance examinations. Entrance examinations are both oral and written. Students take these examinations at the end of their 6-year secondary school course, generally at the age of 18-19 years. For entrance to a faculty of medicine or a medical school, it is required that the subjects of chemistry, physics and biology or mathematics should be taken at 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 of 10-11 weeks’ duration. The terms run from October to December, from January to March and from April to June. Clinical students, however, attend for 48 weeks of the year. The undergraduate education occupies five years, consisting essentially of two years of basic sciences and three years of clinical work. Two pre-clinical years are occupied by human anatomy and biology, physiology and biochemistry. They also study statistics and genetics. Students attend lectures; do dissections and practical work in labs. Unlike Russia Latin is not taught in all medical schools. English and Latin spellings are similar and it is possible to write out prescriptions in English too.

Beginning with the third year the students study the methods of clinical examinations and history taking, general pathology, microbiology, pharmacology and community medicine. Medical students have practical training in teaching hospitals. These hospitals consist of in-patient and out­patient departments. Sometimes these departments are called units. Senior students and especially undergraduates spend most of the time in teaching hospitals. Daily bedside instruction in hospital wards and out-patient departments is given by teachers and doctors. Students follow up their patients and attend ward rounds. Besides the work in the wards the students attend demonstrations and clinical conferences as well as lectures in clinical subjects which are being studied.

The examinations in the medical schools are held at the end of each term. It is three times a year. At the end of each term and after each special course students take final exams. They are called sessionals. Most of the exams are written. They include academic and practical problems. The final examinations or finals are in Medicine, Surgery, Obstetrics and Gynecology and Pathology. Finals also include history taking and diagnosing. Before finals in Surgery students assist in operations. Before finals in Obstetrics and Gynecology they must assist during the delivery of at least 20 babies. These examinations are both written and oral. Written test includes short and long questions and questions of multiple choice. Oral tests include diagnosing a case.

So three years are spent in clinical studies to obtain degrees of Bachelor of Medicine (B.M.) and Bachelor of Surgery (B.S.). The degrees of B.M and B.S. give the right to register as a medical practitioner.

After the finals graduates work in hospitals for a year. This period is called internship. The newly qualified doctor must serve for six months as a house physician and six months as a house surgeon under the supervision of his medical school. House physicians and surgeons are on call every second or third night. The work of interns is very difficult but their salary is very small. Interns work al least 6 hours a week. After internship a young doctor obtains a "Certificate of Experience" from the medical school and he or she may work as a medical practitioner.

Further specialization requires training in residency. It takes 1 or 2 years of work in a hospital in some field. Residency trains highly qualified specialists in a definite field: gynecologists, urologists, neurologists and others. The salary of residents is higher than the salary of interns. After residency a specialist gets rather a high salary.

This degree is a postgraduate qualification obtained by writing a thesis based on original work. It is not required for practice. Such a degree in surgery is termed a mastership (M.S.).

Выполнение упражнений

1. Answer the questions:

* 1. How long does complete medical education last nowadays in Great Britain?
  2. What periods does modern medical education consist of?
  3. What is the aim of premedical training? How long does it last?
  4. What sciences do students study during the second (clinical) period of medical education?
  5. How long does this period last?
  6. When do students begin to get practical experience in the care of patients?
  7. What subjects do medical students begin to learn in the third (clinical ) period of studying?
  8. How long does internship last?
  9. What is the aim of internship?

2. Translate:

1.Каждый врач знает строение тела человека. 2.Все студенты-медики проводят много времени в больнице. 3.Невозможно изучить функции организма только по книгам. 4.Трудно научить лечить людей. 5.Каждый день у них лекции и практические занятия. 6.Студенты изучают физиологию и гистологию.

**5.3. Самостоятельная работа по теме:**

1. Работа со словарем. Нахождение английских эквивалентов:

обучающие больницы (базовые); в отличие от…; вести (наблюдать) пациентов; делать обходы палат; получать зарплату; получать стипендию; учебный год; иностранные языки; получать степень; обязательный.

2. Составление диалога. Разговор студентов медицинских ВУЗов России и Великобритании.

3. Перевод текста “Doctor in the House” 3 и 4 абзац.

**From: DOCTOR IN THE HOUSE**

By R. Gordon

To a medical student the final examinations are something like death: an unpleasant inevitability to be faced sooner or later, one’s state after which is determined by care spent in preparing for the event.

An examination is nothing more than an investigation of a man's knowledge, conducted in a way that the authorities have found the most fair and convenient to both sides. But the medical student cannot see it in this light. Examinations touch off his fighting spirit; they are a straight contest between himself and the examiners, conducted on well-established rules for both, and he goes at them like a prize-fighter.

There is rarely any frank cheating in medical examinations, but the candidates spend almost as much time over the technical details of the contest as they do learning general medicine from their textbooks.

Benskin discovered that Malcolm Maxworth was the St. Swithin's representative on the examining Committee and thenceforward we attended all his ward rounds, standing at the front and gazing at him like impressionable music enthusiasts at the solo violinist. Meanwhile, we despondently ticked the days off the calendar, swatted up the spot questions, and ran a final breathless sprint down the well-trodden paths of medicine.

**5.4. Итоговый контроль знаний:**

1. Choose the right sentences:

1. Ethics is required to pass at the entrance exams.
2. Academic year is divided into 2 terms.
3. Latin is not obligatory in all medical schools.
4. Internship is obligatory in Great Britain.
5. After the internship a doctor obtains a license.
6. Residency lasts for 1 year.
7. Bachelor of Surgery is the highest degree of Medicine.

2. Insert the necessary information according to the text:

|  |  |
| --- | --- |
| 1. Some students get... … in the form of grands. | 1. Bachelor of Medicine |
| 1. The entrance to a medical school is … … . | 1. cover expenses |
| 1. The stipend … … partly. | 1. at advanced level |
| 1. Senior students gain work experience at … … . | 1. financial assistance |
| 1. … … are charged in Great Britain. | 1. highly competitive |
| 1. After final exams students get a degree of … … . | 1. teaching hospitals |
| 1. They have to take entrance exams… . | 1. tuition fees |

**5. 5.Ситуационные задачи по теме:**

1. In debating club of the international camp you met with Donald Edwards, a 2nd year student of the Faculty of Medicine of the Glasgow University. Ask Donald to tell what exams medical students take in England, using the following phrases:

methods of clinical examination, history taking, clinical subject, teaching hospitals, to attend a ward round, final exams, sessionals, question of multiple choice, oral and written tests, written exams.

2. How do you become a specialist in your country? List the stages.

3. Make questions and answer them:

* Premedical training of students will take … years. (How many years…)
* We shall study clinical subjects in … years. (When …)
* In pathology classes the students will learn about … . (What …)
* We shall have medical practice … . (Where …)
* During the period of internship an intern will … . (What …)
* … will make a diagnosis after a thorough examination of the patient. (Who …)

**6. Домашнее задание для уяснения темы занятия:**

Выучить слова. Составить 10 вопросов. Составить план пересказа.

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

“The major milestones in the history of education. The advantages and disadvantages”, “What elements of ancient education system you’d like to introduce in our system of education and why?”, “The University life in Britain”.

**1. Занятие №2**

**Тема занятия “Medical Education in Great Britain. Degrees, Post-Diploma Education”**

**2. Форма организации учебного процесса** - практическое занятие.

Разновидность занятия: беседа, упражнения.

Методы обучения: объяснительно-иллюстративный, репродуктивный.

**3. Значение темы** – приобщение студентов к социо-культурной среде носителей английского языка, развитие профессионального интереса.

Формирование коммуникативной и профессиональной компетенции по данной теме.

**Цели обучения:**

**общая:**

студент должен обладать ОК-6; ПК-1;

**учебная:**

студент должен **знать** лексический минимум по изучаемой теме, **уметь** находить запрашиваемую информацию, высказываться в монологической форме по теме, **уметь** вести дискуссию, **владеть** навыками лексико-грамматического анализа текста; **уметь** употреблять и переводить страдательный залог, «словообразование» - суффиксы и префиксы.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

Проведение диктанта. Опрос по теме в режиме «Студент – Группа», «Группа – Студент».

Контроль лексики: to attend lectures, at advanced level, under the supervision, to cover expenses, to be highly competitive, delivery, senior students, teaching hospitals, to receive financial assistance, tuition fee, Bachelor of Medicine, thesis, grant, competitive exams, bedside instruction, questions of multiple choice, medical practitioner, to write out prescription; обучающие больницы (базовые); в отличие от…; вести (наблюдать) пациентов; делать обходы палат; получать зарплату; получать стипендию; учебный год; иностранные языки; получать степень; обязательный.

**5.2. Основные понятия и положения темы:**

The Foundation Programme (difference of our system)

The Foundation Programme is a two – year training programme which forms the bridge between university - level study at medical school and specialist or general practice training. It consists of a series of placements, each lasting four months, which allow the junior doctor, known as a trainee, to sample different specialties, for a example pediatrics. A year one trainee corresponds to pre-registration house officer posts and a year two trainee to senior house officer posts. Each trainee has an educational supervisor who ensures that more senior doctors deliver training in different ways, including clinical and educational supervision. To progress, trainees have to demonstrate a range of clinical competencies which are assessed through observation in their workplace.

Вопросы по теме занятия:

1. Why is competition at a medical school rather high?
2. At what age do applicants take entrance exams?
3. Are tuition fees charged at medical schools?
4. Do students receive financial assistance?
5. How long is every term?
6. What periods is a program divided into? What are they?
7. What subjects do students study?
8. What do they do in hospital?
9. How often do they have exams?
10. What is an internship? How long is it?
11. What does the work of an intern include?
12. What document does a doctor obtain after the internship?
13. What is residency? How long is it?
14. In what fields of Medicine does residency train specialists?
15. What’s the highest degree of Medicine?
16. What must a specialist do to obtain this Degree?

1. Ознакомительное чтение: “The Greek Influence on Medicine” и выполнение речевых упражнений:

a. Describe some of the rewards and drawbacks of medical profession.

b. Being a doctor requires a great deal of dedication and willingness to accept responsibility. True or false ? Explain your answer.

c. Why have you chosen a career in medicine?

2. Изучающее чтение «Прозрачная система образования туманного Альбиона».

**The Greek Influence on Medicine**

This aphorism and the following are taken from: "The Quiet Art, A Doctor's Anthology", compiled by Dr. Robert Coope, Edinburgh and London.

The critical sense and skeptical attitude of the Hippocratic school laid the foundation of modern medicine on broad lines, and we owe to it: first, the emancipation of medicine from the shackles of priest craft and of caste; secondly, the conception of medicine as an art based on accurate observation, and as a science, an integral part of the science of man and of nature; thirdly, the high moral ideals, expressed in that "most memorable of human documents"(Gomers), the Hippocratic Oath; and fourthly, the conception and realization of medicine as the profession of a cultivated gentleman.

**Medical Education in the UK**

The majority of students enter the five-year course.

Only 8 medical degree schools in the UK offer a one-year pre-medical foundation course for applicants who fail to meet the standard matriculation requirements.

The Pre-medical programme is designed for students without the prerequisite science backgrounds. This year you study basic medical sciences such as cell function, physiology and chemistry, in addition to medical data handing. Follow in successful completion of this programme, you may then progress to the Bachelor of Medicine and Bachelor of Surgery programme.

The programme is split into two Phases. The first Phase, or pre-clinical training, extends over two academic years and interdisciplinary teaching covers normal and abnormal structure function and behavior. You study: basic cell biology: organization of tissues; blood; cardiovascular and respiratory biology; nutrition, metabolism and endocrinology; gastrointestinal and hepatobiliary system; skeletal and locomotor system; neurological sciences; human reproduction urinary tract; identity and deference; pathology; basic pharmacology; medical microbiology. You also look at medicine in society and take modules in personal and professional development. Clinical skills teaching includes practical demonstrations and case discussions, and hospital visits in the region. You also undertake an attachment to a GP which includes a "family and patient study”. Phase II, or clinical training, lasts for three years. Phase II, starts with a 12-week clinical skills block covering basic history-taking and examination. This is followed by the essential junior rotations which provide students with clinical experience of specialties such as public health and neurology. Core material which underpins this clinical experience is provided in weekly resource-day teaching. As part of this Phase you undertake three modules, each lasting for seven weeks, in hospital medicine, investigative medicine, and community medicine, and you may choose from a range of approximately 250 topics on offer. These students-selected modules are followed by a nine-week elective period which gives you the opportunity to study medicine almost anywhere in the world. In the senior rotations, students undertake full-time clinical attachments in the region. At the end of this Phase you take a short Pre-registration House Officer Course to conclude the degree programme, after which you will graduate with a degree. This Course will prepare you for a year as a new graduate House Officer. Within the medical curriculum, you are offered the chance to undertake the degree of Bachelor of Medical Science. This is a one-year research project which enables you to pursue a specific subject in more depth at the end of your second or fourth year. Some students may choose to extend their period of research to undertake a PhD qualification.

Ответить на вопросы по тексту, найти различия двух программ.

**The main features of medical education 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 the places. Entrance examinations are both oral and written. Students take these examinations at the end of their 6-year secondary school course, generally at the age of 18-19 years. For entrance to a faculty of medicine or a medical school, it is required that the subjects of 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.

Examinations. Examinations are held at the end of each term. It is three times a year. The final examinations or finals are in Medicine, Surgery, Obstetrics and Gynecology and Pathology. Finals include history taking and diagnosing. After the finals graduates work in hospitals for a year. This period is called internship. After internship a young doctor obtains a “Certificate of Experience” from the medical school and he or she may work as a medical practitioner.

Undergraduate prospectus

The MBSB (Bachelor of Medicine, Bachelor of Surgery) is a five-year undergraduate medical degree course. Most of the learning takes place in small groups. The main components are:

Core (Years -3)

An integrated programme of clinical and scientific topics mainly presented through problem – based learning (PBL), where you work with others on a series of case problems.

Student Selected Modules

Student selected modules (SSMs) allow you to choose from a menu of subjects such as Sports Medicine or even study a language as preparation for an overseas elective, a hospital attachment of your own choice, between Years 4 and 5.

Vocational Studies and Clinical Skills

This component prepares you for the clinical skills required for contact with patients from Year 1 of your course, through periods of practical training where you are attached to a hospital department or general practice.

Clinical Attachments (Years 4 and 5).

A series of four-week clinical attachments in Medicine, Surgery, Psychological Medicine, Child Health, Obstetrics and Gynecology and General Practice.

**5.3. Самостоятельная работа по теме:**

Rendering: тексты №1 и №2

Составить сообщение по теме “ Medical Education in Great Britain”.

I вариант

Британская система медицинского образования высоко ценится во всем мире и привлекает студентов из многих стран. Каждый, кто хочет стать доктором в Соединенном Королевстве, должен прежде всего, сдав экзамены после пяти лет обучения в медицинской школе и больнице, получить первую ученую степень - степень бакалавра - по терапии или хирургии: за этим следует еще один дополнительный год практической работы в специально утвержденной клинике.

Организация, регулирующая все, что связано с медицинской профессией в Великобритании, называется Генеральный Медицинский Совет (ГМС). Он составляет реестр всех получающих полное образование врачей. В этой стране могут заниматься врачебной практикой только те. чьи имена содержатся в медицинском реестре.

Из сорока шести университетов Великобритании в девятнадцати существуют медицинские школы, несущие ответственность за обучение будущих врачей. Государственная служба здравоохранения со своей стороны, предоставляет для подготовки врачей оборудование и клиники. Те, кто успешно закончил школу, автоматически получают право обратиться в Генеральный Совет с просьбой о временной регистрации. Однако, для необходимой врачам полной регистрации, они должны провести год, занимаясь медицинской практикой под наблюдением, в качестве врача-ординатора, живущего при больнице. За этот предрегистрационный год, как он называется, будущий врач получит пост младшего врача или хирурга.

Phrases for rendering:

1. сдать экзамены – to pass exams
2. получить степень бакалавра по терапии и хирургии – to get the Bachelor of Medicine and Bachelor Surgery degree
3. Генеральный Медицинский Совет (ГСМ) – the General Medical Council (GMC)
4. реестр всех практикующих врачей – the GMC register
5. заниматься врачебной практикой – to practice
6. Государственная служба здравоохранения – NHS-National Health Service
7. пост младшего врача - а House officer post
8. врач-ординатор, живущий при больнице - а houseman

II вариант

Внутри самих школ зачастую применяются различные системы обучения, однако содержание курса в принципе то же самое, впрочем, как и требования, предъявляемые к поступающим.

Обучение продолжается пять лет. На теоретическую подготовку до начала клинической практики отведено два года. Основы медицины преподаются по 10 предметам, предназначенным для того, чтобы вооружить студента теоретическими знаниями, необходимыми для подкрепления практического обучения в больницах на протяжении оставшейся части курса.

Предметы и количество часов, отводимых на их изучение на протяжении двух лет, нижеследующие:

Анатомия 387, Бактериология и вирусология 18, Иммунология и патология 19, Медицинская биохимия 209, Медицинская генетика 33, Фармакология 97, Физиология 278, Психология 53, Социальные науки, связанные с медициной 21, Статистика 23.

В среднем 44 процента учебного времени, отводимого на все эти предметы на протяжении двух лет, отдается лекциям, а 26 процентов практическим занятиям, наглядному обучению и семинарским работам. Оставшиеся 30 процентов приходятся на самостоятельную работу и занятия с руководителем группы. Студенты поделены на группы по 10 человек. Каждой группой руководит преподаватель с кафедры анатомии, психологии и медицинской биохимии.

**5.4. Итоговый контроль знаний:**

1. Choose the right variant:

1. Entrance examinations are …

* 1. both oral and written
  2. oral
  3. written
  4. test

2. Students take examinations at the end of their 6-year secondary- school course, generally at the age of …

* 1. 16 years
  2. 17 years
  3. 20 years
  4. 18-19 years

3. The subjects of chemistry, physics and biology or mathematics should be taken at…

* 1. school level
  2. advanced level
  3. low level
  4. high school level

4. Most students receive … in the form of grants, which cover their expenses wholly or in part.

* 1. financial assistance
  2. money
  3. scholarship
  4. loan

5. The academic year is divided into…, each of 10-11 weeks’ duration.

* 1. 4 terms
  2. 1 term
  3. 2 terms
  4. 3 terms

6. Beginning with the third year the students study the methods of …

* 1. clinical examinations
  2. anatomy
  3. biology
  4. physiology

2. Закончите предложения, используя подходящие по смыслу слова в скобках. Переведите предложения на русский язык.

1. Professor Smith gave us a …. of lectures on pathology last month. (cause, course)

2. To find the ….of his disease was not difficult. (cause, course)

3. Premedical…takes three or four years and complete medical…usually takes more than ten years. (education, training)

4. Working at a hospital and caring for patients an intern gets the necessary practical… (experiment, experience)

5. The students made a lot of…in their laboratory classes in chemistry. (experiments, experience)

6. Newton was the famous English…who discovered the law of gravitation. (physician, physicist)

7. After graduating from the medical school, he began to practice as a…in his native town. (physician, physicist)

**5. 5.Ситуационные задачи по теме:**

1. Distribute the sciences according to the stages during which they are covered:

neurology, pathology, public health, personal and professional development, community medicine, medical microbiology, hospital medicine, basic pharmacology, investigative medicine, basic cell biology, cardiovascular and respiratory biology, cell function, medical data handling.

|  |  |
| --- | --- |
| Stage |  |
| pre-medical course |  |
| phase I pre-clinical training |  |
| phase II clinical training |  |

2. Tasks:

1. Describe the main components of your undergraduate course.

2. Explain how a foreign doctor can register to work in your country. Find out how you can register to work in another country of your choice.

3. Describe some of the rewards and drawbacks of medical professions.

4. Being a doctor requires a great deal of dedication and a willingness to accept responsibility. True or false? Explain your answer.

5. Why have you chosen a career in medicine?

**6. Домашнее задание для уяснения темы занятия:**

Retelling of the text

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

“Research work of students in England”, “History of Medicine in the UK”, “University life in Britain”.

For better knowledge you may learn some facts on

<http://www.studyin-uk.com/studyuk/medicine/>;

<http://bsmy.ru/3405>; <http://www.medschools.ac.uk/STUDENTS/UKMEDICALSCHOOLS/Pages/default.aspx>;

<http://www.nhscareers.nhs.uk/explore-by-career/doctors/training-to-become-a-doctor/undergraduate-medical-education/>

**1. Занятие №3**

**Тема занятия “Medical Education in the USA”**

**2. Форма организации учебного процесса** - практическое занятие.

Разновидность занятия: беседа, упражнения.

Методы обучения: объяснительно-иллюстративный, репродуктивный.

**3. Значение темы** – приобщение студентов к социо-культурной среде носителей английского языка, развитие профессионального интереса. Знакомство с образовательной политикой в Америке. Формирование коммуникативной и профессиональной компетенции по данной теме.

**Цели обучения:**

**общая:**

студент должен обладать ОК-6; ПК-1;

**учебная:**

студент должен **знать** лексический минимум по изучаемой теме, **уметь** находить запрашиваемую информацию, высказываться в монологической форме по теме, **уметь** вести дискуссию, **владеть** навыками лексико-грамматического анализа текста; навыками устной речи, через применение информации в разных ситуациях профессионального общения на тему система образования в США,**уметь** формулировать разные виды вопросов.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

Retelling and discussion “Medical Education in Great Britain”. What interesting have you learnt studying this topic? What is the difference between British and Russian systems of medical education?

**5.2. Основные понятия и положения темы:**

1. Premedical education.
2. Selection of students (competition, tests, personal interviews).
3. The most important factor in the selection.
4. Curriculum (subjects, practicals).
5. Degrees.
6. Internship, residency (duration).
7. The cost of education.

Perhaps no other group is so constantly striving toward professional improvement as are today's physicians. Never before has the medical profession possessed the skill and knowledge held today by its members. A little over 70 years ago, a young man could become a doctor by serving an apprenticeship to a practicing physician, meanwhile taking a few night courses in anatomy. Today, the future doctor must pass successfully through eight to thirteen or more years of the most demanding, intensive, and exhaustive study before setting up his practice.

First, he must spend three to four years of premedical training at a recognized university. Here he learns the basic sciences and absorbs a necessary amount of liberal education. From those students who have made the top grades in premedical studies the candidates for medical school are chosen. Every medical school in the United States receives applications from many more students than it can accept each year. Consequently, only the top-level students are enrolled.

The prospective medical student must give careful attention to the problem of finances during his years in training, since the basic cost in even the least expensive schools amounts to at least one thousand dollars each year.

The medical curriculum is arduous, and it is more difficult to maintain a part-time job than in regular colleges or universities. Student may be able to make long-term loans for this purpose, and scholarships are available to aid the student, but generally, it is necessary to have the finances available in the family, and to show the medical school that adequate resources are available.

**Вопросы по теме занятия:**

1. Does the curriculum in America much differ from the Russian system of medical education?

2. At what age can an American graduate practice medicine?

3. Is medical education paid?

4. What do students pay for?

5. Is the cost of education high?

6. Is residency obligatory in America?

7. What does the duration of residency depend on?

8. Do the students receive scholarships?

9. When may a graduate work as a practitioner?

Grammar:

1. Типы вопросов

В английском языке, так же как и в русском, вопросы бывают: общие, разделительные, альтернативные и специальные.

**1. Общий вопрос**. В этом случае хотят получить лишь подтверждение или отрицание высказанной в вопросе мысли. Ожидаемый от собеседника ответ: только  ***да*** или ***нет***.

**2. Специальный вопрос.** Он задается, когда хотят получить конкретную информацию о каком-либо предмете, событии, явлении и т.д.

Эти вопросы, также как и в русском языке, начинаются с вопросительных слов: ***когда?*** - when?, ***где?*** - where?, ***почему?*** - why?, ***кто?*** - who? и т.д.

**3. Альтернативный вопрос.** Ставится с целью предложить собеседнику сделать выбор между двумя и более предметами, действиями, качествами и т.д.

Структурно строится на основе двух общих вопросов, соединенных союзом ***или***, причем во второй части предложения обычно опускаются повторяемые элементы, оставляя слова, содержащие альтернативу.

**4. Разделительный вопрос**. Ставится с целью получить дополнительное подтверждение справедливости высказываемой мысли.

Структурно состоит из двух частей: повествовательного предложения и краткого вопроса.

**Построение вопросов в английском языке**

***Общее правило*** построения вопросов в английском языке таково:

|  |
| --- |
| Все вопросы (кроме специальных вопросов к подлежащему предложения) строятся путем инверсии.  В тех случаях, когда сказуемое предложения образовано без вспомогательных глаголов (в **Present** и **Past Indefinite**) используется вспомогательный глагол **to do** в требуемой форме - **do/does/did**. |

Инверсией называется нарушение обычного порядка слов в английском предложении, когда сказуемое следует за подлежащим. Строго говоря, здесь имеет место лишь частичная инверсия, когда лишь часть сказуемого – вспомогательный или модальный глагол ставится перед подлежащим предложения.

2. New words: guest, colleague, committee, representative, quality, competition, participate, a typical budget by the way, lodging and utilities + слова р 249, 250. (уч. Марковина. «Английский язык для медиков»).

3. Reading for detail

**Medical Education in the USA**

Primary school education generally takes the pupil from the age of 6 to the age of 14 years, and secondary school - to the age of 18. After finishing his secondary studies the 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 premedical phase". The students who are taking this course of studies preparing them for a medical school are called "premeds". A student applies for admission to a medical school when he has completed premedical studies. The application costs approximately 50 dollars. Academic achievement is 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, physics, mathematics and English. Then special admission committees have personal in­terviews with the candidate in order to assess the candidate’s general qualities, his character and his ability to study medicine.

The competition is very difficult and only about half of the students who apply to a medical school are accepted and begin their medical education.

The basic medical sciences are presented largely during the first two years of medical studies. For instance, in the first year at Johns Hopkins students study anatomy, biophysics, bio­chemistry, physiology, bacteriology, histology and other subjects. In the second year they study microbiology, pathology, physical diagnosis, pharmacology and laboratory diagnosis. At the end of four years all students receive the Degree of Doctor of Medicine, that is M.D.

Then they must work for one year as interns. This course of work at the hospital or clinic is called internship.

The period of residency is obligatory for all medical graduates. This period varies, depending on the specialty of the doctor. Generally, the period of residency is three or four years. For instance, residency in surgery and neurosurgery in the Johns Hopkins School of Medicine lasts for four years. Residency in internal medicine, preventive medicine and radiology lasts for three years.

After the residency the graduate is granted a license to practice and he may work either in government service or private practice.

Medical schools are gradually increasing their tuition fee in all the universities of the USA. Only a small part of students receives scholarships. The majority of the students have to work to pay for their studies. The tuition of the private colleges and universities is extremely high. For instance, tuition for the full course in medicine for one academic year at the Cornell University Medical College, New York, which is privately endowed is: Tuition - 9.100 dollars; books, instruments etc, 60 dollars; food - 1.800 dollars; lodging and utilities -1.400 dollars; health service fee - 200 dollars; hospital insurance -143 dollars; per­sonal - 1,200. Overall, it amounts to 14,443 dollars. These figures represent a typical budget for an academic year.

4.Annotation of the text.

**CURRICULUM**

**Aims and Objectives.**

The primary objective of the University of Texas Medical School at Houston is the education of physician for the practice of medicine. The educational program, therefore, is designed to assist students in learning how to attain that knowledge which will enable them to understand their patients' problems and to initiate measures appropriate to resolving those problems as effectively and efficiently as possible.

Faculty and students, working together, create and maintain a collegial environment conducive to the acquisition of this knowledge and the development of these skills and attitudes. There is an ongoing cooperative evaluation of programs by faculty and students engaged in scholarly activities aimed at the generation and application of this new knowledge to human and societal problems. The students are given the opportunity to observe and participate in the delivery of exemplary medical care in a variety of clinical settings. The format of the curriculum, the organization of the academic units and the architectural configuration of the physical facilities are designed with these goals in mind.

**Medical Education in the USA**

Perhaps no other group is so constantly striving toward professional improvement as are today's physicians. Never before has the medical profession possessed the skill and knowledge held today by its members. A little over 70 years ago, a young man could become a doctor by serving an apprenticeship to a practicing physician, meanwhile taking a few night courses in anatomy. Today, the future doctor must pass successfully through eight to thirteen or more years of the most demanding, intensive, and exhaustive study before setting up his practice.

First, he must spend three to four years of premedical training at a recognized university. Here he learns the basic sciences and absorbs a necessary amount of liberal education. The candidates for medical school are chosen from those students who have made the top grades in premedical studies. Every medical school in the United States receives applications from more students than it can accept each year. Consequently, only the top-level students are enrolled.

The prospective medical student must give careful attention to the problem of finances during his years in training, since the basic cost in even the least expensive schools amounts to at least one thousand dollars each year.

The medical curriculum is arduous, and it is more difficult to maintain a part- time job than in regular colleges or universities. Student may be able to make long-term loans for this purpose, and scholarships are available to aid the student, but generally, it is necessary to have the finances available in the family, and to show the medical school that adequate resources are available.

During the first two years of the four-year medical school curriculum, the student must master the laboratory sciences. To learn the structure of the human body, he studies anatomy, both gross, and microscopic. Thorough training is given in the subject of biological chemistry, which is the basis for clinical laboratory diagnosis and medical therapeutics. The functions of the body are learned from books and by laboratory experiments in classes in physiology. Because he is to deal intimately with people, the student must have a working knowledge of psychology, the science of human behavior. In his pathology classes he will learn about diseases and diseased tissues; and in bacteriology classes, the causes of the infectious diseases will be made clear to him. Studying pharmacology, he will learn about drugs. Usually, all this study is done before he ever treats a patient.

In his third and fourth years, the student receives instruction and practical experience in the actual care of patients. The organization of the course work may vary considerably from school to school in this phase of the training, but certain basic studies are common to all. Included among these are: the study of anesthetics (anesthesiology), the study of skin disorders (dermatology), the study of the glands of internal secretion (endocrinology), forensic or legal medicine, internal medicine, the study of the nervous system and its diseases (neurology), the sciences pertaining to childbirth and diseases of the female reproductive system (obstetrics and gynecology), radiology, surgery, psychiatry, ophthalmology, otolaryngology, preventive medicine, orthopedics, pediatrics, proctology and urology. During this time the student frequently has the opportunity to spend considerable time in a hospital and acquaint himself with many of the more basic procedures and common disorders. While making the rounds of the wards with his instructors, the student will learn to develop the judgment and bearing necessary to make him as a competent practitioner of medicine.

The medical school itself is organized into a considerable number of different departments, each of which teaches one of the previously mentioned subjects. The faculty of the school is composed of eminent member of the medical or allied professions, and in addition to teaching, this faculty usually engages in furthering medical progress through research. A great many of our present advances in medicine come through the efforts of such teachers, who are also eminent research scientists. After graduation from medical school, the student has the title of Doctor of Medicine in most states. However, he is still a student. Next comes one or two years of internship in a hospital. During this period, the intern usually lives at the hospital and receives a small amount of pay. While caring for the hospital's patients, he should develop more skill and knowledge, transposing the theories learned in medical school into practical use. Most states have a licensing board, which gives the prospective physician a thorough examination after internship is completed. If he passes the examination, he is allowed to practice medicine within the state. At the end of this phase, the new physician may desire to specialize his practice. If so, he must obtain a residency or fellowship, lasting three to five years through which capable and experienced men in the field of his chosen specialty guide him in his study. He may take an examination by a National Specialty Board on completion of his training.

Postgraduate medical courses are offered by medical schools, hospitals, and medical organizations in order to keep physicians abreast of new developments. In a sense, the doctor is always a student, and always is improving.

Topical vocabulary

|  |  |  |
| --- | --- | --- |
| 1 | To serve an apprenticeship | Проходить обучение |
| 2 | A practicing physician | Практикующий врач |
| 3 | To take courses in ... | Брать уроки |
| 4 | To set up practice | Открыть практику |
| 5 | Premedical training | Доклиническое обучение |
| 6 | Basic sciences | Общетеоретические предметы |
| 7 | Liberal education | Гуманитарное образование |
| 8 | To make the top grades in | Получить высокие отметки по ... |

* 1. **Самостоятельная работа по теме:**

Просмотровое чтение текста "Academic Organization". Задания.

**Academic Organization**

The first two academic years are divided into four semesters of basic sciences. Two months during the summer vacation time are provided between the first and second academic years. The initial four semesters are devoted to preparing the student for the clerkship experiences that comprise the third academic year. During the first two academic years, the student becomes familiar with the basic and applied biomedical sciences. As the student progresses from a study of the fundamentals of molecular and cellular biology and normal morphology of the human body to the abnormal structure and function of the various organ systems, the techniques of interviewing, history-taking, and performance of physical and mental status examinations are introduced along with appropriate behavior, societal and ethical issues. There are a number of educational specialists and faculty and student tutors.

Clinical clerkships in the major clinical disciplines begin in the third year for a 12-month sequence. During the fourth year, additional required clerkships, elective periods and one month of required instruction in medical jurisprudence and clinical epidemiology are offered. After consultation with faculty advisors, each student devises an educational sequence for the fourth year that relates to his or her career goals and postgraduate educational plans.

The Curriculum Committee approves each semester schedule and reviews the basic science and clinical curriculum on an annual basis with the assistance of faculty evaluators and the Student Evaluation Committee.

Tasks:

**1**. Answer the questions:

1. What are the initial four semesters devoted to?

2. What does the student learn during the first two academic years?

3. When do clinical clerkships in the major clinical disciplines begin?

4. How long do they last?

5. What else is usually offered during the fourth year?

6. What does the student do after consultations with a faculty advisor?

Express the main idea of the text, 5-7 sentences.

**5.4. Итоговый контроль знаний:**

Read the statements which concern the American system of medical education:

1. a. Only a small part of students receive stipend. b. Most students receive stipend.

2. a. Education occupies five years in a medical school. b. Education occupies four years in a medical school.

3. a. Students obtain degrees of Bachelor of Medicine and Bachelor of Surgery. b. Students obtain degrees of Doctor of Medicine.

4. a. A student may work as medical practitioner after the internship. b. A student may work after the residency.

5. a. The period of residency is three – four years. b. The period of residency is one - two years.

6. a. Residency is obligatory. b. Residency isn’t obligatory.

7.a. Applicants can enter a medical school after the secondary school. b. Applicants can enter a medical school after the premedical studies during three years in a college or university.

2. Match definitions to the following terms:

1. Science that studies the structure of human body. a. pharmacology
2. Science of diseases and diseased tissues b. physiology
3. Brunch of medicine which deals with children’s illness c. anatomy
4. Science of mind and its processes d. pathology
5. Brunch of medicine which deals with childbirth e. psychology
6. Science and practice of treating diseases by operations f. pediatrics
7. Science of normal functions of a living organism g. surgery
8. Science of drugs and their effects on an organism h. internship
9. (A period off) completing medical education by living i. obstetrics

at a hospital and acting as an assistant physician or

surgeon.

**5. 5.Ситуационные задачи по теме:**

1. Imagine that you are taking part in the round table discussion. “The doctor is always a student, and he or she has to be, to keep up with medical advancement”. Express your opinion on this statement.

2. You are a student, which branch of medicine do you think you have the qualities for?

Make a list of qualities for another specialty.

**6. Домашнее задание для уяснения темы занятия:**

Выучить слова. Чтение и перевод текста р 247-249, ex. 5 р 250.

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

“Student’s scientific societies in medical education”, ”Organization of class hours”, “Evaluation of students”.

**1. Занятие №4**

**Тема занятия “Medical Education in the USA. Degrees.**

**Post-Diploma Education”**

**2. Форма организации учебного процесса** - практическое занятие в интерактивной форме.

Разновидность занятия: беседа, ролевая игра, упражнения.

Методы обучения: репродуктивный, частично-поисковый.

**3. Значение темы** – приобщение студентов к социо-культурной среде носителей английского языка, развитие профессионального интереса. Знакомство с образовательной политикой в Америке. Формирование коммуникативной и профессиональной компетенции по данной теме.

**Цели обучения:**

**общая:**

студент должен обладать ОК-6; ПК-1;

**учебная:**

студент должен **знать** лексический минимум по изучаемой теме, **уметь** находить запрашиваемую информацию, высказываться в монологической форме по теме, **уметь** вести дискуссию, **владеть** навыками лексико-грамматического анализа текста; **уметь** формулировать разные виды вопросов.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

What degree do the medical students get? How long is the internship? What does the duration of residency depend on? Is the residency obligatory in the USA?

**5.2. Основные понятия и положения темы:**

1. The selection of students to a medical school.
2. Premedical and medical subjects at medical school.
3. The work of a resident.
4. The work of young doctors after residency.

The training of doctors in the USA is rather long. After finishing his primary school and secondary studies at the age of 18, the candidate for a medical school must complete at least three years of higher education in a college or University. This period is called “the pre –medical phase”. The students who are taking this course of studies preparing them for a medical school are called “pre-meds”. A student applies to a medical school when he has completed pre-medical studies. The competition among the applicants is very high. Only about half of those who apply to medical school are accepted and begin their medical education.

After graduation from medical school, the student has the title of Doctor of Medicine in most states. However, he is still a student. Next comes one or two years of internship in a hospital. During this period, the intern usually lives at the hospital and receives a small amount of pay. While caring for the hospital's patients, he should develop more and more skill and knowledge, transposing the theories learned in medical school into practical use. Most states have a licensing board, which gives the prospective physician a thorough examination after internship is completed. If he passes the examination, he is allowed to practice medicine within the state. At the end of this phase, the new physician may desire to specialize in his practice. If so, he must obtain a residency or fellowship, lasting three to five years through which capable and experienced men in the field of his chosen specialty guide him in his study. He may take an examination by a National Specialty Board on completion of his training. Postgraduate medical courses are offered by medical schools, hospitals, and medical organizations in order to keep physicians abreast of new developments. In a sense, the doctor is always a student, and always is improving.

**Вопросы по теме занятия:**

1. When does a student apply for admission to a medical school?

2. What is the most important factor in the selection of students?

3. What is the aim of personal interview with applicants to a medical school?

4. What degree do students receive at the end of four years of study?

5. Where can the graduates work after their residency?

1. Изучающее чтение текста “University of Minnesota Medical School”, составить список слов, необходимых для описания требований к абитуриентам. Используя эти слова, составить краткое сообщение на английском языке о требованиях к абитуриентам в Америке.

**University of Minnesota Medical School**

All regular applicants for the freshman class at the University of Minnesota Medical School are required to take the medical college Admission Test (MCAT). This test measures candidates’ factual knowledge of the science (students must earn a bachelor’s degree before entering the Medical School), their reading skills and their ability to solve problems. In selecting applicants for admission the Admission’s Committee will place emphasis on those qualities of motivation, intellect and character essential to a physician.

The Medical School provides the faculty and facilities for instruction of students in medicine. The primary goal of medical education is to prepare good physicians who possess a sound training in human biology.

The course of study for the MD degree requires completion of 13 quarters of academic work in the Medical School. The first four quarters, termed Year One, include course work in basic medical sciences, behavioral sciences and introductory experiences with patients. Year One study is focused on the structure and functions of the human body. Instruction begins with normal structure and biochemical processes in anatomy and biochemistry. Then the focus shifts to the normal functioning of body systems and the reaction of the human organism to disease processes and to the study of microorganisms and their relationships to man and disease. These topics are presented in courses in microbiology, physiology, neuroscience, clinical correlation and pharmacology.

The three-quarter sequence of Year Two consists of lectures and laboratories in organ system pathology, pharmacology, and interdisciplinary courses in pathophysiology and practice tutorials in clinical medicine.

The students in Year Three and Four work to extend knowledge of medicine through full-time clinical work, participating in the care of patients in hospitals, clinics and office practice settings. The remaining clinical course is individualized, relating specifically to personal interests and career goals.

2. Поисковое чтение текста “Admission Requirements”.

Найдите ответы на следующие вопросы.

* + 1. How many undergraduate credit hours must students complete at least?
    2. Who is not encouraged to apply?
    3. What test must students perform?
    4. How often is the test administered?
    5. How may information on the test be obtained?

**Admission Requirements**

Students must complete at least 90 undergraduate credit hours at a United States university. The specific pre-medical credits listed below must be taken at a United States university. Courses, which do not conform to this requirement, will not be accepted, even though a United States university has given credit for them. Graduate courses do not satisfy this requirement.

* + English- one year of college English.
  + Biology- two years, as required for science majors. Only one year may be completed by advanced placement. The other year must be completed in residence at a college and must include formal laboratory work.
  + Mathematics- one half year of college calculus.
  + Physics- one year, as required for science majors and laboratory experience.
  + Chemistry- two years: one year of organic chemistry as required for science majors and including the corresponding laboratory experience.

Although the minimum requirement for admissions is 90 undergraduate semester hours at a United States university, the average student should plan to complete the requirements for a baccalaureate degree prior to admission to medical school. Applicants who do not plan to do so are given consideration and if judged to be superior candidates may be admitted.

The medical and dental schools are authorized to accept only a limited number of non- residents for enrollment in an entering class. Non- resident students who do not have outstanding qualifications and students who have been dismissed from a medical school are not encouraged to apply.

The medical school must receive the results of an applicant’s performance on the Medical College Admissions Test (MCAT) before a firm commitment of a place in the first-year class can be made. The test is administered twice a year although it is to the applicant’s advantage to take the test in the spring rather than the fall of the year in which the application is to be submitted. Information on the MCAT may be obtained from college premedical advisors or by writing to the American college testing program.

**5.3. Самостоятельная работа по теме:**

I. a. Oзнакомительноe чтение текстa “Programmed Patients” Help Students”. b. Задания к тексту.

c. Ролевая игра. Обыграть один из диагнозов, упомянутых в тексте "Programmed Patients" Help Students”. Роли: врач и пациент.

**“Programmed Patients” Help Students.**

Appearances to the contrary, there is nothing wrong with this patient. She is actually a young lady who makes a career of pretending to be sick.

Margo Makee is one of four "programmed patients" who are presently helping to teach third-year medical students at the University of Southern California School of Medicine to recognize various neurological disorders. Three years ago, Howard S. Barrows, MD, professor of neurology, initiated the program in which actors and actresses play the role of patients during neurological examinations by students.

The programmed patients can simulate up to 13 different neurological disorders including multiple sclerosis, encephalitis, a ruptured aneurysm/psychomotor seizure, cerebral embolism, or carbon monoxide coma.

There are numerous advantages to using such actors. Dr. Barrows explains. Actual patients are soared the ordeal of repeated examinations, and the actor can repeat the performance until students learn to make a differential diagnosis.

Also, the actor-patient is able to simulate some diseases which are so rare that a student might never encounter them during his training. "Yet, this may be the very illness he is called upon to diagnose later in clinical practice," Dr. Barrows points out.

In addition to playing the part of a patient, the actor also assumes the role of instructor. He or she has been taught what steps a doctor should take in conducting a proper neurological examination. While the student is writing up his findings, the actor must complete an 88-point evaluation form and express a personal reaction to the student's bed side manner.

A recent addition to the program, the use of videotape to record ex­aminations, allows students to evaluate their own performances.

The typical 30-minute examination conducted by the medical student takes place under realistic hospital conditions. While the student is told to assume those signs of illness that cannot be simulated, the programmed patients put in a realistic performance. Even experienced physicians sometimes forget the patient is pretending. Practicing physicians enrolled in postgraduate courses at the University are told beforehand that the actors are feigning illness. Nonetheless, one physician reacted to the actor’s tears and complaints about the bright light, by stopping the examination to ask for a towel to shield her eyes.

Tasks to the text:

1. Find the English equivalents:

притворяться больным, распознавать неврологические расстройства, брать на

себя роль преподавателя, симулировать заболевания, рассеянный склероз, разрыв аневризмы, судороги, отравление угарным газом, повторный осмотр больных, ставить диагноз, заполнить оценочную анкету из 88 пунктов, поведение студента у постели больного, оценивать собственные действия, в настоящих больничных условиях.

2. Give the general meaning of the text in the amount of 7-10 sentences.

3. Translate the sentences:

1. Государственная служба здравоохранения предоставляет населению США все виды медицинской помощи.

1. Государственная служба здравоохранения обеспечивает лечение физических и психических заболеваний, хирургию, услуги дантиста, акушера, семейного врача.
2. В Америке развита система медицинского страхования.
3. Современные больницы имеют все необходимое оборудование для диагностики и лечения.
4. Студент должен совершенствоваться в лабораторных предметах.
5. После окончания медицинского вуза студент получает звание Доктора Медицины, тем не менее он все еще студент.
6. Студент проходит 1 или 2 года интернатуры в больнице.
7. Во многих штатах есть лицензионная комиссия, которая экзаменует врача после интернатуры.
8. Выдержав экзамен, врач может начать практику.

II. a. Аннотация текста “Ambulance drivers get better training”.

b. Работа в парах.

Make up a dialogue between a freshman and a senior during which the latter shares the information about the third and fourth year clerkships and elective schedules.

**Ambulance Drivers Get Better Training**

A new «career ambulance profession» is involving in the health services. Forty- four states have adopted the 81-hour basic and 20-hour refresher training course for the «emergency medical technician-ambulance» developed by Dunlap & Associates, Inc., Darien, Conn, for the National High-way Traffic Safety Administration (NHTSA) of the federal Department of Transportation.

“This basic course”, points out John C. Harvey, MD, professor of medicine, Georgetown University School of Medicine, “includes classroom and practical experience requiring instruction by physician and other members of hospital staffs, both for initial and for refresher follow-up”.

Dr. Harvey, one of the original 12 members of the Commission on Emergency Medical Service of the American Medical Association, says the course clearly has become the present standard for training ambulance drivers, attendants, and others who provide emergency care at the scene and on route (on the way) to medical facilities.

In the meantime, guidelines have been developed for a program, already available in some junior colleges, for those wishing to pursue a more in-depth study of emergency care. Completion of the course (with state certification) permits the student to apply for the examination of the National Registry of Emergency Medical Technicians. A joint committee of AMA's commission and an American Association of Junior Colleges group also has worked out guidelines for a more in-depth program, envision in.

“High school graduates spending at least two years in study, equaling approximately 60 semester credit hours, including general education (communication skills, sociological insights, anatomy, physiology, physical sciences) and technical courses (communication, record-keeping, emergency medical care, resuscitation (реанимация), study of injuries, decontamination, metabolic disturbances, toxicology, asepsis, injection techniques, childbirth, and maintenance/operation of equipment)”.

“The two- year courses [already available at some junior colleges] include clinical experience gained at the scene of emergencies, in the ambulance, in the hospital emergency room, and in the coronary and intensive care units. Students are under the training and supervision of the physician-education”.

AMA's commission also foresees the development of other curricula for emergency medical technicians “who will work, not only in the ambulance, but in the room, intensive care unit, shock trauma units, with the communications system for emergency care, in mobile emergency unit vehicles, and in other facilities as they develop”. (A 480-hour course presently is being tested at selected locations across the nation for NHTSA).

A number of public and private health organizations have been working for the upgrading of emergency care. The federal Highway Safety Act of 1966 resulted in promulgation of an emergency medical services standard the following year. To comply, states must institute programs that include training of emergency personnel.

States that have not adopted the 81-hour course have established some approximate equivalent.

In addition, a two-day course on extricating accident victims has now been developed, and Robert E. Mothey of NHTSA's Rescue and Emergency Medical Services Division says this course will be available later this month.

Notes:

resuscitation - приведение в сознание

foresee – предвидеть

**5.4. Итоговый контроль знаний:**

I. Choose the right form of the verb:

1. I’ve been photocopying the reports all morning, but I still …

* 1. haven’t finished
  2. hasn’t finished
  3. didn’t finish
  4. don’t finish

2. I remember meeting your brother last summer, but I … him this year.

* 1. hasn’t seen
  2. haven’t seen
  3. don’t seen
  4. didn’t seen

3. He… there for several years, so he can show me around.

* 1. lived
  2. lives
  3. have lived
  4. has lived

4. I’m sorry I’m late. …you … for a long time?

* 1. have been waiting
  2. has been waiting
  3. waited
  4. waits

5. You … a break since we started to work.

1. didn’t have
2. hasn’t had
3. haven’t had
4. don’t have

6. We … the stupid film since lunchtime. Let’s switch over the other channel.

* 1. have been watching
  2. has been watching
  3. are c watching
  4. were watching

7. She … Spanish for several years.

* 1. have been studying
  2. has been studying
  3. was studying
  4. is studying

II. Complete the sentences:

1. Jill is in hospital now. She **has been** in hospital since Monday.

2. I know Sarah. I **have known** her for 5 years.

3. Linda and Frank are married. They ….. married since 1989.

4. Brain is ill. He ….ill for the last few days.

5. I am learning English. I … English for six months.

6. Alan has a headache. He … a headache since he got up this morning.

III. Finish the sentences using the words in brackets with **for or ago**:

1. Jill arrived in Ireland. (three days).

2. Jill has been in Ireland (three days)

3. Linda and Frank have been married (20 years)

4. Linda and Frank got married (20 years )

5. Dan arrived (ten minutes)

6. We had lunch (an hour)

7. Have you known Lisa (a long time)

8. I bought these shoes (a few days)

IV. Write about yourself beginning with the following phrases:

1. I‘ve lived…

2. I’ve been…

3. I’ve been learning…

4. I’ve known…

5. I’ve had…

V. Make positive sentences from the following negative ones:

1. The surgeon has not prolonged the treatment because the client feels well.

2. The doctor has not yet discharged the patient from the clinic.

3. The patient hasn’t been sleeping since morning.

4. I am not reading your book now.

5. Physiologists have not described the results of the experiment

VI. Complete the phrases using the verbs in the box (1- spare):

|  |
| --- |
| assess deliver demonstrate provide supervise take |

1. ---------a competence or how to do something

2. ---------a trainee by ensuring she successfully completes her training

3. ---------a course or a training programme (as a teacher)

4. ---------a course or a training programme (as a student)

5. --------- progress or competence

VII. Match the words and phrases from the right column with the words and phrases from the left:

|  |  |
| --- | --- |
| 1. Professional improvement | a) Переносить теорию в практику |
| 2. To receive applications | b) Современные достижения в медицине |
| 3. The medical school curriculum | c) Судебная медицина |
| 4. The structure of the human body | d) Учебная программа мед. школы |
| 5. Forensic or legal medicine | e) Получать заявления на поступление |
| 6. The medical and allied professions | f) Строение тела человека |
| 7. Present advances in medicine | g) Профессиональный рост |
| 8. To transpose theories into practical use | h) Врачебная и смежные профессии |
|  | i) Медицинское образование |

**5. 5.Ситуационные задачи по теме:**

1.Текст “Programmed Patients” Help students”. Describe the disease mentioned in the text (complaints, causes, symptoms, treatment).

2. Role play. a. Students are to make dialogues according to the text "Programmed Patients" Help Students” (a doctor and a patient).

b. Role play «Важный гость», две группы по 6 человек.

Студенты выступают в роли научных работников кафедр Университета и ждут в гости профессора из Гарварда. Один из студентов исполняет роль иностранного гостя (профессора).

Вопросы-ответы. Каждый приглашает зарубежного гостя побывать у него на кафедре, стремясь заинтересовать. Профессор может выбрать только одно предложение и аргументировать свой выбор.

3. Describe a research study that you would be interested in carrying out.

**6. Домашнее задание для уяснения темы занятия:**

Ex. 12 p.253, ex. 13 p.254 – a short retelling

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

“The System of Medical Education in the USA in Сomparison with that of Russia”,

“The Academic Plan of the Medical Faculty of Johns Hopkins University”.

**1. Занятие №5**

**Тема занятия “Health Service in Great Britain”.**

**2. Форма организации учебного процесса** - практическое занятие.

Разновидность занятия: беседа, упражнения.

Методы обучения: репродуктивный, частично-поисковый.

**3. Значение темы** – Тема “Health Service in Great Britain” приобщает обучающихся к социо-культурной среде носителей языка, развивает профессиональный интерес. Для изучения темы предлагаются материалы по вопросам медицинского обслуживания, истории медицины Великобритании, а также изучаются материалы, раскрывающие специфику медицинской социальной среды**.** Формирование коммуникативной и профессиональной компетенции по данной теме.

**Цели обучения:**

**общая:**

студент должен обладать ОК-6; ПК-1;

**учебная:** Познакомить обучающихсяссистемой здравоохранения в Великобритании, студент должен **знать** лексический минимум по изучаемой теме,**уметь** находить запрашиваемую информацию, высказываться в монологической форме по теме, составлять связное высказывание и выступать перед группой, уметь вести дискуссию, **владеть** навыками лексико-грамматического анализа текста;**уметь** употреблять и переводить условные предложения I типа.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

Индивидуальный устный опрос темы “Medical Education in the USA”.

What is the difference between the American and British systems of medical education? What are positive features of med education in America? What are shortcomings, in your opinion?

**5.2. Основные понятия и положения темы:**

National Health Service Act was passed through Parliament in 1946 and in 1948 this Act received the Royal Assent and was brought into operation. Further administrative changes were introduced by a number of other Health Service Acts.

The National Health Service provides free medical care both in hospital and in the out-patient clinic. But people may use the NHS or they may go to doctors as private patients. Many people who have enough money still prefer to be private patients because they think that they can in that way establish a closer relationship with the doctor or because they do not want to be put in a large room with other patients. A patient can choose between NHS or private treatment at any time. Moreover he can take some of his medical care through the NHS, and some privately. If a patient dissatisfied with his NHS family doctor or dentist, he may change to another one. 97 per cent of the population use the NHS.

*Family doctors* (General Practitioners) are very important. GP does invaluable work by filtering off 90 per cent of the total medical work.

The rights of doctors. They can choose whether they want to join the NHS or not, and whether they will have NHS patients or private ones. The majority work in the NHS.

*Hospitals*. 70 per cent of hospitals are small. At the same time they have more than 150 health centers in the UK. These health centers are an integral part of a unified comprehensive health service. Health centers provide all the special diagnostic and therapeutic services which family doctor may need. Health centers are the basis of primary care.

**Вопросы по теме занятия:**

1. Is medical treatment free?
2. Is emergency free or paid?
3. How do the British call private hospitals?
4. What do patients have to pay for?
5. Is a foreigner given free emergency medical treatment?
6. Has a patient a right to change his doctor or dentist?
7. Why can’t some hospitals provide a full range of medical services?

1. Введение новой лексики.

the NHS, a health center, to be free, to provide, private patient, nursing home, full range, to have access, unified comprehensive health, GP – general practitioner, to apply.

2. Изучающее чтение текста “Health Service in Great Britain”. Выполнение упражнений.

**Health Service in Great Britain**

The National Health Service Act was passed through Parliament in 1946, and in 1948 this Act received the Royal assent and was brought into operation. Further administrative changes were introduced by a number of other Health Service Acts.

Most medical treatment in Great Britain is free, but charges are made for drugs, spectacles and dental care. Free emergency medical treatment is given to any visitor from abroad who becomes ill while staying in our country. However, those who come to England specifically for treatment must pay for it.

The National Health Service provides free medical care both in hospital and in the outpatient clinic. People may use the NHS or they may go to doctors as private patients. In big cities there are some private hospitals which people may use. Many people who have enough money still prefer to be private patients because they think that in that way they can establish a closer relationship with the doctor or because they do not want to be put in a large room with other patients.

A patient in G.B. can choose between NHS and private treatment at any time. Moreover, he can take some of his medical care through the NHS, and some privately. If a patient is dissatisfied with his NHS family doctor or dentist, he may change to another one. In fact, 97 per cent of the population use the NHS.

The role of the family doctor (General Practitioner) is very important. Not all patients need highly specialized attention and the GP does invaluable work by filtering off 90 per cent or so of the total medical work.

Doctors and dentists can choose whether they want to join the NHS or not, and whether they will have NHS patients or private ones. In fact, the majority work in the NHS.

They have modern hospitals but half of the buildings are over 100 years old. 70 per cent of their hospitals are small, with only about 200 beds. Such hospitals are not economical and cannot provide a full range of service, which requires a district hospital of 800 beds or more. Now they have more than 150 health centers in the U.K. The first Scottish health centre was opened in Edinburgh in 1953. These health centers are an integral part of a unified comprehensive health service. Health centers provide all the special diagnostic and therapeutic services, which family doctors may need, such as electrocardiography, X-ray, physiotherapy and good administrative and medical records systems. Family doctors work in close cooperation with the hospital doctors. Health centers are the basis of primary care.

There are centers, which provide consultant services in general medicine and surgery, ear-nose-throat diseases, obstetrics and gynecology, ophthalmology, psychiatry and orthopedics. All consultations in the centre are by appointment only. The patient is given a definite time at which to attend. This is recorded on a card for him. Each doctor decides for himself how many patients he can examine in one hour. They believe that the patient is the most important person in the health centre and that they would direct all their energy towards helping him as much as possible.

Tasks:

1. Answer the questions:

a) When was the NHS Act brought into operation?

b) Are there private patients in Great Britain?

c) Why do many people who have enough money prefer to be private patients?

d) What is the role of the family doctor in the NHS system?

2. Confirm the judgments using the following phrases: Yes, I agree that; Yes, as far as I know; It is true that;

1. The general practitioner services include the family doctor service, the dental service, the pharmaceutical service, and the ophthalmic service.

2. The GPs do very important work, which consists in filtering off 90 percent of the total medical workload.

3. Health centers are institutions where various medical services, both preventive and curative, are brought together.

4. The patients are the most important people in the health centre and the doctors should direct all their energy towards helping them as much as possible.

3. Finish the sentences:

a) The NHS provides all kinds of medical treatment including … .

b) People who want to obtain the benefits of the NHS must … .

c) If a person needs medical attention he first … .

d) If it is necessary the family doctor arranges … .

e) Since 1951 patients have to pay … .

f) Out of his earnings a general practitioner must provide … .

g) Usually three or four general practitioners … .

**5.3. Самостоятельная работа по теме:**

1. Перевод текста “The Structure of NHS”

**The Structure of the NHS**

The structure of the NHS resembles that of a nationalized industry. It is headed by the secretary of state that is responsible to Parliament. He appoints the chairman of 14 regional health authorities (R.N.A.). Each R.N.A. is based on a university medical school. Every region is divided into 10-15 districts, each based on a big hospital. For each district there is an authority with a chairman and 15-20 members.

Every British citizen who works must pay weekly a certain amount of money to the N.H.S. About 85 per cent of the cost of the health services for prescriptions, dental treatment and spectacles.

Nobody pretends that the N.H.S. in Britain is perfect.

Most of the people in Britain admit that the N.H.S. needs improving. Many doctors complain that they waist hours filling in forms, and that they have so many patients that they do not have enough time to treat them properly. Nurses complain that they are overworked and underpaid. Some hospital doctors work ninety hours week and earn less than a doctor who works forty hours.

Patients have to wait long at the surgery to see their doctor and when their turn comes, the doctor can afford little time to examine them.

Many N.H.S. hospitals are old fashioned and overcrowded, and because of the shortage of beds, patients often have to wait a long time for operations. Rich people prefer to go to private doctors. When these people are ill they go to the private nursing home, for which they may pay as much as 100 pounds a week.

2. Составьте сообщение на английском языке от лица начинающего врача об обслуживании пациентов в государственной клинике, используя словосочетания:

to send to a hospital, special treatment, hospital treatment, free treatment, to choose a particular doctor, an out-patient clinic, to be on duty … times a week, to have little spare time, to see patients, to make diagnosis, to prescribe drugs, to arrange consultations of specialists, to take private work.

3. Письменный перевод

**The National Health Service in Britain**

The National Health Service (NHS) provides free medical treatment both in hospital and outside. It covers sickness of mind as well as ordinary sickness, and includes the treatment of teeth, the provision of aids to sight and hearing, as well as wheelchairs, artificial limbs and other expensive items.

People are not obliged to use the service; they may still go to doctors as private patients if they wish to do so, and in big towns there are some private hospitals, which people may use rather than the hospitals, which are within the Health Service.

In order to obtain the benefits of the National Health Service a person must normally be registered on a general practitioner's list, and if he needs medical attention, he first goes to his general practitioner or the general practitioner comes to see him. The family doctor gives treatment and prescribe medicine, or, if necessary, arranges for the patient to go to hospital or to be seen at home by a specialist. If the doctor prescribes medicine, a written prescription must be taken to a chemist's shop where the chemist prepares what is necessary. At first, from 1948, the patient had nothing to pay for medicine, but since 1951, a small fixed payment has been necessary.

Each person is free to choose a general practitioner in the area where he lives and be registered on his list. The average general practitioner has a little over 2,000 people on his list; the maximum is around 3.500. Out of his earnings, he must provide a waiting room and a consulting room for his patients, a car, and a secretary. It is usual for three or four general practitioners to join in a partnership, arranging their work so that at least one of the partners is always on duty and taking care of each other's patients during free days.

**5.4. Итоговый контроль знаний:**

I. Prove that these sentences are right. Read the proper sentences from the text to confirm them:

* Medical treatment in Great Britain is free.
* A foreigner is given free emergency treatment.
* A lot of hospitals are very old.
* A consultation is by appointment only.
* Health Centres can provide a full range of medical services.
* A patient has a right to change his doctor.
* Doctors have their rights as well.

II. Translate the following sentences:

1. Граждане Великобритании имеют право на бесплатное медицинское обслуживание.

2. Государственная служба здравоохранения была установлена во всем Объединенном Королевстве Великобритании и Северной Ирландии в 1948 году.

3.Те, кто раньше не имел возможности получать бесплатную медицинскую помощь, теперь получили доступ к государственному медицинскому обслуживанию.

4. Врач, работающий в государственной службе здравоохранения, может также принимать частных пациентов.

5.Пациент может сам выбирать себе врача или сменить врача, если он того желает.

III. Вставьте правильную форму глагола.

1. If … this evening, don’t wait for me.

* 1. I’ll be late
  2. I’m late
  3. I was late
  4. I were late

2. Will you write to me if … you my address?

* 1. I’ll give
  2. gave
  3. I give
  4. I gives

3. If there… a fire, the alarm will ring.

* 1. will be
  2. was
  3. are
  4. is

4. If I don’t see you tomorrow morning, I … you in the evening.

1. phoned
2. phone
3. will phone
4. is phoned

5. I … surprised if Martin and Julia get married.

* 1. am
  2. be
  3. will be
  4. was

6. … you go to the party if they invite you?

* 1. Does
  2. Will
  3. Do
  4. Did

**5. 5.Ситуационные задачи по теме:**

1. Read and translate the text **“**A GP’s day”, then using the information from the text fill in the timetable of the doctor in the afternoon.

**A GP’s day**.

Dr Stuart works in a practice in a small market town with three other family doctors. The surgery is in the centre of the town and is shared by three practices. This is a typical working morning when she is not the duty doctor, responsible for emergencies and urgent problems.

Complete the diary for Dr.Stuart’s afternoon. Look and read the text, it will help you to complete the diary for Dr.Stuart’s afternoon.

The NHS is responsible for health care for everyone in the UK, although a small number choose to pay for private care. Primary care is provided by GPs (sometimes known as family doctors), nurses, dentists, pharmacists and opticians. GPs work in practices of 1 to 20. Practices are based in a surgery and look after the health of from 1,000 to 15,000 people in their local community. They also provide health education in areas such as smoking and diet, run clinics, give vaccinations, for example for influenza, and may perform minor surgery such as removal of warts and moles. If a patient needs specialist care, the GP will make a referral – refer the patient to a consultant in a secondary care. Patients are normally seen on an appointment basis. Home visits are made when patients are housebound – unable to leave their homes – or too ill to attend surgery. Out - of - hours (OOH) treatment, from 6 pm to 8 pm, is provided by the local Primary Care Trust, which organizes shifts of GPs and locum GPs to cover if someone is absent.

Note: The noun *surgery* has three meanings:

1. the building where GPs work

2. a time when GPs see patients (Morning surgery is from 8.30 to 12.30)

3. the work of surgeons

A GP’s day.

8.00 am arrive at the surgery

check the OOH email printout

check for urgent and non- urgent messages

8.30 am check emails from the health board and partners prepare for

surgery

8.30 am – 10.50 am morning surgery (ten - minute appointments)

6 pre-booked last week

2 booked 48 hours ahead

4 bookable on the day

10.00 -10.55 am check with reception for messages

sign prescriptions and deal with repeat prescription requests

11.00 – 11.20 am - coffee break in the conference room with colleagues

11.20 -11.30 am – check home visit requests and divide up visits with colleagues

11.30 am - 1.00 pm – home visits

*Complete the diary for Dr. Stuart’s afternoon.*

*1.00-2.00 pm practice team meeting over sandwich lunch*

*2.00-4.00 pm afternoon (1)…………………… 12 ten-minute (2)*

*4.00-4.20 pm coffee break………………………*

*4.20-5.00 pm check with (3 )…………for messages. Deal with home (4)…………*

*and repeat (5)…………………requests*

*5.00-6.00 pm paper work, e.g.(6)…… to secondary care, admin tasks, telephone*

*calls to patients, private medical examinations*

*6.00 pm phones switched to (7)…………………… service*.

**6. Домашнее задание для уяснения темы занятия:**

Выучить слова. Чтение и перевод текста р 247-249, ex 5 р 250.

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

“Problems of Health Care in Britain and Russia”, “Hospitals in Great Britain”.

**1. Занятие №6**

**Тема занятия “Health Service in Great Britain. Consultative Centers”**

**2. Форма организации учебного процесса** - практическое занятие.

Разновидность занятия: беседа, упражнения.

Методы обучения: репродуктивный, частично-поисковый.

**3. Значение темы** – Тема “Health Service in Great Britain” приобщает обучающихся к социо-культурной среде носителей языка, развивает профессиональный интерес. Для изучения темы предлагаются материалы по вопросам медицинского обслуживания, истории медицины Великобритании, а также изучаются материалы, раскрывающие специфику медицинской социальной среды**.** Формирование коммуникативной и профессиональной компетенции по данной теме.

**Цели обучения:**

**общая:**

студент должен обладать ОК-6; ПК-1;

**учебная:** студент должен **знать** лексический минимум по изучаемой теме,**уметь** находить запрашиваемую информацию, высказываться в монологической форме по теме, составлять связное высказывание и выступать перед группой, **уметь** вести дискуссию, **владеть** навыками лексико-грамматического анализа текста;**уметь** употреблять и переводить условные предложения II типа.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

Revision of the words on the topic:

Charges, emergency, out-patient department, outpatient clinic, “nursing homes”, to do invaluable work, consultant services, a full range of medical service, x-ray, records system, obstetrics, by appointment, to direct to …, to establish a closer relationship with …, to be dissatisfied with …, a unified comprehensive health service, to work in close cooperation with …, primary care.

**5.2. Основные понятия и положения темы:**

NHS and health centers.

There are different consultant services. There are centers which provide consultant services in general medicine and surgery, ear-nose-throat diseases, obstetrics and gynecology, ophthalmology, psychiatry and orthopedics. All consultations in the centre are by appointment only. The patient is given a definite time at which to attend. This is recorded on a card for him. Each doctor decides for himself how many patients he can examine in one hour.

**Practitioners**

In Britain, doctors, also known as medical practitioners, must be qualified: have a university degree in medicine. They must also be registered: included in the General Medical Council’s list, or register - in order to practise. A doctor who treats patients, as opposed to one who only does research, is called a clinician. A doctor who provides primary care for patients is known as a general practitioner (GP), or family doctor. GPs usually work in a group practice. Larger group practices work in a building called a health centre.

Note: In British English, the verb is spelt ‘practise’ and the noun is spelt ‘practice’.

**Specialties**

Specialist doctors, for example pediatricians, generally work in hospitals. However, those who work outside the NHS, providing private health care, may have consulting rooms outside a hospital - for example in the famous Harley Street in London. The two main branches of medicine are surgery and internal medicine, and the doctors who practise these branches are called surgeons and physicians, respectively. In Britain, male surgeons are addressed as Mr. and females as Ms. - so Dr. Smith is a physician, and Ms Smith is a surgeon.

1. Skimming reading (просмотровое чтение).

**“The Hospital and the Staff”**

A hospital cannot function without physicians and nurses to provide medical care. An extensive administrative and institutional staff is also necessary to run the hospital. However, this is still not enough. Other staff members and facilities must be available to support the medical staff. The anesthesiologist or anesthetist prepares patients for surgery by making them insensitive to pain. The radiologist or X-ray technician takes X-rays and interprets. A staff of laboratory technicians analyzes specimens of blood, urine, and tissues taken from patients. A pharmacist prepares medication and dispenses it from the hospital pharmacy. Some of these services and others like them are called paramedical because they require some medical training.

An anesthesiologist is trained in the administration of anesthetics, which are drugs or gases that render a patient insensitive to pain. There are two kinds of anesthesia. One is general, affecting the entire body; the other is local, temporarily deadening just the relevant areas. Anesthetics are used most commonly in the operating room. Until recently, the surgeon used to administer the drug or gas himself. But the science of anesthesia is very complex, so an anesthesiologist or anesthetist is nearly always required today. An anesthetist is not a medical doctor, but he must be trained in his specialty and licensed before he can be hired. This is true of all of the paramedical technicians.

A hospital's department of radiology or X-ray department is supervised by a radiologist. With the assistance of paramedical X-ray technicians, bones and inner organs of the human body are photographed. This technique is extremely helpful in diagnosis. The X-ray can also be used therapeutically. However, X-rays are extremely potent, and people must not be exposed to them too often or for too long. Everyone who works closely with them must take precautions to avoid overexposure.

A new specialty closely related to radiology is nuclear medicine. This involves a diagnostic technique during which a radioactive isotope is injected into the bloodstream, tissue, or organ that is being examined. Most new hospitals have independent departments of nuclear medicine, and many older hospitals are recognizing their usefulness.

Закрепление языкового материала на базе диалогов. Work on the dialogues:

Dialogue1- name the statements, which correspond to the content of the conversation;

Dialogue2 - list the questions asked to the patient;

Dialogue3 – name the main stages of the patient examination.

**Dialogue 1**

You are present at the reception of the doctor. Read the text. Find out if the patient needs the help of a surgeon or a physician.

Dr. Kelly: Good morning, Mr. White. How are you getting along?

Mr. White: I've not been feeling well for the last week. I've had some shortness of breath, and as you can see my legs are swollen now.

Dr. Kelly: Are you still taking your digitalis? Did you put any salt in your food?

Mr. White: Well, doctor, I've been out digitalis for the last week. In addition, it is hard to me to eat completely without salt. Doctor, could you tell me what my problem is?

Dr. Kelly: I believe you have hardening of arteries (облитерация артерий) with the involvement of the heart (поражение сердца). Now your heart is not able to perform the work it was supposed to regarding your treatment. I think you should continue to take one tablet of digitalis a day and stay on a salt free diet. This should be done indefinitely, otherwise (иначе) you'll get the trouble.

Mr. White: When shall I come back?

Dr. Kelly: Three weeks from today. Good-bye now and be careful.

Mr. White: Bye. See you in three weeks.

Name the statements, which correspond to the content of the conversation:

1. а) Больной жаловался на одышку и отечность ног.

б) У больного не было жалоб на одышку.

2. а) Больной принимал по одной таблетке дигиталиса в течение недели,

б) больной не принимал дигиталис в течение недели.

3. а) Больной чувствовал себя хорошо,

б) У больного была сердечная недостаточность.

4. а) Врач посоветовал больному придерживаться бессолевой диеты,

б) Больной соблюдал бессолевую диету.

**Dialogue 2**

Read the dialogue and list key questions that were asked to the patient:

Taking a Past History and Family History.

Dr. Harper: Have you ever been sick before?

Patient James Ross: Yes, sir. I had a scarlet fever and pneumonia.

Dr. H.: Have you ever had measles? Chicken-pox? Whooping cough?

Patient: Yes, sir. I had all the childhood diseases.

Dr. H.: How about adult illnesses, have you ever had ТВ, jaundice, heart or kidney troubles?

Patient: No, I have only had the ones I just told you.

Dr. H.: Have you ever been operated on?

Patient: Yes, several. I’ve had my appendix out. And I also had an operation on my tonsils.

Dr. H.: Did you ever break any bones?

Patient: I broke my arm when I was a child and that’s all.

Dr. H.: Is your father or mother alive?

Patient: No, both are dead. My father died of old age and my mother died of cardiac insufficiency.

Dr. H.: Do you have brothers and sisters? Are they in good health?

Patient: I have two brothers, one living and the other is dead. He had a stroke. My sister had diabetes.

Dr. H.: Are you married? Do you have any children?

Patient: Oh, yes. I’m married. I have two boys and they seem to be all right.

Dr. H: Do you smoke?

Patient: I smoke 10 cigarettes a day. I tried to quit on two occasions, but had no success.

**Dialogue 3**

Read the following dialogue and name the main stages of the physical examination of the patient.

Doing the Physical Examination

Dr. Hudson came closer to the patient and he noted the patient’s general appearance, checked carefully the skin and mucous membranes. With an ophthalmoscope he visualized the eye ground ; and with otoscope the tympanic membranes. He checked the patient’s neck and chest.

Dr. H.: Please, take a deep breath and hold it. Now blow your air out and hold it. Don't breathe now. Breathe in and out through your mouth. Say-ninety-nine, ninety-nine...

(Dr. H. asked the patient to lie down on the examining table and palpated the abdomen.)

Dr. H.: Did it hurt anywhere when I touched you?

Patient has no pain in the abdomen.

After checking the patient’s back and extremities, he took the reflex hammer and checked the reflexes.

Dr. H.: Give me your arm, please. I want to check your blood pressure. It’s 120 over 70. That is a normal blood pressure.

Patient: What is your opinion, doctor?

Dr. H.: Well, you’ll have laboratory tests including blood and urine, and X-ray of your stomach. I’ll let you know your diagnosis as we have your tests.

**"Taking a Past history and Family history".**

A full case history covers: personal details, presenting complaint, past medical history, family history, social and personal history.

**Personal details**.

Normally, patients’ personal details have been entered in their records by a nurse or administrative staff before a doctor sees them. However, on later consultations a doctor may wish to check details such as address, date of birth, occupation or marital status.

To find out about family history doctors ask:

Do you have any brothers or sisters? Do you have any children? Are all your close relatives alive? Are your parents alive and well? Is anyone taking regular medication? How old was he when he died? Do you know the cause of death? What did he die of? Does anyone in your family have a serious illness?

Task:

Study the case notes. Write the questions the doctor asked to obtain the numbered information.

|  |
| --- |
| Surname - Oates First name - Allison |
| Address - 10 Bromley road London |
| D.O.B. - 30/4/81 sex - F Marital Status - married (1) |
| Occupation - bank clerk (2) |
| Presenting complaint:  c/o severe headache, boring in nature (3) , mainly in and around R eye (4)  can radiate to forehead (5). Comes on at any time (6) and can vary in duration 1-2 hr (7) . No precipitating (8) or relieving (9) factors. Has noticed haloes around lights with some blurry vision in R eye and vomiting (10). |

**5.3. Самостоятельная работа по теме:**

Выполнение тестовых заданий №4,5, 6, 7.

4. *If you could slip off your coat; I’d like to listen to your chest.*

Think up similar sentences using the following words and

phrases:

* to slip off/take off (one’s blouse, shirt, trousers, skirt, jacket,

jumper, shoes and socks, spectacles);

* to unbutton one’s blouse, shirt;
* to pull down one’s trousers, shirt;
* to open one’s mouth;
* to tilt one’s head back;
* to listen to smb’s heart, chest;
* to have a look at smb’s skin, nose, ear, eyes, throat, leg, arm,

foot, teeth, hand, finger;

* to check smb’s eyesight, hearing, liver, spleen;
* to take smb’s temperature, blood pressure

5. Insert the verbs in the proper form: Past Simple or would:

1. If I\_\_\_\_\_\_\_ (be) rich, I \_\_\_\_\_\_\_\_\_(travel) around the world.

2. I don’t like Hollywood. I \_\_\_\_\_\_\_(not live) there if I\_\_\_\_\_\_\_\_\_(be) a film star.

3. I\_\_\_\_\_\_\_\_\_ (go) to work if I \_\_\_\_\_\_\_\_\_ (not feel) so ill, but I feel awful.

4. What \_\_\_\_\_\_\_\_\_you do if your baby, \_\_\_\_\_\_\_\_ (fall) into water.

5. If I \_\_\_\_\_\_\_\_\_ (have) more free time, I \_\_\_\_\_\_\_\_ (not waste) it. I \_\_\_\_\_\_\_\_ (learn) another language.

6. Finish the sentences:

a) If I won $10,000, …

b) If I spoke perfect English,…

c) If I were on holiday,…

7. Make sentences from charts A and B:

A

|  |  |  |
| --- | --- | --- |
| If I | found  were  knew  had  didn’t eat  didn’t smoke | cakes and ice-cream  the answer  a car  taller  so much  a lot of money  president of my country  some money in the street |

**B**

|  |  |
| --- | --- |
| I’d  (I would)  I wouldn’t | feel better  try to get a job as a policeman.  lose weight.  buy a big house.  build more schools and hospitals.  keep it.  tell you.  give you a lift. |

**5.4. Итоговый контроль знаний:**

Драматизация диалогов; проверка выполнения тестовых заданий.

**5. 5.Ситуационные задачи по теме:**

1. Imagine that you are receiving patients; make a dialogue between a doctor and a patient with suspected angina. Use the words and phrases:

Where does it hurt? Can you describe the pain? What makes it worse? complaints; to complain of; to have troubles with the heart; to have pain in the heart; the character of the pain; dull pain; sharp pain; to have pain on physical exertion; arterial pressure; angina pectoris; cardiac failure.

2. Make a dialogue between a doctor and a patient. Use the following plan and description of the medical case (disease):

greeting;

proposal to enter and sit down;

clarification of the reasons for visiting the doctor;

clarification of complaints;

examination of the patient (instructions for the patient);

formulation of diagnosis;

administrations;

words of gratitude; parting.

**A case of a broken arm.**

The patient complains of a severe pain in the arm. He/she can’t move the fingers. The doctor palpates the arm and tries to bend it. The patient screams with pain. The doctor does an X-ray examination which reveals a fracture (перелом). The doctor puts the arm into plaster of Paris (гипс) and prescribes an analgesic. The patient is to come for a check-up in a month.

**A case of common cold.**

The patient is feverish, has a blocked nose, a sore throat, a bad headache, a cough. His/her temperature is 37, 4. The patient has no appetite and is thirsty all the time. He/she is not quite himself/herself, weak and sleepy.

The doctor feels the patient’s pulse, listen to the lungs, takes his/her temperature, has a look at the throat.

The prescription: nasal drops, to gargle (полоскать) the throat with a saline solution (солевой раствор) every hour, aspirin when the temperature is high, a lot of tea with lemon, liquid diet.

3. Martin Thomas lives with his mother (85). He is offered a job abroad, which he really wants. He cannot take his mother with him, so he looks for a care home for her. They don’t have the money for a private care home. The government-run care home is free, but understaffed and depressing. When Mr. Thomas visits the care home, he sees the residents all sitting in silence around a TV set.

а) Should Mr. Thomas give up his plans and stay at home to take care of his mother?

б) Is it wrong that people with money should get better health care than those who are poor?

**6. Домашнее задание для уяснения темы занятия:**

Выучить слова. Чтение и перевод текста р 247-249, ex 5 р 250; тестовые задания №1,2,3.

1. Translate the following phrases:

то pass an act through the Parliament; The National Health Service; to receive the Royal Assent; to provide medical treatment; to establish personal relations; to be a private patient.

2. Which member of a practice team would be responsible for each of the following?

1. Running a clinic for pregnant women.
2. Teaching a patient how to strengthen his broken leg.
3. Letting the GP know that a patient can’t come to her appointment.
4. Running a clinic for people who want to lose weight.
5. Visiting a patient who has just returned home after a hernia operation.
6. Carrying out check – ups on children in a poor neighborhood.
7. Organizing cover for an absent doctor.

3. Translate the sentences:

1. If you use the NHS you don't have to pay for the treatment.
2. In order to obtain the necessary information we looked through a lot of journals.
3. The general practitioner will arrange for you to be seen by a specialist if necessary.
4. We shall provide all that is necessary for your work.
5. Doctors usually prescribe this medicine in the cases like yours.
6. They decided to include this subject in the course of study.

Pay attention to the sentences, which the doctor uses to formulate a request and his intention to examine the patient:

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

“Health problems in the UK”, “The role of the family doctor”.

**1. Занятие №7**

**Тема занятия “Health care system in the USA”.**

**2. Форма организации учебного процесса** - практическое занятие.

Разновидность занятия: беседа, упражнения.

Методы обучения: репродуктивный, частично-поисковый.

**3. Значение темы** – Тема “Health care system in the USA” приобщает обучающихся к социо-культурной среде носителей языка, развивает профессиональный интерес. Для изучения темы предлагаются материалы по вопросам медицинского обслуживания, истории медицины США, а также изучаются материалы, раскрывающие специфику медицинской социальной среды**.** Формирование коммуникативной и профессиональной компетенции по данной теме.

**Цели обучения:**

**общая:**

студент должен обладать ОК-6; ПК-1;

**учебная:** студент должен **знать** лексический минимум по изучаемой теме,**уметь** находить запрашиваемую информацию, высказываться в монологической форме по теме, составлять связное высказывание и выступать перед группой, уметь вести дискуссию, **уметь** употреблять Conditionals, **владеть** навыками лексико-грамматического анализа текста.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

What do you know about Health Service in Great Britain?

**5.2. Основные понятия и положения темы:**

Health care in the United States is provided by many distinct organizations. Health care facilities are largely owned and operated by private sector businesses. 58% of US community hospitals are non-profit, 21% are government owned, and 21% are for-profit.

60–65% of healthcare provision and spending comes from programs such as Medicare, Medicaid, the Children's Health Insurance Program, and the Veterans Health Administration. Most of the population under 67 is insured by their or a family member's employer, some buy health insurance on their own, and the remainder are uninsured. Health insurance for public sector employees is primarily provided by the government.

Medicare. In 2004, there were 42 million Medicare beneficiaries and the total cost of the programme stood at $297 billion, predominantly paid for through payroll taxes, general revenue, premium contributions and taxation of social security benefits. Unlike the great majority of working Americans with private health insurance, Medicare beneficiaries are free to seek medical care wherever they choose – a so-called “fee-for-service” model.

Medicaid. Medicaid is designed primarily to provide healthcare to those with low incomes and few assets. As of 2010 and the ACA this includes all Americans under 65 with incomes up to 133% of the federal poverty level. In 2009 the total cost of Medicaid stood at over $366 billion, split between federal payments of $243 billion and state payments of $123 billion.10 As individual states are in charge of the management of this revenue, they have a great deal of leeway in designing their Medicaid programmes. Accordingly, there is great variation across the country over who is

eligible for Medicaid, what services are covered, and how much doctors and hospitals will be paid for treating Medicaid patients.

Veterans Health Administration (VHA) and Other Federal Health Programmes. Though Medicare and Medicaid are the main two healthcare programmes overseen by the US federal government, there are others. TRICARE is a civilian programme administered by the US Department of Defense that operates in a similar fashion to Medicare and is available to US military personnel and their immediate families. The Veterans Health Administration (VHA), a civilian system sometimes compared to the UK NHS in that it is centrally-run and all hospitals and staff in the system are publicly-owned, is overseen for military retirees and their families by the US Department of Veterans Affairs.

**Вопросы по теме занятия:**

1. What doctor is called a family doctor?  
2. What are the duties of a family doctor?  
3. What are his rights?  
4. Do many Americans have a family doctor?  
5. What types of hospitals are there in America?  
6. What medical workers are American hospitals staffed by?  
7. What units are there in hospitals?  
8. Why are social services available to the patients and their families?  
9. What example can you give to show that social service is available?  
10. Why are emergency units called special areas in the hospital?  
11. Why is the nursing staff very important?

Изучающее чтение текста

**Health care system in the USA**

The second meeting of Dr. Nelson and his colleagues with the Pro­fessors and students of the Medical Faculty of the Moscow Medical Academy was devoted to problems of medical service in the USA.

Dr. Nelson: Dear colleagues, it is a great pleasure for all of us to meet you again. Today we'll speak about medical service in our country.

As for the health care system in my country, it exists on three levels: the level of the family doctor, the medical institution or hospital and the United States Public Health Service.

Dr. Kruglov: Do many Americans seek medical help from private doctors?

Dr. Haddow: Not many, I should say. A private doctor, we call him a family doctor, gives his patients regular examinations and inoculations. In case professional care is needed, the family doctor arranges or the patient to see a specialist or to go to a hospital. The family doctor receives pay directly from the patient. Most physicians have private practices. They make use of the hospital's facilities whenever necessary. A family doctor either has his own private office or works with several other doctors in a so-called group practice.

Sasha Nikiforov: Dr. Haddow, what is characteristic of American hospitals? Do all patients pay for their treatment at hospitals?

Dr. Haddow: I should like to point out first that 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. We have government-financed and private hospitals. The patients who are admitted to hospitals or clinics staffed by consulting physicians, residents, interns and highly skilled nurses. The nursing staff is very important. Nurses and patients are in close contact throughout the patients' stay in the hospital. Social services are available to the patients and families regarding personal, emotional, and financial problems that may arise from continued illness or disabilities.

Most hospitals have at least the following major departments or units: surgery, obstetrics and gynaecology, pediatrics and general medicine. They may also have trauma and intensive care units, neurosurgical and renal care units, and a psychiatric unit. The Emergency Room (unit) is a very special area in the hc1spital. The emergency patients receive immediate attention.

Dr. Nelson: Let's not forget about the high cost of medical care in our country. Two thirds of the population have private health insurance. Some people have health insurance, life insurance (financial assistance for the relatives in case of death), disability insurance and retirement benefits at their place of employment. Most employees and their fam­ilies now pay more than 50 per cent of the costs of health insurance. The great cost of medical care in the country and the great number of people who could not pay for it forced the federal government to develop two health insurance programs - Medicaid and Medicare. Medic­aid, started in 1966, is a federal program providing free medical care for low-income people, the aged, the blind and for dependent children.

Dean of the Faculty: Dr. Kendall, I've read that Medicare is a health insurance program for the elderly and disabled. What age group does the Medicare program provide for?

Dr. Kendall: Medicare, started in 1967, is a federal program providing free medical care for the aged Americans over 65, for those who ill the past had the greatest medical expenses.

Dr. Kruglov: Dr. Nelson, what are the scientific problems facing American medicine?

Dr. Nelson: Well, in my opinion, the chief scientific problems facing American medicine are the same as those facing Russian medicine, they are heart disease and cancer. The chief causes of suffering and death today are cancer and cardiovascular diseases, including hypertension, stroke and atherosclerosis. In addition, great medical research is done on illnesses of aging, disabilities caused by arthritis, mental illness, drug addiction, and genetic problems.

The Dean of the Faculty: Dear colleagues, you've given us a clear picture of the American health care system. We all want to thank you and wish you the best of luck in your work.

Работа в парах. Выразить согласие и несогласие с данными утверждениями:

1. Medicaid is a federal program, which provides free medical care for low-income people, blind, the aged.

2. Medicare is a federal program, which provides free medical care for aged Americans over 65.

3. Many people in America have health insurance and retirement benefits at their place of employment.

4. Most employs and their families do not have their health insurance.

**5.3. Самостоятельная работа по теме:**

1. Аннотирование статьи “The Medical Staff”. Выполнение лексико-грамматических упражнений:

**The Medical Staff**

Since the purpose of a hospital is to care for persons who are sick or injured, the medical staff of a hospital is essential. Without doctor, a hospital could not treat patients, and there would be no reason to offer any of the other hospital services. As a matter of fact, most people think only of the medical staff when they think of a hospital. They forget that other personnel is necessary to the successful operation of the hospital.

Doctor belongs to one of the oldest professions known to man, that of medicine. Men have dedicated themselves to the healing art as medicine since the beginning of history. It is a very rewarding profession, but it requires a great deal of dedication. It also demands a willingness to assume responsibility for life and death.

Anyone who becomes a physician, another name for a doctor of medicine, has already demonstrated this dedication. He has completed at least eight years of training following high school, and between two and seven additional years if he has chosen to specialize in one particular field. The physicians who practice medicine in a hospital are not usually hired by the hospital. The chief pathologist, who is in charge of the laboratory, is one exception. Most physicians have private practices. They simply make use of the hospital’s facilities whenever necessary. In fact, they usually treat patients in more than one hospital. Instead, they collect fees from their patients for their service. A medical director, or chief of the staff, oversees the staff of physicians. He or she is usually appointed by the hospital board. Sometimes the physicians recommend a member of the medical staff, and the board approves or disapproves. The medical director is responsible to the hospital board, and not to the hospital administrator. These two employees, however, must obviously work together to enable the hospital to deliver adequate and efficient health care.

In order to maintain high medical standards at a hospital, a medical advisory board meets regularly to advise the board of directors on medical policies. This board, also known as the Joint Conference Committee, consists of the medical director, the hospital administrator, and a selected number of physicians who serve as the heads of various medical departments. The medical staff has several internal committees as well. They constantly review medical practices and the performance of the physicians. Any physician who fails to meet the hospital’s medical standards is no longer allowed to use the hospital’s facilities.

The most serious complaint that can be raised against a physician is the accusation of malpractice. A physician who practices medicine without a license, or one who leaves a surgical tool in a patient after an operation, for example, can be charged with malpractice. If it can be shown that the doctor was simply careless, the charge can be reduced to negligence. If the patient proves his charge in a court of law, the patient usually is awarded a large sum of money in compensation. As a result, hospitals and doctors protect themselves with malpractice insurance. It is a very costly but essential form of insurance.

Exercises:

1. Using the texts “Doctor and Patient”, “Medical Staff”, make a written English description of the tasks that the doctors should solve in their practical work

(10- 15 sentences).

2.Translate into Russian:

1. The examined patient is in ward 8.

2. Having been examined by the doctor, the boy was directed to the rehabilitation ward.

3. Attending classes in anatomy, the students learned the structure of a human body.

4. Following the doctor’s prescription, the patient will recover soon.

5. Having passed exams, the students went to an excursion to St. Petersburg.

6. Being examined, the patient complained of pain in his chest.

7. Being late for his classes, the student couldn’t write down the lecture given by the professor.

8. The sterilized instruments were brought to the operating room.

9. Having been hospitalized in time, the patient avoided severe complications.

10. Having made the diagnosis, the doctor prescribed treatment.

* 1. **Итоговый контроль знаний:**

a.

1. How many levels of organization of the medical service are there in the USA?
2. Is it convenient to have a “family doctor”?
3. Where do the Americans with low income go for all their medical needs?
4. Why were two new programmers- Medicare and Medicaid developed by the Federal Government?
5. What do you know about the staff in hospitals?
6. What does a family physician do?
7. What are the chief scientific problems facing American medicine?
8. What qualities should a good doctor have?
9. What should a patient do to help the doctor to make treatment effective?
10. What treatment is provided in special hospitals?
11. What is peculiar about American hospitals?

b.

1. Make a scheme of the Health Service in the USA.  
How many parts is it divided into? What are they?

2. Insert the following words into the text: *treatment, day, tests, referred, discharged, admitted, clinic/ hospital, department*

**Information for outpatients**

When you arrive at the (1)………………, please tell the receptionist who will welcome you, check your details, and direct you to the waiting area. The length of your visit will depend on the (2)……………….. you’re going to have. You may need to have some (3)……………… , such as an X-ray, which could mean going to another (4)………………. . Or you may be (5)…………… to other professionals, such as a physiotherapist or dietician. You may need to revisit the clinic. If staff at the clinic want to see you again, another appointment will be arranged for you. If you need to be (6)………………… to hospital for more treatment, either as an inpatient or for (7)…………………. surgery, you will be told when this is likely to happen. If you do not need further treatment you will be (8)……………….. to your GP’s care.

**5. 5.Ситуационные задачи по теме:**

1. You were on an internship in America; tell us about the work of a private doctor in the United States. Set the difference with our doctors. Make your report using the following combinations: private doctor, family doctor, to give regular examinations, to arrange for the patients to see a specialist, to make use of hospitals facilities, private office, and group practice.

2. Discuss the situation. What are the advantages and disadvantages of this problem, in your opinion?

The physician assistant in the USA carries out some of the functions of a medical practitioner, such as history taking and examination, diagnosis and treatment of certain illnesses, without having a medical degree.

**6. Домашнее задание для уяснения темы занятия:**

Выучить слова. Чтение и перевод текста “Doctor and Patient”.

**Doctor and Patient**

The relation of doctor and patient, from which medical science and practice arise, conditions everything within the field of medicine and is itself conditioned by the nature of human relations in general. The patient is a person who is anхious about himself, who asks another person to help him. The fact that the doctor – patient relationship is a relationship of persons provides certain principles in itself. Just as a teacher who teaches his subject and not his pupils is a bad teacher, so a doctor who sets out to heal diseases instead of healing people will not be a good doctor. The patient as a person requiring help is focus on all problems in medicine. If medicine treats diseases, then a classification of diseases into bodily and mental will arise in which the unity of the person is lost sight of. Physicians and psychotherapists will have different objects to treat, and the necessity of co - operation in treating a patient, who is always suffering in mind, whether or not he is suffering physically, will be lost sight of. Every case, which a doctor deals with, arises because of the patient’s anxiety about himself. His anxiety, which brings him to the doctor, is his sense that something is the matter with him. The task of the physicians is to discover what the matter is. If some malfunctioning of organism can be discovered, then it can be correlated with the anxiety of the patient about himself. If this is correct, then the restoration of proper bodily function will remove this anxiety and bring the relationship of doctor and patient to an end. But if the doctor can assure himself that there is no physical failure sufficient to account for the anxiety of the patient, what is to be done? The physician may fell inclined to say that there is nothing the matter with him. But there must be something the matter with the man who comes to a doctor that there is nothing the matter with him. The anxiety must have a cause. As it anxiety about himself, the cause must lie in himself. It has no observable bodily correlation, the anxiety itself is a disease and expresses the patient’s sense that something is matter with his functioning as a human being.

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

“Hospitals and Health Care System in the USA”, “Health Care System of the XXI century”.

**1. Занятие №8**

**Тема занятия “Health care system in the USA. Insurance Programs”.**

**2. Форма организации учебного процесса** - практическое занятие.

Разновидность занятия: беседа, упражнения.

Методы обучения: репродуктивный, частично-поисковый.

**3. Значение темы** – Тема “Health Service in USA” приобщает обучающихся к социо-культурной среде носителей языка, развивает профессиональный интерес. Для изучения темы предлагаются материалы по вопросам медицинского образования, истории медицины США, а также изучаются материалы, раскрывающие специфику медицинской социальной среды**.** Формирование коммуникативной и профессиональной компетенции по данной теме.

**Цели обучения:**

**общая:**

студент должен обладать ОК-6; ПК-1;

**учебная:** Познакомить обучающихсяссистемой здравоохранения в США, студент должен **знать** лексический минимум по изучаемой теме,**уметь** находить запрашиваемую информацию, высказываться в монологической форме по теме, составлять связное высказывание и выступать перед группой, уметь вести дискуссию, образовывать и употреблять условные предложения, **владеть** навыками лексико-грамматического анализа текста.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

1.Зачитывание английских эквивалентов: старики и инвалиды, нетрудоспособный, пенсионные выплаты, пострадавшие (раненные), слепые, несовершеннолетние дети, пожилые люди, психические заболевания, наркомания.

2.Диктант (контроль лексики).

**5.2. Основные понятия и положения темы:**

Students specifically discuss managed care, health insurance, ways to get information about the quality of care in various health care systems, and the quality of care doctors. Today this theme helps students to find out a lot more about how to prevent illness and promote health.

The materials of the theme are specifically intended for students of medicine.

The health Care System in the USA exists on three levels: the level of the family doctor, the medical institution or hospital and the United States Public Health Service.

Two health insurance programs- Medicaid and Medicare. Medicaid is a federal program, which provides free medical care for low income people, the aged, the blind, and for dependent children. Medicare is a federal program, which provides free medical care for aged Americans over 65. Many people in America have health insurance, life insurance, disability insurance and retirement benefits at their place of employment.

**Вопросы по теме занятия:**

What kinds of benefits do Americans have?

What reasons forced the federal government to develop two programs?

When was Medicaid brought into operation? For whom does it provide free medical care?

When was Medicare brought into operation? For whom does it work?

What medical problems does American medicine face?

1.ex. 6 p 257 – работа в парах; ex. 8 p 257 – работа в режиме Student – Group (Уч. Марковина. Английский язык для медиков).

2.Поисковое чтение текста “Interview with Joe Watson: “Health Care System” (см

Приложение 1)

**Interview with Joe Watson: Healthcare System**

Interviewer: First of all, people, of course, would be concerned about their personal health, their relatives', the people they love and each country obviously has its own system of how healthcare is provided. Speaking of the United States, if one gets ill what does a person do in order to recover?

Mr. Watson: Well, I guess it depends on whether they have insurance. Most Americans have insurance through their employers and what that would entail is what's called a co-pay. Every time you see a doctor or need to have a hospital visit, you have to make a payment in addition to what your employer would pay or what your insurance would pay. Usually, it’s very minimal and it’s probably, well, in my case, it’s $10. But some are $20, some are $50. I think it’s designed to keep people from running to the hospital for every single little thing because they know they have to pay a small amount, too, which is a very fair system. If you don't have insurance, one of two things could happen, if you go to a private hospital some hospitals might accept you as an indigent person. They have plans that are intended to pay for your care. Otherwise, you’ll go to a state hospital and the service there is pretty minimal. You don’t get the best care you can get, but you get, for the most part, adequate care. I’m only speaking for my experience, and I’ve lived in small and medium size cities. I suppose if you lived in a very large city like New York or Los Angeles and didn’t have insurance, it might be more difficult to get healthcare from a state hospital.

Interviewer: You mentioned that the employer pays part of the health insurance expense. How’s designed? How’s it arranged?

Mr. Watson: Well for myself, my employer is the city of Colorado Springs. And the city of Colorado Springs has a contract with an insurance agent, and in this particular case with Memorial Hospital. The city pays a certain amount for my insurance, and out every paycheck that I get I pay certain amount. It depends on whether you’re single or whether you have a wife and whether you have children. In my case, I have a wife. So I pay about $30 to $40 per paycheck towards insurance. The city pays $30 to $40 per paycheck and then each time I see a doctor I have to pay the co-pay of $10.

Interviewer: So does your wife?

Mr. Watson: So does my wife.

Interviewer: When you have children will your insurance extend to cover them as well?

Mr. Watson: Yes, in fact, actually, there are only two options on my plan. One is to be an individual and the other is to have a family plan. So I have a family plan to cover, my wife, and my children will automatically be covered under that plan.

Interviewer: I know your wife is expecting a child. How’s her hospital stay going to be covered by the insurance?

Mr. Watson: Again, each time she goes to see the doctor she’ll pay $10. And when the baby is finally ready to be born she will pay $10 and be admitted to the hospital. And if there's any kind of emergency or anything else there’s no extra payment. So if there’ s a one-day stay that’s what she’ll have... If she needs a one-week stay she’ll have that... There won’t be any extra fee. It’ll all be covered under the insurance.

Interviewer: On average, how long do women stay in the hospital when they have babies?

Mr. Watson: Well, being that this is my first baby, I’m not really sure. But I think, on average, probably, one day. And on most plans woman can go home the very same day they have a baby. But I believe it’s their option they wish to stay at least one day and if there are any complications she can stay longer. Unfortunately, with the expense of medical care, it’s in the hospital’s best interest to have the woman leave as early as possible to free up the bed for another patient. So they sometimes might rush the patient’s discharge from the hospital.

Interviewer: Do you have a choice what doctor you pick for yourself?

Mr. Watson: Under most plans, I believe you do. We picked one doctor and ended up not liking that doctor. So we switched to another doctor that we’re much happier with.

Interviewer: Does it affect the health insurance people or the doctor?

Mr. Watson: No, well... it affects the doctor that you stop seeing because they no longer receive payment. They receive payment from the insurance. If you don’t have insurance, they receive the payment from you. So it’s a way of casting a consumer’s vote, so to speak, that you don’t see a doctor that you aren’t happy with. Then they’ll hopefully get the message that they need to change the way they practice.

Interviewer: Let’s take a look at a very simple scenario. A person gets ill, gets a cold or the flue. What does she or he do first?

Mr. Watson: Well, if somebody has a cold or the flue, that’s a fairly common illness. Generally they’ll just take a day off from work and stay home and wait till it passes. There are very few drugs out there that are going to eliminate a cold or the flue. Usually it’s something that you just have to get through. But if it’s something a little bit more serious, generally you can call up and make an appointment to go and see a doctor. If it’s something very serious you just go right to the hospital and get admitted immediately.

Interviewer: Can you call an ambulance as well?

Mr. Watson: Yes, if there’s an emergency, you just dial 911 and that reaches the police dispatch. And if there’s any kind of medical emergency they’ll immediately get an ambulance on the way. Otherwise, for instance, if you’re giving birth or something and it looks a little serious you could call the hospital directly. And they can dispatch an ambulance.

Interviewer: Do you think the United States’ health care system is pretty efficient?

Mr. Watson: Well, my personal view is that, yes it is. I think it’s one of the best health care systems in the world. A lot of people complain that it’s too expensive and that it’ s not accessible to everybody. But I’d say, for the most part, it’s pretty much accessible to everybody. And if you have money, you can pay for the extra service that maybe shouldn’t be given to everybody. But certainly everybody deserves a minimum. And I think, everybody has that minimum in the United States in a relatively reasonable amount of time. I’ve heard stories about Canada of needing some kind of surgery and having to schedule several months away because their health care system is free. 1 don’t know if that’s such a good thing.

Interviewer: As far as dental care is concerned, is it pretty much similar to regular health care?

Mr. Watson: Very similar. You can belong to a Dental Maintenance Organization where you pay a fee and almost everything is covered. The plan that we belong to is very similar to medical insurance in that we pay a co-pay each time we see the dentist. And for certain things like crowns, dentures there’s a fixed schedule of fees that you have to pay also in addition to your regular insurance. But what’s covered completely are dental visits twice a year, and I think probably the single most important thing you can do for your teeth anyhow is to see your dentist twice a year, have your teeth cleaned and checked, and have any fixed immediately. And that avoids future problems.

Interviewer: And one more question. It’s kind of... out of your personal experience. Have you had any kind of emergency or unusual situations that you had to deal with?

Mr. Watson: Yes, once I did. When I was living by myself I developed an extremely bad eye infection. And unfortunately it reached its worst peak during the night. And I debated whether to call an ambulance. I ended up calling a friend of mine who came over and took me to the emergency center. On emergency visits the co-pay is generally higher. So I had to pay $50. But I was able to see a doctor immediately that night and given some medication to go home. There was a case with my father, he was very ill and on several occasions we had to call an ambulance and have him taken to the hospital immediately for some severe intestinal and heart problems. And I would say in his case I saw the insurance and medical system work at its best. His healthcare cost probably would’ve run into hundreds of thousands of dollars. And I believe he ended up paying maybe $300 of that.

Interviewer: Do you know any cases when people not having health insurance have been given a proper treatment?

Mr. Watson: Yes, I do. Ah... and I had a friend whose father was visiting Russia, in fact, and then he developed a very serious case of pneumonia and I’d say he was probably near death. We decided we were concerned because he didn’t have insurance. So we took him to an emergency clinic that we knew wouldn’t be very expensive. And as soon as they saw him they immediately recommended that we go to the hospital directly. So we took him to the hospital and they immediately treated him and gave him every necessary treatment that he needed and he was in the hospital for three weeks. That was the case of the indigent care that ended up being paid for by the hospital out of their plan because they knew he didn’t have any money.

Interviewer: That’s very, actually generous of the hospital. Very interesting. Thank you very much.

Mr. Watson: You are welcome.

\* indigent – неплатёжеспособный, малоимущий

Answer the questions:

1. What are the types of insurance Americans can have?

2. What can happen if you have no insurance?

3. How is health insurance actually arranged?

4. How long does an American woman usually stay in the hospital when she has a baby?

5. How are doctors paid?

6. What is Mr. Watson's opinion of the state of health care in his country?

7. Is the dental care different from regular Health care?

1. How are emergency situations dealt with in the US?

**5.3. Самостоятельная работа по теме:**

1.Прочитайте текст “The Nursing Staff” и ответьте на вопросы, данные после текста. Работа в парах.

(см. Приложение 2).

THE NURSING STAFF

The physicians in a hospital form the core of medical staff. But they could not provide effective medical care to their patients without the help of numerous other medical employees. From the viewpoint of the patients, the nursing staff is particularly important. Nurses are usually in close contact with patients as long as they are in the hospital. A nurse does not study for as many years as a doctor does. However, each must be equally dedicated. Caring for sick persons requires a great deal of patience and concern. Most nurses work long days, and they often must work at odd hours or during the night. The nursing staff in a hospital is usually quite large and diverse. Nursing services, after all, must be provided on a 24-hour basis. There are professional nurses, practical nurses, nurse’s aides, and orderlies. The general term nurse refers to a person trained to offer bedside care to sick persons.

To serve as a director of nursing in a hospital, one must be trained as a registered professional nurse, otherwise known as a R.N. To become a registered nurse, one must complete a two- to four-year program in an accredited nursing school. An R.N. assumes responsibility for a patient's needs, depending on the instructions of the attending physician. This kind of nurse also regularly administers medicine, assists with blood transfusions.

A licensed practical nurse, or L.P.N., is allowed to practice after successfully completing a one-year program. The L.P.N. may make routine checks of a patient's vital signs, change a patient's surgical dressings, or prepare a patient for surgery.

Other employees who come under the jurisdiction of the director of nursing are aides and orderlies. They perform routine functions to assist the R.N.'s and the L.N.P.'s. They may include feeding a patient or helping a patient get dressed.

Under the supervision of the head nurse, the nursing staff in a hospital ward must attend to patient's needs. This responsibility continues around the clock, and so nurses must work in shifts. A shift is a period of duty, usually eight hours in length. The nurses on the ward rotate their shifts. Some take turns working night duty; others work odd shifts. All of them work out of a central area on the ward called the nurse's station.

A nurse must always be alert. She can never afford to be careless. This is true in all nursing situations, but it is especially true in the intensive care unit. Patients under intensive care are critically ill, and they must be monitored at all times. The nurses who do intensive care duty have one of the most demanding jobs in the hospital.

Serving as a nurse on a hospital nursing staff can be a very rewarding job. But it is not an easy one. Not every person is suited to become a nurse. Only very dedicated people have chosen nursing as a profession.

Answer the questions and express your opinion:

1. Do patients have a lot of contact with the nursing staff?
2. Does a nurse need the same training that a doctor needs?
3. Name some of the various types of nurses who make up the nursing staff in a hospital.

4. Which nurse has more training, a registered nurse or a licensed practical nurse?

5. When might a nurse have to give an I.V. to a patient?

6. What will a nurse be likely to do if she notices that a patient's vital signs are weakening?

7. Why does a nurse have to work at night from time to time?

8. What kind of patient might need to be confined the intensive care unit?

**5.4. Итоговый контроль знаний:**

1. Correct mistakes in the following sentences (Conditional II):

1. If I would have a car, I would give you a lift.

2. I won’t do it if I am in your place.

3. My sister would visit us more often if she wouldn’t live so far away.

4. I’m playing tennis in this team if I’m invited.

5. If I’m younger, I’ll learn to play the piano, but I’m too old now.

6. If you went yesterday to the theatre, you would met your cousin.

2. Fill in the gaps using the words in brackets:

1. If I had more money, would you marry (you/marry) me?

2. He wouldn’t help you if\_\_\_\_\_\_ (he/not/like) you.

3. \_\_\_\_\_\_ (you/find) the machine is quite simple to operate if you look at the manual.

4. \_\_\_\_\_\_ (your parents/not/be) proud if they could see you now?

5. If \_\_\_\_\_\_ (I/not/revise) thoroughly, I may fail my test.

6. If you wanted to buy someone a really good present, what sort of thing \_\_\_\_\_\_ (you/look for)?

7. You’d have a lot more friends if \_\_\_\_\_\_ (you/not/be) so mean.

8. How \_\_\_\_\_\_\_ (you/feel) if you were in my position?

3. Match the two halves of these sentences.

1. If you promoted a. you’d be able to change the system

2. If you lost your job b. would you have left the firm?

3. If you were promoted c. you won’t be sacked

4. If you hadn’t been promoted d. you won’t get a reference

5. If you had lost your job e. will you make any changes?

6. If you apologize f. you’d regret it.

7. If you are tired g. you’d have lost your car as well.

4. Finish the sentences:

1. The Federal Government developed health insurance programs because…

2. Medicaid was brought into operation in…

3. It provides free medical care for…

4. As for Medicare it works for…

5. American medicine faces such medical problems as…

**5. 5.Ситуационные задачи по теме:**

1. True or false. Explain your answer.

1. Outpatient services are becoming more and more widespread.

2. Visiting a hospital as an outpatient is cheaper than being confined as a patient.

3. Children are among the greatest users of extended care facilities.

4. To be able to use a self-care center, a patient should be ambulatory.

5. Most older people do not use outpatient services because they cannot afford to pay for them.

6. Rehabilitation by occupational therapy includes the use of massage.

7. Emergency units usually operate around the clock.

8. An ambulance is a machine used in an emergency unit to administer oxygen.

9. Hospitals that have progressive health care programs encourage patient to return home as soon as possible.

10. Psychiatric patients are too sick to be treated on an outpatient basis.

2. Make up dialogues using the following questions and words as possible answers:

What’s troubling you? What’s the matter (with you)?

What’s your problem? What’s wrong (with you)?

frequent headaches heartburn stuffy nose

a high temperature nausea sore throat

pain in the chest vomiting stomach ache

pain in the heart constipation dizziness

pain in the abdomen diarrhea cough

shortness of breath

3. Find the English equivalents in the interview:

здоровье нации; общественное здоровье; личные, индивидуальные привычки; оказывать огромное воздействие; профилактическая медицина; главная цель; умеренная физическая нагрузка; поддерживать вес; выбор образа жизни.

4. Complete the sentences describing prescriptions made by the physician, using words and phrases below:

You’d better have … in bed.

I’m giving you a course of …

Take … every 4 hours / 3 times a day / at bedtime / before / after meals.

a) b) c)

a couple of days medicine for tablet

2-3 days headache, stomach, capsule

a week cough, etc drops

cardiac a spoonful

sedatives of mixture powder

tranquilizers

vasoconstrictors

vasodilators

vitamins

laxatives

**6. Домашнее задание для уяснения темы занятия:**

Retelling of the topic.

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

“Hospitals and Medical Services in the USA”, “Hospitals and Health Care Institutions Affiliated with Harvard Medical School”.

**1. Занятие № 9**

**Тема занятия** **“Medicines Under Control”**

**2. Форма организации занятия:** практическое занятие.

Разновидность занятия: беседа, анализ проблемных ситуаций, упражнения.

Методы обучения: объяснительно-иллюстративный, частично-поисковый.

**3. Значение темы** - Формирование коммуникативной и профессиональной компетенции по данной теме. Работа над таким текстом как «Правила продажи сильнодействующих препаратов» готовит студентов к более детальному изучению данной темы на последующих курсах.

**Цели обучения:**

**общая:**

обучающийся должен обладать ОК-1; ОК-5; ПК-1; ПК-48;

**учебная:**

студент должен **знать** лексический минимум по изучаемой теме; на основе теоретических знаний и практических умений обучающийся должен **уметь** излагать на английском языке правила приёма, распределения и хранения сильнодействующих лекарств, **уметь** ориентироваться в тексте, по контексту или с помощью словаря находить значения английских эквивалентов, находить нужную информацию.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

1. Контроль домашнего задания;

2. Where are medicines tested?

Who is responsible for the quality of medicines?

**5.2. Основные понятия и положения темы:**

WHO provides technical expertise to the United Nations on the subject of drugs of abuse under the United Nations Single Convention on Narcotic Drugs (1961) and the United Nations Convention on Psychotropic Substances (1971). These two treaties provide the legal basis for the international prevention of drug abuse, together with the United Nations Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988).

WHO provides advice and guidance on the scheduling of substances under the before mentioned Narcotic drugs and Psychotropic substances conventions in accordance with WHO’s mandate under these conventions.

WHO undertakes medical and scientific evaluations of the dependence producing properties of substances to enable the United Nations Commission on Narcotic Drugs (CND) to make decisions on their control status. Since 1949, through its Expert Committee on Drug Dependence, WHO has reviewed more than 400 substances. Between 1948, when WHO was established, and 1999 the number of narcotic drugs under international control increased from 18 to 118, and the number of psychotropic substances from 32 to 111.

**Вопросы по теме занятия:**

1.What does WHO mean?

2. Were there any measures taken against drug abuse?

3. Why are the measures so important?

4. Why is it necessary to maintain control over the distribution of narcotic and psychotropic substances in pharmacies?

5. Does a free market in the sphere of pharmacy always serve tasks (purposes) of the public health system?

6. What medicinal substances are intended for selling by prescription only?

7. Why are some medicinal substances in popular demand in drug addicts?

1.Введение лексического материала: to draft state policy, legal, precursor, preliminary investigation, trafficking, enforcement authorities, mosque, drug den, clergyman, to combat, illicit, consumption, lethal, addict.

2. Skim reading, exercises.

Text A

**MEDICINES UNDER CONTROL**

The effectiveness and harmlessness of the drugs is provided by the state systems of control over medicinal preparations. There are two independent systems of con­trol — control in the drug-dispensing network and state control.

After the drug has been thoroughly investigated and success­fully tested on experimental animals, spe­cialists in biology, chemistry, toxicology, genetics, biochemistry, pharmacology, etc. then examine it. They are concerned with its immediate effect, side effects and long-term after-effectiveness and influences.

The analysis being carried out, the drug is ready for clinical tests. The decision to make it available for such tests is in the competence of the Pharmacological Committee of the Min­istry of Health.

In the course of the clinical study all aspects of the drug's action on a human body are thoroughly investigated. The special­ists take account of the characteristics of the organism and the course of the disease in each particular patient. To exclude the possibility of bias, the method of "blind control" is often applied in the clinical tests under which the patient does not know whether he is given the new drug or an old one with the similar effect.

After that the drug testing recommendations are reported to the Ministry of Health which may give the permission for the drug to be produced and used for treatment.

Now it is the task of the Quality Control Department of the factory that produces the drug to carry out checks. These depart­ments have their own laboratories of all kinds — physicochemical, biological, analytical, etc. — fitted out to make minute analysis of raw materials, subsidiary materials and the final products.

Pharmacy control is carried out by local laboratories, which check the quality of the drugs manufactured, and the proce­dure for their storing and dispensing in the chemist's shops.

The procedure is not accepted in all countries, however. In the United States, for instance, the drug is tested and approved by the firm that has developed it. The results are sent to the governmental Food and Drug Administration, which either turns it down or says nothing. This silence in fact gives the firm the right to proceed with the clinical tests.

Notes:

1. the state system of control — система государственного конт­роля

2. control in the drug-dispensing network — контроль в аптечной сети

3. side-effects and long-term after-effectiveness — побочные и от­даленные последствия

4. Quality Control Department — отдел технического контроля

5. pharmacy control — внутриаптечный контроль

6. the governmental Food and Drug Administration — государст­венная администрация по контролю продуктов и лекарств, функционирующая в США.

Exercises:

I.Complete the sentences with the words from the text А:

1. The drug successfully tested on experimental animals is exa­mined by.... 2. The state system of control provides.... 3. The Ministry of Health gives the permission.... 4 Local laboratories carry out.... 5. The specialists take account of the characteristics of the.... 6. It gives the firm the right to pro­ceed with.... 7. The method of "blind control" is often applied in... .

II. Find out the sentences which don’t match the content of the text:

1. There are four independent systems of control over medicinal preparations. 2. The procedure of the drug control is accepted in all countries. 3. It is the task of the pharmacy control to check the quality of drugs. 4. Ministry of Public Health may give the permission for the drug to be produced. 5. In the United States the drug is tested by the firm that has developed it. 6. To exclude the possibility of bias, the method of "blind control" is not applied in the clinic. 7. In the course of the clinical study all aspects of the drug's action on an animal are thoroughly investigated.

III. Answer the questions on the text А:

1. What systems of control over medical preparations in our country do you know? 2. When is the drug examined by specialists in biology, toxicology, chemistry and so on? 3. What are specialists in pharmacology concerned with? 4. When is the drug ready for clinical tests? 5. What is the task of the state systems of control over medical preparations? 6. What can you say about the system of control over medical preparations in the United States? 7. When are all aspects of the drug's action on a human body investigated? 8. What do specialists investigating clinical properties of drugs take account of? 9. Why is the method of "blind control" often applied in the clinical tests? 10. Who gives the permission for the drug to be produced? II. What is the task of the Quality Control Department? 12. What do local laboratories check in relation to drugs?

**5.3. Самостоятельная работа по теме:**

1. Annotation of the text:

**The Federal Drug Control Service of the Russian Federation** or FSKN is a federal law enforcement agency of executive authority responsible for drafting state policy, legal regulation, control and monitoring in combating trafficking drugs, psychotropic substances, and their precursors. The Federal Drug Control Service of the Russian Federation is specially authorized to address and solve problems relating to traffic in narcotic drugs, psychotropic substances, and their precursors; the Federal Drug Control Service is also authorized to combat the illicit drug trafficking.

The first Anti-Drugs Independent Russian Agency was born in 24 September 2002 under the name "The State Committee for Combat the Illicit Trafficking in Narcotic Drugs and Psychotropic Substances under the Ministry of Internal Affairs of the Russian Federation" (UNON MVD).

Then it was transformed into the State Committee of Russian Federation to Monitor the Trafficking of Narcotic Drugs and Psychotropic Substances (GOSNARCOCONTROL).

The main tasks of Russian Federal Drug Control Service are:

monitoring the trafficking of drugs;

detection, prevention, suppression, detection and preliminary investigation of crimes attributed to the investigative jurisdiction of Federal Drug Control Service of Russia;

coordination of enforcement authorities to combat drug trafficking;

establishment and maintenance of a unified data bank on issues related to drug trafficking, as well as to combat their illegal trafficking.

In 2008 March, 11 was announced the official professional holiday - the Day of Drug Control Authorities.

2. Работа с текстом (чтение, перевод, лексика) “False Drugs”. Name groups of false drugs.

**FALSE DRUGS**

A counterfeit medication or a counterfeit drug is a medication or pharmaceutical product which is produced and sold with the intent to deceptively represent its origin, authenticity or effectiveness. A counterfeit drug may contain inappropriate quantities of active ingredients, or none, may be improperly processed within the body, may contain ingredients that are not on the label (which may or may not be harmful), or may be supplied with inaccurate or fake packaging and labeling. Medicines which are deliberately mislabeled to deceive consumers—including mislabeled but otherwise genuine generic drugs—are counterfeit. Counterfeit drugs are related to pharma fraud. Drug manufacturers and distributors are increasingly investing in countermeasures, such as traceability and authentication technologies; try to minimize the impact of counterfeit drugs.

Counterfeit medicinal drugs include those with less or none of the stated active ingredients, with added, sometimes hazardous, adulterants, substituted ingredients, completely misrepresented, or sold with a false brand name. Otherwise, legitimate drugs that have passed their date of expiry are sometimes remarked with false dates. Low-quality counterfeit medication may cause any of several dangerous health consequences, including side effects or allergic reactions, in addition to their obvious lack of efficacy due to having less or none of their active ingredients.

According to statistics, during the last 40 years in the world 200 thousand people died from taking fake drugs. In our country the first fake drug was detected in1997. Since then, their number is increasing. According to the World Health Organization (WHO) fakes on the Russian market compose 12%, 38% of which are antibiotics, 7% - antispasmodics and 6% - anti-inflammatory drugs, and many others.

Fakes can be divided into 4 groups.

First - drugs that contain neutral fillers (for instance, glucose or starch) instead of the active substance. The second group - a fake with a low content of active substances or other, less efficient agent. Third - fakes, in which all components are present in its entirety. These drugs don’t usually differ from the original, but the manufacturer does not have a license for their production.

Fourth - a fake, which contains another active substance, possibly with the opposite effect. These drugs often cause death. So it happened with the drug "Mildronat," which action instead of strengthening the heart resulted in a respiratory arrest.

In addition, fake drugs may contain the dangerous impurities - brick dust, pesticides and heavy metals. With the help of the impurities criminals are trying to make drugs of the similar color. For these purposes toxic industrial dye, inks for printers and even mastic are used.  The falsifiers preferred a forged (false) well-known, frequently used and not too expensive medications. Often, massive release of fakes occurs after an advertising campaign of some medications.

Nevertheless, the pharmacy chain detected fake cheap drugs: brilliant green, with 3% solution of hydrogen peroxide, streptocidal ointment.

Here is a small list of those drugs, false copies of which are often met in pharmacies: Allohol, Ascorbic acid with glucose, Asparcam, Ampicillin, Biseptol, Bromhexine, Insulin,Indomethacin, Kloforan, Chloramphenicol, Mezim-forte, Miramistin, Naphazoline, Prednisolone,suprastin, Sumamed, Trihopol, Trental, Cerebrolysin, Cinnarizine,  Tserukal,Valerian (tablets), Valokordin, Nootropil, Nystatin, 5-NOK, Pentalgin, Festal, etc.

**5.4. Итоговый контроль знаний:**

Find unnecessary word in every group:

1. TYPE OF DRUGS

1. counterfeit drug
2. over-the-counter drug
3. fake drug
4. false drug

2. CATEGORY OF DRUGS

* 1. dangerous
  2. risky
  3. courageous
  4. hazardous

3. THERAPEUTICAL ACTION

* 1. conditions
  2. results
  3. effects
  4. consequences

4. RISK CATEGORY

* 1. fatal
  2. mortal
  3. lethal
  4. fetal

5. MEDICAL INSTITUTION

* 1. pharmacology
  2. pharmacy
  3. chemist’s
  4. drugstore

**5. 5.Ситуационные задачи по теме:**

1. Using the following words and expressions convince your colleagues of the need to use national standards of pharmacy practice: to avoid medication errors, counterfeit products, to assess, to evaluate, to be in the know of all achievements, a single source of information, to combat.

2. Using a modal verb ‘Should’, make a list of conditions under which these requirements will be carried out:

1. Good pharmacy practice requires that a pharmacist’s first concern is the welfare of patients.

2. Good pharmacy practice requires that the core of the pharmacy activity is the supply of medication and other health care products of assured quality.

3. It’s a pharmacist’s duty to provide appropriate information and advice for a patient.

4. An integral part of the pharmacist’s contribution is the promotion of rational and economic prescribing and of appropriate use of medicines.

5. It’s a pharmacist’s duty to help a consumer to read an annotation to a medical preparation.

6. It’s a pharmacist’s duty to be in the know of all scientific achievements.

7. Good pharmacy practice requires a pharmacist’s occupation with self-education.

**6. Домашнее задание для уяснения темы занятия:**

Выучить лексику; Text C **“**Meet Desomorphine” – реферативный перевод. Рассуждение “How to solve the problem?”

**Meet Desomorphine**, also known as “**crocodile**”. Desomorphine consumption has increased threefold over the last three years and continues to grow exponentially. “In November, 6% of our drug addicts were on Desomorphine. In April, the figure was 22%,” says head of the group “Cities without drugs”. “We busted 7,000 drug dens in 2010, and Desomorphine accounted for 60%–70% of them,” says Deputy Head of the Federal Drug Control Service (FDCS).

Crocodile has three special features. The first is that it’s extremely lethal. A crocodile addict doesn’t live more than two years and literally rots to death. The chemicals used to manufacture crocodile eat away at the body from the inside and the outside – both the blood vessels and the skin – and a crocodile user typically has awful sores all over the body, holes in what’s left of yellow rotting teeth and holes in the jaw where the teeth have fallen out. They are walking zombies. There aren’t any separate mortality statistics for crocodile. Officially, people don’t die from an overdose; they die from venous ulcers, heart attacks or they simply forget to breath.

Second, crocodile is a collective narcotic. The drug den, particularly in small, depressing cities, becomes the social centre in place of a church, mosque or club, and all the local young people immediately get pulled into its orbit. “We go into a den,” one of the fighters with drug addiction says, “and there are seven to ten people there, all aged 20–25, all convicts, all rotting. Stuff from pharmacies is being boiled. The pharmacies already have a ‘drug addict’s kit’ ready for them that offers Codelac and iodine and they also throw a syringe in the bag. The most frightening thing is that there are always children at the drug dens. And there’s an insane amount of crime in the area. They can have some 50 mobile phones confiscated.”

Heroin keeps people high for eight hours, while crocodile lasts only for an hour and a half. Father of one drug addict whose son died from codeine-containing tropicamide, can attest: his son ran to the pharmacy every three hours. Heroin addicts have breaks when their brains switch on, while crocodile addicts do not. As soon as they inject, they have to run and get more.

Third and finally, crocodile is a cheap drug. It’s a drug for the poor, who boil it with iodine, petrol, matches and acid from cheap codeine-containing products such as Codelac, Terpincod, Tetralgin, Pentalgin, Sedal-M, etc.

The top codeine-containing drugs, whose consumption grows 5% –7% each year, are Terpincod, Codelac and Pentalgin. HOW TO SOLVE THE PROBLEM?

Helpful words and word combinations:

FSKN - ФСКН России (Федеральная служба Российской Федерации по контролю за оборотом наркотиков)

to draft state policy – разработка государственной политики

to combat - бороться

legal ['liːg(ə)l]-правовой, юридический; legal regulation - правовое регулирование

illicit - противоправный, незаконный (syn. illegal)

precursor [ˌprɪ'kɜːsə] предшественник; предтеча, предвестник

investigation [ɪnˌvestɪ'geɪʃ(ə)n]- расследование, следствие

preliminary [prɪ'lɪmɪn(ə)rɪ]- подготовительное, предварительное мероприятие

trafficking - торговля запрещённым товаром

executive authority - исполнительная власть, орган исполнительной власти

enforcement authorities –правоохранительные органы

threefold - в три раза больше

mosque [mɔsk] мечеть

drug den – притон

clergyman ['klɜːʤɪmən] – священник

consumption – потребление

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

“The supervising organizations in Pharmacy”, “Control over narcotic drugs and psychotropic substances”.

**1. Занятие № 10**

**Тема занятия** **“Medicines Under Control. Rules of Selling”**

**2. Форма организации занятия:** практическое занятие.

Разновидность занятия: беседа, анализ проблемных ситуаций, упражнения.

Методы обучения: объяснительно-иллюстративный, частично-поисковый.

**3. Значение темы** - Формирование коммуникативной и профессиональной компетенции по данной теме. Работа над таким текстом как «Правила продажи сильнодействующих препаратов» готовит студентов к более детальному изучению данной темы на последующих курсах.

**Цели обучения:**

**общая:**

обучающийся должен обладать

ОК-1; ОК-5; ПК-1; ПК-48;

**учебная:**

студент должен **знать** лексический минимум по изучаемой теме; на основе теоретических знаний и практических умений обучающийся должен **уметь** излагать на английском языке правила приёма, распределения и хранения сильнодействующих лекарств, **уметь** ориентироваться в тексте, по контексту или с помощью словаря находить значения английских эквивалентов, находить нужную информацию, иметь навыки письменного перевода.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

What rules of selling drugs do you know?

Control of the words on the topic: to detect, consumption, counterfeit, fake, to deceive, immediate effect, side effects and long-term after-effectiveness, to give the permission, to carry out checks, legal regulation, psychotropic substances, prevention, suppression, extremely lethal, drug addict, codeine-containing, low-quality, dangerous health consequences, lack of efficacy, forged.

**5.2. Основные понятия и положения темы:**

It’s important to follow rules of selling narcotic and potent drugs not to harm health of our population. It is required to maintain strict accountability, professional control over activities related to trafficking of narcotic and psychotropic drugs, their rational use, storage and shelf life in medical institutions. Appropriately made documents (power of attorney) containing all necessary information, correct actions of the financially responsible persons, proper storage and accounting of narcotic and potent drugs - is a guarantee of success and a way to avoid mistakes.

A good specialist should be very attentive to the preparations coming to the drugstore. First of all, it’s necessary to pay attention to the certificate attested by the organization which has given out it; information on the labels, condition of the tablets (for instance). Preparation packing has a great meaning. All solid preparations are surely supplied with the summary either in Russian, or in a language of the producer, but it is obligatory to have a Russian translation.

A pharmacist can't solve independently a problem of the forged medicines, but we can make, that depends on us – not to accept preparations without certificates, to pay attention on packing and appearance of a medical product, periodically to inquire about new fakes on a site of the Federal Service for Supervision of Health Care and Social Development. So we can save the buyers from those counterfeits which could harm health and life. Well-timed identification of suspicious preparations will allow preventing tragic cases at taking of counterfeit drugs.

1. What can pharmacists make to protect buyers from counterfeit drugs, which can become lethal for them?

2. What are the obligatory requisites of the certificate?

3. How long are the documents to obtain narcotics and psychotropic substances of lists II and III stored in pharmacies and clinics?

4. What else should a pharmacist pay attention to?

5. What are the signs of falsification?

6. Where can the chemical analysis of medicine be made?

7. How long is period of validity of the power of attorney?

1.Ознакомительное чтение “How to avoid buying false drugs”. Making notes. What should one pay attention to while buying medicines?

**How to Avoid Buying False Drugs**

What can we - pharmacists make to protect buyers from counterfeit drugs which can become lethal for them? First of all, we should remember that such danger exists and we should pay attention to those preparations which arrive at a drugstore.

Each medicine must have the certificate attested by the organization which has given out it. Obligatory requisites of the document: the name of the country, firm supplier, a preparation form, number of a series which should coincide with number on packing.

But certificates can be forged, therefore it is necessary to pay attention to the color, uniformity, the size and a form of tablets, a transparence of solutions for injections in which there should not be a turbidity or firm particles. Qualitative tablets shouldn't crumble and be scattered.

The instruction to medicines contains its detailed description; if tablets or mixture differ in form from the description in the instruction, it is a fake.

Preparation packing has a great meaning. Rough cardboard, indistinct inscriptions, absence of the producer, corrections in serial numbers or a period of validity – all these are signs of falsification. Pay attention to the information about the medicine. Data should be accurate and "well read" from the convex part.

All solid preparations are surely supplied with the summary either in Russian, or in a language of the producer, but it is obligatory to have a Russian translation. Usually the summary is enclosed so that is halved by a plate with medicine. In a fake the loose leaf is more often enclosed in one half of a box.

It is necessary to notice that level of fakes is very high and even the producer sometimes can't define a fake today, so the laboratory analysis is required. On a site of the Federal Service for Supervision of Health Care and Social Development the operational information about counterfeit drugs is placed. It is also possible to address territorial administration of the Federal Service for Supervision of Health Care and Social Development where the chemical analysis of medicine will be made free of charge.

A pharmacist can't solve independently a problem of the forged medicines, but we can make, that depends on us – not to accept preparations without certificates, to pay attention on packing and appearance of a medical product, periodically to inquire about new fakes on a site of the Federal Service for Supervision of Health Care and Social Development. So we can save the buyers from those counterfeits which could harm health and life.

Well-timed identification of suspicious preparations will allow preventing tragic cases of taking counterfeit drugs.

Words and word combinations:

counterfeit ['kauntəfɪt] – ложный, поддельный

fraud [frɔːd]-обман, подделка

well-timed – своевременный

the Federal Service for Supervision of Health Care and Social Development – Росздравнадзор

attest - подтверждать, заверять, удостоверять

forge - фальсифицировать, обманывать, подделывать

advertising campaign – рекламная компания

**5.3. Самостоятельная работа по теме:**

Письменный перевод текста “Rules of selling narcotic and psychotropic drugs”

**Rules of Selling Narcotic Drugs**

An issue on strengthening of the control over account of medicines is rather urgent. It is required to maintain strict accountability, professional control over activities related to trafficking of narcotic and psychotropic drugs, their rational use, storage and shelf life in medical institutions.

Documents to obtain narcotics and psychotropic substances of lists II and III are stored in pharmacies and clinics within 10 years, other medical products which are subject to the in detail-quantitative account – within 3 years, other groups of medical products and products of medical appointment – within one calendar year. Medical institutions should receive drugs and psychotropic substances only in the ready medicinal form of industrial or chemist's manufacturing. At registration of the power of attorney for drugs and psychotropic substances it is necessary to state their name and quantity. Period of validity of the power of attorney – 1 month.

The medicines containing drugs and psychotropic substances, received from drugstores, should have signs: "Internal", "External", “For injections”, “Eye drops” etc. on a designation label, the name or number of the drugstore which has made medicine, the name of office (office), composition of medicine, manufacturing date, analysis number, an expiration date and the signature of persons who made, checked and released medicine from a drugstore.

If all the above mentioned is missing, its storage and even more use is strictly forbidden.

Medical products from a drugstore are received by materially responsible persons.

Drugs and psychotropic substances, potent and poisonous substances should be stored in the sealed-up safes. Safes (metal cases) should be in the closed condition. After working hours, the safe must be sealed. It is a financially responsibleperson who keeps keys from safes and the stamp.

On the inside of the safe door there must be a list of narcotic drugs and psychotropic substances with the indication of the highest single and daily doses. Drugs and psychotropic substances for parenteral, internal and external application should be stored separately.

It’s necessary to conduct an inventory of the drugs to reflect its results every month. Differences or discrepancy of the results of verification shall be brought to the attention of the territorial body of Federal Service of Drug Control Agency within 10 days from the date of detection.

Words and word combinations:

an issue -проблема

shelf life, period of validity - срок годности, срок действия/хранения

accountability - подотчетность

power of attorney, under a power of attorney - по доверенности

financially/ materially responsible person – материально ответственное лицо

sealed-up - опечатанный

discrepancy [dɪs'krep(ə)n(t)sɪ] – расхождение, несоответствие

verification - контроль, проверка

**5.4. Итоговый контроль знаний:**

Find the synonym to the following word:

1. FALSE

1. forged
2. under-the-counter drug
3. over-the-counter drug
4. patent

2. CERTIFICATE

1. report
2. certifiable
3. document
4. project

3. A PHARMACIST

1. provider
2. promoter
3. employee
4. druggist

4. TO COMBAT

1. combine
2. comb
3. fight
4. debate

5. TO FORBID

1. to ban
2. to forgive
3. to forget
4. to forge

**5. 5.Ситуационные задачи по теме:**

1. A young man is asking you to sell him a prescription drug. The young man hasn’t got a prescription and he persuades that the medicine is necessary for his gravely ill grandmother. How would you act? Explain.

2. Patient N. decided to return a box of tablets he had bought the other day. As it turned out he was allergic to that medicine. The pharmacist he addressed refused him. Was the pharmacist right? Explain.

Use the following words: rule; a return; to be forbidden.

**6. Домашнее задание для уяснения темы занятия:**

Short retelling of the text.

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

“The supervising organizations in Pharmacy”, “Measures to combat the production of counterfeit medicines”.

**1. Занятие №11**

**Тема занятия** **“New Tendencies in Pharmacy. State Policy”**

**2. Форма организации учебного процесса** - практическое занятие.

Разновидность занятия: беседа, анализ проблемных ситуаций, упражнения, работа в парах.

Методы обучения: метод проблемного изложения, частично-поисковый.

**3. Значение темы** – Формирование коммуникативной и профессиональной компетенции по данной теме, развитие способности проводить анализ социально значимых проблем и процессов.

**Цели обучения:**

**общая:**

обучающийся должен обладать ОК-1; ОК-5; ПК-1; ПК-48;

**учебная:**

обучающийся должен **знать** лексический минимум по изучаемой теме; на основе теоретических знаний и практических умений обучающийся должен **уметь** излагать на английском языке направления развития российской и мировой фармации, **уметь** ориентироваться в тексте, по контексту или с помощью словаря находить значения английских эквивалентов, находить нужную информацию, **иметь** навыки поискового чтения.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

Why is it necessary to develop Russian pharmaceutical industry? Express your own opinion. Make dialogues.

**5.2. Основные понятия и положения темы:**

“Pharma-2020” (The strategy of Development of the Pharmaceutical Industry in the Russian Federation Up to 2020) was developed and proposed by the Ministry of Industry and Trade in 2008. The aim of the strategy is to develop ways towards the realization of the priorities set in the development of the Russian pharmaceutical industry, to be the basis for a public-private partnership in the different aspects of development of the pharmaceutical industry, to provide coordination between state institutions in the development of this industry, to define vectors of development. The majority of our experts, who are authorities in the federal government, business, academia, and industrial science, believe that Russia needs a fully developed pharmaceutical industry. What are the main arguments for an intensive development of a Russian pharmaceutical industry? In our opinion, there are four major reasons.They are 1. National Security; 2. Technological development and the economy; 3. Improving people’s quality of life; 4. Access to the international pharmaceutical and biotechnology market.

The key points which are crucial to potential success in the development of Russian Pharmacy:

Lack of a clear, functioning mechanism underpinning investment in innovation; Lack of a highly elaborated regulatory system that should stimulate the development of the industry and Absence of National Priorities in the development of medicine and pharmacy.

What exactly is the Strategy “Pharma-2020”? In short, we believe it is an industry strategy with the purpose of supporting Russian pharmaceutical companies (by “Russian pharmaceutical companies” we mean any enterprise that provides a full cycle of drug production on the Russian territory). “Pharma-2020” was created with full account of the prospects of a growing domestic pharmacology market, and with the assumption that the state will invest resources into its development. Those behind the Strategy claimed that their primary goal was to create conditions for a “transition to an innovation-based model of development” of the Russian pharmaceutical industry. Yet they only schematically indicated both the mechanisms and instruments that were to ensure this transition. This is not surprising, because this was a strategy of industrial development in conditions where it is practically impossible to ensure coordination between the bureaucracies of different departments. Practically, the Strategy left untouched “border” questions, such as the provision of medical services to the people, other programs for the development of science and technology, as well as the new legislative rules that will appear as a result of collaboration between science, business, and manufacture.

**Вопросы по теме занятия:**

1. What’s the name of the Development of the Pharmaceutical Industry Program in Russia?
2. What period does the Program embrace?
3. What aims does the Program define?
4. Innovation is a key in the creation of a full-fledged pharmaceutical industry, isn’t it?
5. Why is national security one of the main reasons for developing domestic pharmaceutical industry?
6. How does development of pharmacy connect with the other branches of science?
7. What two Ministries are responsible for the Pharmacy development?

**5.3. Самостоятельная работа по теме:**

Поисковое чтение (см. Приложение 1) – найти ответ на вопрос: What are the four major reasons to develop pharmaceutical industry?

Read the text attentively and tell about 4 major reasons for an intensive development of a Russian pharmaceutical industry.

SUMMARY

The majority of experts believe that Russia needs a fully developed pharmaceutical industry. **What are the main arguments for an intensive development of a Russian pharmaceutical industry?** There are four major reasons.

The provision of national security is one of the most important arguments to develop a domestic pharmaceutical industry. Most importantly, it will serve to provide the country with pharmaceutical drugs in case of an emergency. Our pharmaceutical industry can provide simple drugs for our people no matter the situation. According to statistical data and inquiries of leading clinics the share of Russian-made drugs on the market is about 70 %; but Russian companies have a tendency to use foreign-made raw materials instead of domestic ones.

It is true that we produce hardly any cutting-edge or very innovative drugs, but that is not a crucial factor of national security in case of a natural or military disaster.

However, national security has not only a military and political dimension, but also an economical one. Import-substitution, especially when there is instability in foreign currency markets, is an obvious priority of the state’s social policy, because it is directly related to basic constitutional values.

The pharmaceutical industry is believed to be one of the most high-tech-intensive industries. The innovation that drives progress in pharmacy is the achievement in biological and medical sciences. Progress in the pharmaceutical industry helps develop chemistry, physics, mathematics etc., and that will stimulate demand for the universities to train more highly qualified specialists. Pharmaceutical companies receive orders from the medicine branch to produce certain drugs, acquire information on new research and investigations, and, on the other hand, these companies can stimulate such investigations and propose new ideas to scientists.

At the level of the state, the pharmaceutical industry is a mediator between the state and people.

One of the most important social functions of the state is to lengthen and improve the quality of life of the Russian population. These functions cannot be realized if we lack the technologies and the creative energy that would push us to do more and more research! Without the development and use of technologies, without the infrastructure for permanent innovation in this area, it is impossible to achieve a serious improvement in the quality of our health care sector. Even when we have new knowledge, new research in Russia, the widespread foreign innovations hold back the development of an infrastructure for the production of new drugs and the development of new treatment methods.

The absence of a mediator-a fully developed Pharmacia industry will result in low-quality of medical services.

During the last several years Russia has lost practically all its positions on the international market of pharmaceuticals and biotechnology. A return into this market could be an important step in the effort to move from a “row material economy” to the fundamentally different participation in international trade.

The state must invest resources into development of Pharmacy and the primary goal - to create conditions for a “transition to an innovation-based model of development” of the Russian pharmaceutical industry.

Words and word combinations:

domestic – домашний, отечественный

in case of an emergency – в случае критического/чрезвычайного положения

raw materials – сырьё

cutting-edge - современный, передовой

crucial - ['kruːʃ(ə)l] - ключевой; критический, решающий

dimension - [daɪ'men(t)ʃ(ə)n] - сторона, аспект

**5.4. Итоговый контроль знаний:**

Make sentences with the correct word order:

1. a. IN CASE, b. HAS, c. A HIGH, d. A PATIENT, e. OF, f. TEMPERATURE, g. THE GRIPPE

* 1. a e g d c f b
  2. c f a e g d b
  3. d b c f a e g
  4. c f b d a e g

2. a. SLEEPLESSNESS, b. OF, c. COMPLAINS, d. PATIENT, e. THE

* 1. e d c b a
  2. b a c e d
  3. c e d b a
  4. a c b e d

3. a. HE, b. A BED, c. LAST, d. FOLLOWED, e. REGIMEN, f. MONTH

* 1. c f d a b e
  2. b e c f a d
  3. a b e d c f
  4. a d b e c f

4. a. THE PATIENT, b. ADMINISTERED, c. THE PHYSICIAN, d. INJECTIONS, e. STREPTOMYCIN

* 1. a b c e d
  2. c b a e d
  3. c b d e a
  4. a b e d c

5. a. FOR; b. PREPARATIONS; c. OINTMENTS; d. EXTERNAL; e. ARE; f. SEMI- SOLID; g. USE

* 1. a b c e f d g
  2. f b a d g c e
  3. c e f b a d g
  4. f c e a d g b

**5. 5.Ситуационные задачи по теме:**

1. Give some instructions to the customer using the following verbs:

dissolve, chew, rub, lay, take, carry, apply, wear.

1. ….a little of this ointment on your chest every evening.

2. … two of these tablets twice a day.

3. … the cream to the affected area every day.

4. Don’t … these tablets. Swallow them whole.

5. I advise you to … these stockings until you’re able to become a bit more active.

6. You should always … this insulin kit with you.

7. Just … the lozenge under the tongue and allow it to … slowly.

2. An elderly person has forgotten the name of drug he/she was going to buy. Find out the name using the following WH-words: What? What form? How often? What color? What dosage? When? Where?

**6. Домашнее задание для уяснения темы занятия:**

Аннотация текстов по вариантам.

**Text A**

**Drugs of the future will be computer-designed**

Digital health: Professor Hideaki Fujitani, a bio-computing expert at the University of Tokyo, shows an all-atom simulation video used in drug development. The "machine," occupying a small room in a building on the University of Tokyo's research campus in Tokyo's Meguro Ward, is a computer system. It's not like any other computer system, though: equipped with those powerful cooling fans and a ventilation system, it is a supercomputer, which Fujitani believes will save people's lives.

Fujitani, professor at the university's Laboratory for Systems Biology and Medicine (LSBM), is part of an interdisciplinary group of scientists working to develop drugs for people with recurrent or advanced cancer. The group is currently working on the development of drugs from antibodies. An antibody is a protein produced by the body's B cells, and it circulates in the blood. As part of the immune system, antibodies recognize and stick to antigens, which are foreign molecules that form part of viruses and bacteria. Once bound to an antigen, an antibody can neutralize it. A modified antibody could "dock" with an antigen specific to cancer cells and prevent the cancer cells from growing, and in the most desired scenario, it could kill them. Kodama's group has already identified the target proteins and strategies for how to attack them. With the help of supercomputers, the scientists say they can make antibody-based drugs far more effective and less harmful to patients than other cancer drugs, which often attack healthy cells as well and result in severe side effects.

"In the future, many people in advanced stages of cancer will be able to have their illnesses cured, and live longer," the scientist says confidently. His job, in particular, is to simulate exactly how the antibody and antigen interact and stick to each other at an atomic level. He also wants to find out in what situations they can be bound together most powerfully, like finding the right key to fit a keyhole, he says.

To do that, he has calculated, using molecular dynamics, the three-dimensional moves of 30,000 to 40,000 atoms that make up the antigen, antibody and water around them. "Even when the proteins (in the antigen and antibody) bind, they are easily blown apart, as they are affected by the movement of the water around them. So we need to calculate the dynamics involved in all of them."

The size of molecules he studies is about 20 angstroms (one angstrom is one 10 billionth of a meter) and atoms move in about a femtosecond**,** or one millionth of one billionth of a second. To understand what is really going on, though, computers must work really fast and hard.

"A molecule moves in about 1 femtosecond, gradually changing the shape of proteins over microseconds," he says. "To see the dynamics, you need to solve about one billion equations. If one CPU is able to solve one equation per second, it would still take 32 years to solve all the problems. That's why we need the fastest supercomputer with lots of CPUs." Fujitani says his research would have been impossible without the support of the national government, as private-sector drugmakers do not have the resources to invest a huge amount of money in supercomputers. Fujitani gives an example of forward-thinking approaches.

Fujitani says that Japan must be more strategically-minded in creating new fields and new industries. Otherwise, it has no chance of survival.

Words: femtosecond - фемтосекунда (миллиардная доля микросекунды)

CPU от central processing unit - центральный процессор

**Text B**

**Scientists warn that drugs of the future will be designed specifically to control the human mind**

It may sound like something out of a science fiction plot, but Oxford researchers say that modern conventional medicine is gradually developing ways to change the moral states of humans through pharmaceutical drugs, and thus control the way people think and act in various life situations. These new drugs will literally have the ability to disrupt an individual's personal morality, and instead reprogram that person to believe and do whatever the drug designer has created that drug to do.

Science has ignored the question of moral improvement so far, but it is now becoming a big debate. Studies show that certain drugs affect the ways people respond to moral dilemmas by increasing their sense of empathy, group affiliation and by reducing aggression.

While this may sound good in theory, mind control is already a very dangerous side effect of existing drugs. Take the antidepressant drug Prozac, for instance, which has been known to cause those taking it to lash out in violent rages. One young boy murdered his father by beating him and stabbing him in the head, and hit his mother with a crowbar and stabbed her in the face, shortly after starting to take Prozac.

But the kinds of drugs designer drugs specifically designed to not only alter one's mental state, but also to change the way that person thinks about situations from a moral perspective. The result is literally a type of drug-induced mind control where human subjects will be controlled by someone else, and unable to make conscious decisions for themselves.

Research on the subject, of course, tries to paint the idea of mind-control drugs in a positive light, suggesting that they could be used to help make the world a better place. Just imagine less violence, more trust, and more love, they say. This rhetoric, though, is really just a ploy to further numb the already mind-numbed masses into accepting the idea as a good thing.

Words: stab - колоть, ранить кинжалом, ножом

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

“New Tendencies in Pharmacy”, “Development of the Pharmaceutical Industry in the Russian Federation Up to 2020”.

Useful sites for individual work:

<http://www.ashpfoundation.org/pharmacyforecast>

<http://www.mckesson.com/blog/featured-blogs/>

<http://www.pharmacyowners.com/blog/future-independent-pharmacy>

<http://www.ucop.edu/uc-health/_files/pharmacy-an-era-of-growth-and-change.pdf>

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

**1. Занятие №12**

**Тема занятия “New Tendencies in Pharmacy. New Medicines”**

**2. Форма организации учебного процесса** - практическое занятие.

Разновидность занятия: беседа, анализ проблемных ситуаций, упражнения, работа в парах.

Методы обучения: метод проблемного изложения, частично-поисковый.

**3. Значение темы** – Формирование коммуникативной и профессиональной компетенции по данной теме, развитие способности проводить анализ социально значимых проблем и процессов.

**Цели обучения**

**общая:**

обучающийся должен обладать

ОК-1; ОК-5; ПК-1; ПК-48;

**учебная:**

обучающийся должен **знать** лексический минимум по изучаемой теме; на основе теоретических знаний и практических умений обучающийся должен **уметь** излагать на английском языке направления развития российской и мировой фармации, **уметь** ориентироваться в тексте, по контексту или с помощью словаря находить значения английских эквивалентов, находить нужную информацию, **иметь** навыки поискового чтения.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

What do you know aboutbiologically active food additives? What is your attitude to this group of medicines?

What new drugs have appeared on the shelves of pharmacies? Are you immediately ready to take new products or do you need some time to make sure of its efficiency? Express your opinion.

**5.2. Основные понятия и положения темы:**

For last century in pharmacy there were considerable changes: new directions and new medical products. Among them there are some which cause stormy discussions concerning advantage and possible harm to health.

Food additives are chemicals that are added to food to improve its shelf-life, appearance and flavour. There are hundreds of additives. The possible health risks of food additives are the subject of fierce discussion. They generally provide five main reasons for why chemicals must be added to our foods:

To improve shelf life or storage time.

To make food convenient and easy to prepare.

To increase the nutritional value.

To improve the flavor of foods.

To enhance the attractiveness of food products and improve consumer acceptance.

Which Food Additives Should You Avoid?

Begin by avoiding the most questionable additives, no longer consuming them on any regular basis. Make a decision to either cut down on or cut out altogether those food additives that may be hazardous to your health. Avoidance and discrimination are crucial proactive steps in most natural health care programs.

Anabolic steroids are drugs which mimic the effects of the male sex hormones. They increase protein synthesis within cells, which results in the buildup of cellular tissue (anabolism), especially in muscles. Anabolic steroids also have androgenic and virilizing properties, including the development and maintenance of masculine characteristics such as the growth of the vocal cords, testicles, and body hair (secondary sexual characteristics). Anabolic steroids have been used by men and women in many different kinds of professional sports to attain a competitive edge or to assist in recovery from injury. These sports include bodybuilding, weightlifting, short put and other track and field, cycling, baseball, wrestling, mixed martial arts, boxing, football, and cricket. Such use is prohibited by the rules of the governing bodies of most sports.

Some health risks can be produced by long-term use or excessive doses of anabolic steroids. These effects include harmful changes in cholesterol levels (increased low-density lipoprotein and decreased high-density lipoprotein), acne, high blood pressure, liver damage (mainly with oral steroids), and dangerous changes in the structure of the left ventricle of the heart.

Homeopathyis a form of alternative medicine. Practitioners treat patients using highly diluted preparations believed to cause symptoms in healthy individuals similar to the undesired symptoms of the person treated.

Homeopathic remedies should not contain pharmacologically active molecules; a pharmacological effect would violate fundamental principles of homeopathy. Homeopathy has been criticized for putting patients at risk due to advice against conventional medicine such as vaccinations, anti-malarial drugs and antibiotics.

Although a few isolated studies have seen positive results from homeopathic treatments, systematic reviews of published trials have failed to demonstrate efficacy. Higher quality trials tend to report results that are less positive, and most positive studies have not been replicated. Many have methodological problems preventing them from being considered unambiguous evidence of homeopathy's efficacy. The lack of convincing scientific evidence to support homeopathy's efficacy and its use of remedies lacking active ingredients have caused homeopathy to be described as pseudoscience, quackery, and a "cruel deception". The regulation and prevalence of homeopathy is highly variable from country to country.

**Вопросы по теме занятия:**

1. What are biologically active food additives?
2. Do you need a prescription to buy them? Why?
3. Why are they necessary? What are their benefits? Do they do any harm?
4. What are anabolic steroids?
5. What properties do steroids possess?
6. Are there any adverse effects in taking steroids?
7. In what health problems are steroids applied?

Изучающее чтение текста **“**Food Additives”,

работа в парах “Pros and Cons”.

**Food Additives**

Just a few years ago we had no idea what biologically active food additives are. At the moment it’s impossible to find a person who is not familiar with this abbreviation. Arriving at the pharmacy one cannot but notice a great amount of these preparations displayed on the show-windows. There are preparations for vision, memory, blood vessels, heart, and weight loss.

The mankind is leaving nature and as a consequence of this: viruses, infections, illnesses. Biologically active food additives are substances which optimize a diet, improve quality of life, and reduce risk of development of some diseases. But they can't be considered as medicines. They are only a food supplement. Therefore the prescription is not required to buy them.

Scientists involved in the development of these drugs insist that a person simply cannot be completely healthy without use of dietary supplements. They consider that we are not able to eat the amount of useful products that will provide our body with necessary substances. There are two ways to solve this problem: to vitaminize our food or systematically use biologically active food additives.

Many people who are not sure whether to take these preparations ask questions what these dietary supplements have more – benefits or harm. Depending on age, sex, power inputs, speed of metabolism and other factors, we need certain substances, and biologically active additives can give them.

One more benefit is the fact that their use allows you without using drugs to support the functions of organs and systems of the human body.

But the dietary supplements also have a lot of negative sides. Due to the fact that they are made from natural ingredients, they are not too dangerous. However, meal replacements and preparations that create the illusion of fullness of stomach, and laxatives, and fat burners have very many side effects and effectiveness of many of them is very low, and some of them are habit-forming.

Choosing biologically active food additives one should remember the main thing – the organism of each person is individual and unique, and what helps and suits one, can cause unfavorable reaction in the other organism. For example, the ginseng can't be accepted by hypertensive persons. Don't forget about it and keep healthy!

**5.3. Самостоятельная работа по теме:**

Ознакомительное чтение **Text A. Anabolic Steroids**

Anabolic steroids, technically known as anabolic-androgen steroids (AAS) or colloquially simply as "steroids" or "'roids", are drugs which mimic the effects of the male sex hormones testosterone and dihydrotestosterone. They increase protein synthesis within cells, which results in the buildup of cellular tissue (anabolism), especially in muscles. Anabolic steroids also have androgenic and virilizing properties, including the development and maintenance of masculine characteristics such as the growth of the vocal cords, testicles, and body hair (secondary sexual characteristics).

Anabolic steroids were first isolated, identified and synthesized in the 1930s, and are now used therapeutically in medicine to stimulate bone growth and appetite, induce male puberty, and treat chronic wasting conditions, such as cancer and AIDS. The American College of Sports Medicine acknowledges that AAS, in the presence of adequate diet, can contribute to increases in body weight, often as lean mass increases, and that the gains in muscular strength achieved through high-intensity exercise and proper diet can be additionally increased by the use of AAS in some individuals.

Some health risks can be produced by long-term use or excessive doses of anabolic steroids. These effects include harmful changes in cholesterol levels (increased low-density lipoprotein and decreased high-density lipoprotein), acne, high blood pressure, liver damage (mainly with oral steroids), and dangerous changes in the structure of the left ventricle of the heart.

Ergogenic uses for anabolic steroids in sports, racing, and bodybuilding are controversial because of their adverse effects and the potential to gain an advantage conventionally considered "cheating." Their use is referred to as doping and banned by all major sporting bodies. For many years AAS have been by far the most detected doping substances in IOC-accredited laboratories. In countries where AAS are controlled substances, there is often a black market in which smuggled or even counterfeit drugs are sold to users.

**Text B. Medical uses**

**Various anabolic steroids and related compounds**

Since the discovery and synthesis of testosterone in the 1930s, anabolic steroids have been used by physicians for many purposes, with varying degrees of success.

Bone marrow stimulation: For decades, anabolic steroids were the mainstay of therapy for hypoplastic anemias due to leukemia or kidney failure, especially aplastic anemia. Anabolic steroids have largely been replaced in this setting by synthetic protein hormones (such as epoetin alfa) that selectively stimulate growth of blood cell precursors.

Growth stimulation: Anabolic steroids can be used by pediatric endocrinologists to treat children with growth failure. However, the availability of synthetic growth hormone, which has fewer side effects, makes this a secondary treatment.

Stimulation of appetite and preservation and increase of muscle mass: Anabolic steroids have been given to people with chronic wasting conditions such as cancer and AIDS.

Induction of male puberty: Androgens are given to many boys distressed about extreme delay of puberty. Testosterone is now nearly the only androgen used for this purpose and has been shown to increase height, weight, and fat-free mass in boys with delayed puberty.

Testosterone enanthate has frequently been used as a male contraceptive and it is thought that in the near future it could be used as a safe, reliable, and reversible male contraceptive.

Anabolic steroids have been found in some studies to increase lean body mass and prevent bone loss in elderly men. However, a 2006 placebo-controlled trial of low-dose testosterone supplementation in elderly men with low levels of testosterone found no benefit on body composition, physical performance, insulin sensitivity, or quality of life.

Used in hormone replacement therapy for men with low levels of testosterone and is also effective in improving libido for elderly males.

Used to treat Gender Identity Disorder by producing secondary male characteristics, such as a deeper voice, increased bone and muscle mass, facial hair, increased levels of red blood cells and clitoral enlargement in female-to-male patients.

Answer the questions:

What are anabolic steroids? How do they work? When were anabolic steroids first discovered? Why are they applied in medicine? What are the risks of taking too much steroids? What is attitude of sporting bodies to steroids? What are therapeutical effects of steroids?

**5.4. Итоговый контроль знаний:**

Insert the necessary words:

1. A PRESCRIPTION ISN’T REQUIRED TO BUY THIS PREPARATION BECAUSE IT’S NOT A MEDICINE, IT’S A…

* 1. potent drug
  2. anabolic steroid
  3. homeopathic medicine
  4. biologically active food additive

2. … IS A SYSTEM OF MEDICINE WHEN TREATING IS CARRIED OUT WITH HIGHLY DILUTED SUBSTANCES.

* 1. research
  2. homeopathy
  3. emergency medicine
  4. pathology

3. THESE PREPARATIONS ARE USED IN MEDICINE BUT NOT APPROVED BY SPORTING BODIES.

* 1. steroids
  2. vitamins
  3. additives
  4. antibiotics

4. A HOMEOPATH NEEDS MUCH … OF A PATIENT.

* 1. remedies
  2. attention
  3. information
  4. anxiety

5. BIOLOGICALLY ACTIVE ADDITIVES CAN GIVE US CERTAIN SUBSTANCES DEPENDING ON …

* 1. age
  2. sex
  3. power inputs
  4. speed of metabolism
  5. all of mentioned above

**5. 5.Ситуационные задачи по теме:**

1. Your foreign friend is going to have a test but, unfortunately, he missed a lecture on the new medical preparations, especially he is eager to learn more about homeopathic drugs. Tell him about the principle Homeopathy is based on. Use the following words: to treat, large doses, same symptoms.

2. Your friend is engaged in bodybuilding. Recently, he became addicted to anabolic steroids. Explain him what consequences threaten his health.

**6. Домашнее задание для уяснения темы занятия:**

Реферативный перевод:

**Text A. Homeopathy**

Homeopathy is a system of medicine, which involves treating the individual with highly diluted substances, given mainly in tablet form, with the aim of triggering the body’s natural system of healing. Based on their specific symptoms, a homeopath will match the most appropriate medicine to the patients.

“Like with like”.

Homeopathy is based on the principle that you can treat ‘like with like’, that is, a substance which causes symptoms when taken in large doses, can be used in small amounts to treat those same symptoms. For example, drinking too much coffee can cause sleeplessness and agitation, so according to this principle, when made into a homeopathic medicine, it could be used to treat people with these symptoms. This concept is sometimes used in conventional medicine, for example, the stimulant Ritalin is used to treat patients with ADHD\*, or small doses of allergens such as pollen are sometimes used to de-sensitize allergic patients. However, one major difference with homeopathic medicines is that substances are used in ultra-high dilutions, which makes them non-toxic.

\*ADHD - attention deficit hyperactivity disorder

Homeopathic medicines (which homeopaths call remedies) are prepared by specialist pharmacies using a careful process of dilution and succussion (a specific form of vigorous shaking).

As yet, science has not been able to explain the mechanism of action of ultra-high dilutions in the body, but laboratory experiments have repeatedly demonstrated that homeopathically prepared substances cause biological effects. For example, the hormone thyroxine prepared as a homeopathic ‘30C’ dilution can slow down the process of metamorphosis of tadpoles into frogs.

One theory is that during the production of a homeopathic medicine, the dilution and agitation processes cause an interaction between the original materials (e.g. a plant such as Belladonna) and the water and alcohol it is mixed with. This creates tiny new structures (nanostructures) which are the ‘active ingredient’ and remain present even when the sample has been diluted many, many times.

There is also a growing body of research evidence that homeopathic medicines have clinical effects.

**Text B. Its origins**

The principle of treating “like with like” dates back to Hippocrates (460-377BC) but in its current form, homeopathy has been widely used worldwide for more than 200 years.

It was discovered by a German doctor, Samuel Hahnemann, who, shocked with the harsh medical practices of the day (which included blood-letting, purging and the use of poisons such as arsenic), looked for a way to reduce the damaging side-effects associated with medical treatment.

He began experimenting on himself and a group of healthy volunteers, giving smaller and smaller medicinal doses, and found that as well as reducing toxicity, the medicines actually appeared to be more effective the lower the dose. He also observed that symptoms caused by toxic ‘medicines’ such as mercury, were similar to those of the diseases they were being used to treat e.g. syphilis, which lead to the principle he described as ‘like cures like’.

Hahnemann went on to document his work, and his texts formed the foundations of homeopathic medicine as it is practiced today. Homeopaths often see patients with long-term, chronic problems, many of which have failed to respond to conventional medicine. As a system of medicine, homeopathy is aimed at treating the person, rather than the disease diagnosis, and as such can be considered in almost any ill health, where tissue has not been irrevocably damaged.

Most people visit a homeopath with a diagnosis from their doctor, and patients are encouraged to keep their medical practitioners informed as treatment progresses. Some people see a homeopath because they have side effects from conventional drugs, and others because conventional tests have failed to find the cause of their problem.

**Research**

There is a growing body of research evidence suggesting that treatment by a homeopath is clinically effective, cost effective and safe.

People often ask about which specific conditions can be treated by homeopaths, and as a profession we would like to see more research trials addressing this question, but funding is difficult to come by. To date, conditions for which the majority of clinical trial findings have been positive include:

Allergies and upper respiratory tract infections, ankle sprain, bronchitis, childhood diarrhea, chronic fatigue, ear infections, fibromyalgia, hay fever, influenza, osteoarthritis, premenstrual syndrome, rheumatic diseases, sinusitis, vertigo.

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

“Sport and steroids”, “Homeopathy. Pros and Cons”, “Food additives. What are E-numbers?”

**1. Занятие №13**

**Тема занятия “Drug Production and Advertisement”**

**2. Форма организации учебного процесса** - практическое занятие в интерактивной форме.

Разновидность занятия: беседа.

Методы обучения: объяснительно-иллюстративный, репродуктивный, частично-поисковый.

**Значение темы** – Формирование коммуникативной компетенции по данной теме. Знание темы поможет студентам приобрести и совершенствовать знания в области официальных отношений.

**3. Цели обучения:**

**общая:**

обучающийся должен обладать ОК-1; ОК-5; ПК-1; ПК-48;

**учебная:**

обучающийся должен **знать** новый лексический материал по теме; **уметь** применить знания лексики и грамматики в практических ситуациях, **уметь** составить рекламу медицинского препарата.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

What role does the advertising play in pharmacy? How does it work? What are the principles of effective advertising? Do you consider buying medicines online to be a safety activity? Express your opinion.

**5.2. Основные понятия и положения темы:**

# Drug Manufacturing Development Process

Few people are aware of the vast amount of time and money invested in getting a drug from the laboratory to the drugstore shelf. Drugs undergo exhaustive testing before being approved for use by the general population, with the whole process often taking 10 to 12 years. It takes millions of dollars for a drug to reach the market, with more than half of the money being spent on clinical trials. Advertisement means any words, whether written, printed, or spoken, and any pictorial representation or design, used or appearing to be used to promote the sale of medicines or medical devices or the use of any method of treatment; and includes any trade circular, any label, and any advertisement in a trade journal.

Medical equipment companies often market their products directly to the physicians who will use them. The goal is to get a doctor to try the product in a surgical setting, for example, and be so satisfied with the performance of the product that he uses that brand for all of his surgeries. The hospital system where the surgeon practices must approve the medical equipment that is used there. Pricing of the products is also negotiated by the hospital. In some cases, physicians’ offices or hospitals may team up to form a group purchasing organization. The medical equipment company must develop relationships with both the surgeons -- whose recommendation to the hospital play a role in which brand is selected -- and the hospital organizations that make the ultimate purchase decision.

Doctors are busy individuals who are contacted by numerous product suppliers, including medical equipment and pharmaceuticals companies. Developing a relationship may take a number of phone calls and calling on the doctor in person several times to make sales presentations before she will even consider using the products. The physician may have been using a competitor’s equipment for a number of years. Even if your product is superior, you will have to gain the physician’s trust before she will consider doing business with you. Doctors who are just starting their medical practices may be receptive to trying new medical equipment because they don’t have established relationships with suppliers.

**Вопросы по теме занятия:**

1. What do the drugs undergo before being approved for use by the general population?

2. Whom is initial testing usually done in order to assess for toxic effects?

3. What is the aim of clinical trials?

4. What is the function of FDA?

5. What is the Direct-to-consumer advertising (DTC advertising)?

**5.3. Самостоятельная работа по теме:**

**5.4. Итоговый контроль знаний:**

1. Look at the following advertisement posters and determine the health problems on elimination of which the given advertised preparation is directed to:

{

*allergy, cough, headache, stomachache, toothache, lightheadedness, mental depression, excessive sweating.*

2. Look at the following advertisement poster, analyze every part of the ad; tell what you learnt about the drug, if there is full information.







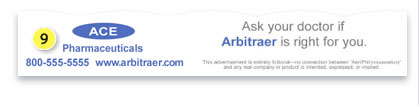












**5. 5.Ситуационные задачи по теме:**

1. Prepare your advertising message in English on the opening a pharmacy for audio broadcast in a large medical center:

«Для удобства пациентов на территории медицинского центра открыт аптечный пункт. У нас всегда в наличии широкий ассортимент лекарственных средств хорошего качества, гигиенических товаров, лечебной косметики, необходимых для поддержания здорового образа жизни всей Вашей семьи. Квалифицированные фармацевты проведут с Вами все необходимые консультации по всему спектру лекарств, биологически активных пищевых добавок, рецептурных препаратов и других товаров, поддерживающих Вашу красоту и здоровье».

2. Look at the following advertisement posters and determine the health problems on elimination of which the given advertised preparation is directed to:

*Headache, backache, stomachache, toothache, indigestion, sore throat, vomit, running nose, temperature, cough.*



Express your opinion on the quality and effectiveness of the advertisement. Use the expressions:

*First… is very important – Во первых, очень важно…*

*You know… – Видите ли…*

*I would… – Я бы…*

*I believe… – Я полагаю, считаю…; I think… – Я думаю…*

*In my opinion… – По моему мнению…*

*To tell the truth… – По правде говоря…*

*I am sure… – Я уверен…; I’m not sure… – Я не уверен…*

*I never thought… – Никогда не думал / Никогда не предполагал…*

*I feel… – Я чувствую/У меня такое ощущение/Мое отношение…*

**6. Домашнее задание для уяснения темы занятия:**

Compose your own ad of any drug you know well.

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

“The positive role of drug advertising”, “Correct and incorrect versions of different types of drug ads”.

**1. Занятие №14**

**Тема занятия “Business in Pharmacy”**

**2. Форма организации учебного процесса** - практическое занятие

**Значение темы** – Формирование коммуникативной компетенции по данной теме. Знание темы поможет студентам приобрести и совершенствовать знания в области официальных отношений.

Разновидность занятия: беседа, консультирование, упражнения.

Методы обучения: объяснительно-иллюстративный, репродуктивный, частично-поисковый.

**3. Цели обучения:**

**общая:**

обучающийся должен обладать ОК-5; ОК-6; ПК-1;

**учебная:**

обучающийся должен **знать** новый лексический материал по теме; **уметь** применить знания лексики и грамматики в практических ситуациях, **уметь** прочитать и написать резюме, оформить конверт.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

Is it important to know clerical work for a pharmacist? Why?

Have you ever composed a resume? What do you know about that?

What is a CV?

**5.2. Основные понятия и положения темы:**

CV- a brief written account of your personal details, your education, and the jobs you have had. You can send a CV when you are applying for a job. CV is an abbreviation for `curriculum vitae'.

Nowadays, employers tend to receive thousands of applications for a job as soon as it is advertised on the job market. Therefore it is vital that your letter should stand out from the thousands of CVs and letters that people are going to send. The first impression is always the most important one, therefore you need a good and well- structured CV in order to attract the employers' attention. Here are a couple of tips about how to write a good CV when applying for a job in the UK or in Ireland.

An employer has very little time to spend on your application. The most important thing is that your CV is clear. Your CV has to be word processed. The CV should be between one or two pages long. Since most employers have very little time to spend on each CV, they tend to skim read what you have written. It is therefore better to start by what is most important and work your way downwards from what is important to what is not so vital.

The structure of a CV must follow a certain order.

1. Personal data:

full name, address, date of birth. If you want, you can add your phone number, marital status and nationality. Even if this is not compulsory, this might be important for the type of job for which you are applying.

2. Education and qualifications:

This part of the CV is one of the most important because it gives the employer an insight into who you are, through your academic career. The trickiest part of mentioning qualifications is to try and find the equivalent in English. This is not always easy as the diplomas in the education system vary from country to country. The best thing to do is to write the original name of your qualification along with the equivalents in English in brackets. Grades can also be a problem.

3. Work experience;

4. Skills;

5. Interests;

6. References.

**Вопросы по теме занятия:**

1. What is a CV?
2. What’s the difference between a CV and a resume?
3. How long are CVs and resumes?
4. Why is it important to have a good and well- structured CV?
5. What information is included into the resumes and CVs?
6. What’s the order in the structure of a CV?
7. How to address an envelope?
8. What is an addresser/addressee?
9. Where is a sender’s address written?

**Resume & Curriculum Vitae (CV)**

Резюме и жизнеописание

Резюме является кратким изложением данных о Вашем образовании и профессиональном опыте и включает, в том числе, краткие биографические справ­ки. Объем резюме не должен превышать одной стра­ницы.

Составляя резюме, Вы должны помнить о том, что Ваша цель - создать у потенциального работодателя бла­гоприятное впечатление о себе.

Жизнеописание отличается от резюме объемом и пи­шется кандидатами на высокие посты. В нем следует дать более подробную, чем в резюме, информацию о себе, своем образовании и квалификации.

Как правило, резюме и жизнеописание включают сле­дующую информацию:

1. Личные данные: полное имя (фамилия, имя, отче­ство), полный адрес проживания в настоящее время, кон­тактный и домашний телефоны, дата рождения и возраст, семейное положение (если есть дети, то сведения о детях), национальность, иммиграционный статус.

2. Цель поиска работы (очень кратко).

3. Сведения о полученном образовании: (в хронологи­ческом порядке) названия и адреса средних школ, даты посещения, полученная Вами квалификация в средних учеб­ных заведениях; названия и адреса колледжей и универси­тетов, даты учебы и полученная Вами квалификация,

4. Сведения о дополнительном образовании (в хро­нологическом порядке): названия курсов и их продол­жительность, даты посещения вами данных курсов и по­лученная квалификация.

5. Информация о Ваших умениях и навыках: уро­вень владения иностранными языками, наличие водитель­ских прав, навыки работы на компьютере, машинопис­ная скорость и т. п.

6. Данные об опыте работы (в хронологическом по­рядке): даты работы в каждой должности, имена и адре­са работодателей, должность, краткое описание обязан­ностей, количество людей в Вашем подчинении, успехи, достигнутые за время работы в данной должности, при­чина увольнения.

7. Информацию о личных интересах: работа на доб­ровольных началах, игра на музыкальных инструмен­тах, чтение определенного жанра книг, увлечение конк­ретным видом спорта, приготовление блюд, увлечение искусством.

8. Наличие рекомендательных писем: имена в пол­ной форме и адреса людей, которые согласились дать Вам рекомендации; если по требованию потенциального ра­ботодателя могут быть предоставлены рекомендатель­ные письма, на это следует указать отдельно, сделав сле­дующую пометку: References are available upon request.

При составлении резюме желательно использовать следующие фразы:

I developed; I created; I took responsibility for; I managed; I devised; I controlled; I initiated; I negotiated.

**5.3. Самостоятельная работа по теме:**

Чтение образцов. Составление своего резюме по образцу.

**Model № 1 RESUME**

Name: Emily Alison Biggins

Address: 47 Putney Hill London SW16 4QX

Tel: London 475 78 65

Date of birth: 15 July 1970

Age: 27

Marital status: Single

Nationality: British

**Objective**

To secure a part-time position that offers a variety of tasks, in which to use my secretarial skills and knowledge of foreign languages.

**Education**

Dates: 1987-1992

College: South Thames College, London.

Qualifications: Secretarial Courses; Shorthand Grade 2; Typing Grade 3.

Dates: 1993-1994

College: Oxleigh Secretarial College,

College Road, Oxleigh.

Qualifications: Secretarial Skills Refresher

Course: Shorthand (90 w.p.m.);

Typing (60 w.p.m.). Book-keeping

Grade One. Word-processing.

**Employment**

Dates: 1995- to present

Company: Philip Wilson Publishers Ltd.

Position: Secretary to the Sales Manager.

Responsibilities:

Taking shorthand; typing and filing correspondence, maintaining diaries, office support, etc.

**Other Skills & Occupations**

I now work regularly as a volunteer for the Red Cross. I also have a clean driver's license and a good knowledge of Spanish and French. My personal interests include classical literature reading, independent travel, modern jazz and swimming.

**References** References are available on request.

**Model № 2 CURRICULUM VITAE**

Name: Maria Ivanova

Address: ul. Tverskaya, dom 55, kv. 134

Moscow Telephone: Home: (095) 292 52 22

Objective - To obtain a position that will enable me to use my strong organizational skills, educational background, and ability to work well with people.

**Education & Training**

December 1991 - April 1994

Moscow State Linguistic University, Department of English Lexicology.

Qualifications: Linguistic Researcher; PhD diploma was obtained in April 1994.

September 1981 - June 1986 Moscow State Linguistic University, Department of German Languages.

Qualifications: Higher education diploma:

teacher of English and German.

April 1997

Computer training courses in Xylos (Microsoft Authorised Training Centre in Moscow).

**Employment**

July 1996 to present Price Water House, Translating & Interpreting Department.

Position: Translator from/to English and German.

Responsibilities: Interpreting, audit documents translation from/to English and German.

August 1995- July 1996 British Petroleum.

Position: Translator and Administrative Assistant.

Responsibilities: Translating from/to English, administrative duties performance.

August 1994 - August 1995 Norton Rose.

Position: Translator and interpreter.

Responsibilities: Translation from/to English and German (commercial contracts, legal documents, etc.)

**Skills** Good typing skills, strong organizational skills, ability to work under pressure, customer-oriented, good time management.

**Computer literacy** Word Perfect, MS Word for Windows, Lotus Ami-Pro З.1., Lotus 1-2-3, e-mail, Internet user.

**Languages** Native Russian, professional level of English and German.

**Interests** Travelling, classical literature, world history, jazz music.

Social/Cultural

**Sporting** Swimming, skiing.

**Countries visited** UK, USA, Spain, Japan, Australia, New Zealand.

**Sample Resume Objective Statements**

* Obtain a position at XYZ Company where I can maximize my management skills, quality assurance, program development, and training experience.
* Account executive trainee at ABCD advertising agency.
* Position as clinical practice assistant for health maintenance organization, utilizing writing, research, and leadership skills.
* Elementary education teacher at small independent school.
* Customer service management where my experience can be utilized to improve customer satisfaction.
* Create integrated strategies to develop and expand existing customer sales, brand/product evolution, and media endorsement.
* Management position where I can effectively utilize my expertise in human relations, project management, and staff recruitment and retention.
* Marketing position that utilizes my writing skills and enables me to make a positive contribution to the organization.
* Search engine optimization position where I can use my SEO skills and experience to increase site traffic and search engine placement.
* To secure a position with a well established organization with a stable environment that will lead to a lasting relationship in the field of finance.
* To obtain a position that will enable me to use my strong organizational skills, educational background, and ability to work well with people.
* Experienced HR Coordinator who enjoys challenge seeking opportunity to learn and improve skills.
* Licensed pharmacist in Pennsylvania with PharmD degree and nine years of experience providing top-notch pharmacy services in a retail setting. Outstanding interpersonal skills with a track record of establishing positive relationships with customers, pharmaceutical representatives/manufacturers, medical professionals, healthcare organizations and insurance providers. Respected leader, able to train and manage diverse teams to deliver peak performance. Dedicated to providing quality patient care and fast and accurate medication dispensing.

**Model № 3**

**Mindy Markwith**

pharmacystudent@email.com

**Present Address: Permanent Address:**

111 Ross Lane 323 Blue Lake View

Toledo, OH 43606 Fremont, OH 43420

419.478.5555 419.334.0000

**Career Target: Pharmaceutical Management Technology**

**Education**

**Bachelor of Science, Pharmaceutical Sciences: Pharmacy Administration**

The University of Toledo, Toledo, OH, Expected date of graduation: May 2005

• Minor: Business Administration/Professional Sales

• Academic Highlights: Dean’s List, Success Award, Dearce-Koch Scholarship

**Related Experience**

**Pharmacy Administration Internship**

**Rite Aid Corporation, Anytown, OH; Summer 2004**

• Trained in Profit Loss, Management Techniques, and Inventory Control

• Developed screening questions for part-time positions and created online application process

• Assisted with implementation of new Inventory Control software

**Pharmacy Technician**

**Walgreen’s Pharmacy, Nearby, OH; 2001-2002**

• Launched new patient information campaign about antibiotic resistance and a “Customer of

the Month” recognition program

• Filled prescriptions accurately and efficiently

**Pharmacy Technician**

**Wal-Mart Pharmacy, Springtown, OH; 2000-2001**

• Answered phones and assisted customers with product and prescription questions

**Additional Experience**

**Residential Specialist**

**Sunshine Children’s Home, Maumee, Ohio; 2003-Present**

• Supervise four clients: bathing, feeding, changing, and teaching basic life skills

• Develop and instruct basic technology courses for 10-12 clients weekly

• Streamlined weekly client data collection and administrative paperwork submission

**Campus Assistant Specialist**

**The University of Toledo Police, Toledo, Ohio; 2002-2003**

• Tracked daily requests/complaints, tabulated monthly statistics, and published online reports

**Campus Activities/Leadership**

**Lambda Kappa Sigma**, Toledo, OH; 2001-Present

• President, 2004-2005

**Academy of Student Pharmacists**, Toledo, OH; 2002-Present

**Pharmaceutical Sciences Organization**, Toledo, OH; 2003-Present

• Treasurer, 2004-2005

**Campus Crusade for Christ**, Toledo, OH; 2001-Present

• Women’s Team, 2002-2003

• Partnership Team, 2003-2004

**Real Life**, Toledo, OH; 2001-Present

• Secretary 2003-2004

**Model № 4**

**LEAH BROWN**

1222 Key Street • Maumee, Ohio 43537 • 419-222-2222 • [lbrown25@hotmail.com](mailto:lbrown25@hotmail.com)

**HIGHLIGHTS**

High-energy, dependable individual focused on continued professional development

Extensive experience in long term, ambulatory, and hospital care

Dedicated to improving the health and wellness of others

Committed to overcoming daily challenges leading to positive patient outcomes

**EDUCATION**

The University of Toledo, Toledo, OH

***Doctor of Pharmacy Candidate***, May 2005

The University of Toledo, Toledo, OH

***Bachelor of Science in Pharmaceutical Sciencse***, May 2003

Cum Laude

Ohio Academic Scholarship, Leadership Scholarship, UT Academic Scholarship

Dean’s List: Spring 2003, Fall 2002, Fall 1999

**LICENSURE**

***Ohio State Board of Pharmacy Intern License***, January 2001 – present

***American Red Cross Association CPR Certification***, May 2004

**DOCTOR OF PHARMACY CLINICAL CLERKSHIPS**

Medco Pharmacy, Dublin, OH

**Managed Care** – Marilyn Wollett, PharmD, April 2005

Healthcare Pharmacy, Covington, OH

**Long Term Care** – Chris Harshbarger, PharmD, March 2005

Wright Patterson Air Force Base Pharmacy, Fairborn, OH

**Internal Medicine** – David Streeter, PharmD, February, 2005

Parkview Hospital, Fort Wayne, IN

**Surgery/Pain Management** – Jarrod Brubaker, PharmD, January 2005

St. Charles Hospital, Oregon, OH

**Emergency Room** – Lauryl Kristufek, PharmD, November 2004

Hu Hu Kam Hospital, Phoenix, AZ

**Ambulatory Care** – Michelle Garland, PharmD, October, 2004

Presented “Migraine headaches” disease state discussion to pharmacy staff on two separate occasions;

Developed a patient leaflet about gatifloxacin;

Properly trained to give erythropoiten SQ injections to patients with chronic renal insufficiency;

Counseled patients on medications;

Answered pharmacist drug information questions including: severity of QTc prolongation between quinolone antibiotics and other drugs, warfarin use in patients with femoro-politeal bypass grafts, erythropoiten administration when ferritin levels are increased L. Brown – 1

**Model № 5**

**MARGARET K. SMITH**

1234 Center Street

St. Louis, Missouri 63000

Home: 314-555-5555

Cell: 314-555-5556

Email: mksmith@frontfocus.com

**Objective**

To fill pharmacist position at a quality drugstore and provide clinical and distributive pharmacy services for patients receiving treatment.

**Qualifications**

Knowledge of contemporary hospital pharmacy practice and service including integration of clinical services, distributive services, education, and research activities.

Thorough understanding of laws, regulations and standards governing new and study drugs.

Ability to interact constructively with members of a culturally diverse work environment.

**Education**

University of Colorado, PharmD, GPA 3.85/4.0 (May 1997)

St. Louis University, St. Louis, MO (May 1993)

Bachelor of Science in Pharmacology

GPA 3.7/4.0

**Work Experience**

Pharmacist: November 2002 - Present, Clarkson's Drug Store, St. Louis, MO

Provide prescribed medications, drugs, and other pharmaceuticals as needed for adequate patient care.

Conduct Drug Regiment Review on all patients.

Write QA summary report monthly.

Ensure continual compliance with all state and federal rules and regulations.

Assemble a great team and schedule their work so the pharmacy is always functioning at peak performance.

Supervise the fulfillment of prescriptions by pharmacy technicians.

Communicate policy and procedure changes, system enhancements and clinical updates to all pharmacy staff.

Ensure adequate control and documentation of all controlled substance records and monitor patient medication profiles.

Pharmacist: March 1997 - Nov. 2002, Lassiter Medical, Overland, MO

Ensured that every customer received friendly, knowledgeable, and efficient service.

Checked all work done by pharmacy technicians prior to dispensing medications.

Responded to public health emergencies by vaccinating patients.

Ensured that discontinued and expired patient controlled substances were destroyed.

Upheld service standards for counseling, dispensing, pricing, licensing, managing inventory, and record keeping.

Trained team members to maximize overall team performance.

Pharmacist Technician: June 1993 - March 1997, Lassiter Medical, Overland, MO

Provided prescribed medications, drugs, and other pharmaceuticals.

Interpreted information and recommended solutions.

Dispensed and handled record-keeping of controlled substances.

Effectively managed conflict to achieve desired business results.

Worked with other members of the pharmacy to ensure accuracy of prescriptions.

**Professional Affiliations**

American Society of Health System Pharmacists

**Model № 6**

**ANDREW V. KELLER**

1336 Oakridge Lane, Allen, TX 75002

Contact Number (Telephone Number): 469 - 814 - 4566

Email ID: andrewv@teleworm.com

**Objective**

Aim to put my capabilities as a druggist to the best of their potential and to ensure that my skills in the field of pharmacy benefit the maximum number of people as possible.

**Skills** Possessed That Are Relevant to the Job at Hand

8 years of experience in dealing with pharmaceutical products (including the preparation and mixture of different chemicular compounds to attain potent, side-effect free medicinal combinations)

Ability to completely comprehend prescriptions assigned by doctors and to assign the same to patients according to the prescribed doses

Extremely comfortable with juggling different functions like the dispension of medicines, distribution of medical products, assigning correct dosages to patients et cetera

Sharp memory and brilliant cataloging skills. Comes in handy while trying to locate medicines stored in different sections of the store

**Previous Work Experience**

Worked at St. Mary Mead Hospital, Alberquerque, New Mexico in the dispensary section of the hospital from January 2008 to July 2011. I was the chief pharmacist/ druggist in the dispensary/ drug store section of the hospital and my chief job was to hand out medicines (in the correct dosages) to various patients after reading their prescriptions.

**Educational Qualifications**

Diploma in Pharmaceutical Sciences, North Western University

Bachelor of Medical Sciences (Pharma.), North Western University

**Affiliations**

National Society of Pharmacists, Pittsburgh- Member since October 2008.

On the organizing commitee of the World Drug Fair since February 2011.

Contact for further information and reference information.

**5.4. Итоговый контроль знаний:**

Find the proper word:

1. RESUME IS A SHORT DESCRIPTION OF PROFESSIONAL EXPERIENCE AND THE ABILITIES, DIRECTED TO THE … .

* 1. investigative bodies
  2. embassy to obtain a visa
  3. potential employer
  4. recruitment center

2. THE SENDER OF A LETTER, PACKAGE, OR RADIO MESSAGE IS THE PERSON WHO SENT IT, HE IS ALSO CALLED… .

* 1. an addresser
  2. an addressee
  3. an employer
  4. an employee

3. … .IS THE RECIPIENT OF THE LETTER.

1. post box
2. an addresser
3. post office
4. an addressee

4. REFERENCES IN CV ARE … .

* 1. footnotes in the article
  2. recommendations
  3. a mention or citation of a source of information in a book or article
  4. manual

5. THE MOST IMPORTANT FACTOR IN CV IS … .

* 1. marital status
  2. skills
  3. career experience
  4. interests

**5. 5.Ситуационные задачи по теме:**

1. Read the following resume and find shortcomings.

**JOHN SALLER**

1009 Arapahoe Avenue

Boulder, CO 80302

Contact Number (Telephone Number): 720-561-0192

Email ID: johns@teleworm.com

**Skills** Possessed That Are Relevant to the Job at Hand

8 years of experience in dealing with pharmaceutical products (including the preparation and mixture of different chemical compounds to attain potent, side-effect free medicinal combinations

Ability to completely comprehend prescriptions assigned by doctors and to assign the same to patients according to the prescribed doses

Extremely comfortable with juggling different functions like the dispensing of medicines, distribution of medical products, assigning correct dosages to patients et cetera

Sharp memory and brilliant cataloging skills. Comes in handy while trying to locate medicines stored in different sections of the store

**Previous Work Experience**

Worked at St. Mary Mead Hospital, Alberquerque, New Mexico in the dispensary section of the hospital from January 2008 to July 2011. I was the chief pharmacist/ druggist in the dispensary/ drug store section of the hospital and my chief job was to hand out medicines (in the correct dosages) to various patients after reading their prescriptions.

**Educational Qualifications**

Diploma in Pharmaceutical Sciences, North Western University

Bachelor of Medical Sciences (Pharma.), North Western University

**Affiliations**

National Society of Pharmacists, Pittsburgh- Member since October 2008

On the organizing committee of the World Drug Fair since February 2011

Contact for further information and reference information.

2. Here is an envelope. Relate the information on the envelope to a certain number so that it stands for:

(**1**) Design Plus

55 (**2**) Stevenson Road

(**3**) San Francisco, CA 94015

(**4**) Mr. P.T. Vitale

(**5**) Mutual Insurance Company

33 South Street

New York, (**6**) NY 3476

(1) the ZIP Code in the mailing address

(2) the addressee

(3) the town the letter comes from

(4) the sender’s name

(5) the street name in the return address

(6) the addressee’s company name

**6. Домашнее задание для уяснения темы занятия:**

Оформление конверта. Выполнение упражнений.

**Оформление конверта**

Если Вы отправляете письмо в одну из западных стран, то помните, что адрес получателя пишется **в обратном порядке,** нежели у нас в стране:

Nick Petrov

21,Sadovy Lane

Monastyrshchina

216130 Smolensk Reg.

Mary Smith

Russia

15, Green Street

Chislehurst Kent

BR7 6ED England

stamp

- на первой строке пишутся имя и фамилия получателя,

- на второй строке – номер квартиры, дома и название улицы; если дом имеет персональное имя, то оно располагается на отдельной строке, перед названием улицы,

- на третьей строке пишется название города или деревни, после него (иногда перед ним) – почтовый индекс, затем идёт название страны, (для США перед ним необходимо писать название штата),

- адрес получателя нужно писать **в нижней правой части** конверта, а адрес отправителя (обратный адрес) в некоторых странах принято писать **в верхнем левом углу** (независимо от того, является ли письмо личным или официальным); часто зарубежные корреспонденты пишут свой (обратный) адрес на обратной стороне конверта

Nick Petrov

21,Sadovy Lane

Monastyrschina

216130 Smolensk Reg.

Russia

Exercises:

**№1.**

Перед вами конверт. Соотнесите информацию под определенным номером на конверте с тем, что она обозначает:

(**1**) Gary J. Marshal

Pacific Electronics

1325 Ocean Boulevard

(**2**) Santa Monica, CA (**3**) 90415

(**4**) Ms. Eleanor R. Fleming

246 Shasta Avenue

(**5**) Redding, CA (**6**) 96001

Укажите соответствие для каждого нумерованного элемента задания:

(1) the ZIP Code in the mailing address

(2) the addressee’s name

(3) the addresser’s city name

(4) the addresser’s name

(5) the ZIP Code in the return address

(6) the addressee’s city name

**№2.**

Перед вами конверт. Соотнесите информацию под определенным номером на конверте с тем, что она обозначает:

(**1**) Midtec Cable Ltd

Cotton Road

(**2**) Exeter

(**3**)EX4 9DT, England

(**4**) Mrs. L. Ruth

(**5**) Golden Holidays

12 Cambridge Court

London, (**6**) WC2H 8HF

Укажите соответствие для каждого нумерованного элемента задания:

(1) the ZIP Code in the return address

(2) the addressee

(3) the ZIP Code in the mailing address

(4) the addressee’s company name

(5) the sender

(6) the town the letter comes from

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

“Resume - the ability to state life achievements shortly”, “Personal interview – how to be ready for it”.

**1. Занятие №15**

**Тема занятия “Business in Pharmacy. Types of Business Letters”**

**2. Форма организации учебного процесса** - практическое занятие.

Разновидность занятия: беседа, консультирование, упражнения.

Методы обучения: объяснительно-иллюстративный, репродуктивный, частично-поисковый.

**Значение темы** – Формирование коммуникативной компетенции по данной теме. Знание темы поможет студентам приобрести и совершенствовать знания в области официальных отношений.

**3. Цели обучения:**

**общая:**

обучающийся должен обладать ОК-6; ПК-48;

**учебная:**

обучающийся должен **знать** новый лексический материал по теме; **уметь** применить знания лексики и грамматики в практических ситуациях, **уметь** прочитать деловую корреспонденцию, **владеть** навыками написания делового письма.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

Do you know that there are some types of business letters?

What phrases and constructions are used in these letters, in your opinion?

Do you know what a memo is?

Do you know any special features accepted in the writing of dates in business letters?

What do you know about introductory greeting?

**5.2. Основные понятия и положения темы:**

In business correspondence it is possible to use some standard constructions, all this accelerates process of communication and allows to save time. However the originator should know the main parts of any business letter and their arrangement.

Modern business correspondence for experts of the medical profile is extremely diverse and includes:

correspondence concerning the organization of various scientific and practical actions (exhibitions, conferences etc.);

correspondence between business partners in various branches of medicine;

scientific correspondence;

correspondence in search of professional information;

correspondence connected with submission of demands for the international grants and grants with implementation of joint research projects with foreign partners;

correspondence connected with rendering of different types of services – for example, concerning acquisition of the special equipment, booking, booking of hotels;

correspondence in job searches, studies abroad, etc.

The usual business letter consists of the following main parts:

• Dates

• Internal address (address of the recipient)

• Introductory address (greeting)

• Heading to the text

• Initial paragraph

• Text of the Letter

• Final paragraph

• Final formula of politeness

• Signatures

• Marks about existence of the appendix and postscripts, marks about the direction of copies in other addresses.

Every point has its own peculiarities which an addresser should know.

**Вопросы по теме занятия:**

1. What types of business letters do you know?
2. What phrases and constructions are used in these letters?
3. What is a memo?
4. What is the Format of a Business Letter?
5. What special features are there in the writing of dates?
6. What special features are there in the writing of introductory greeting?
7. What is the difference in “Yours sincerely” and “Yours faithfully”?

1. Structure of the business letters;

a. new words (см. Приложение 1)

**Расположение и части делового письма*.***

В деловой переписке можно использовать, во-первых, некоторые общепринятые стандартные обороты, во-вторых, типовые письма, все это ускоряет процесс коммуникации и позволяет сэкономить время. Однако составитель должен знать основные части любого делового письма и их расположение.

Обычное деловое письмо состоит из следующих основных частей:

* Даты
* Внутреннего адреса (адреса получателя)
* Вступительного обращения (приветствия)
* Заголовка к тексту
* Начального абзаца
* Текста письма
* Заключительного абзаца
* Заключительной формулы вежливости
* Подписи
* Отметки о наличии приложения и постскриптумов, отметки о направлении копий в другие адреса

**1.2.1.Дата**

В деловых английских письмах дата (день, месяц, год) печатается справа. Обычно дата печатается полностью, а не в цифровом выражении, например **2nd April, 2005 (2 Apr., 2005 )**. Названия месяцев можно сокращать **Jan., Feb., Mar., Apr., Jun., Aug., Sept., Oct., Nov., Dec., July и May** пишутся всегда полностью.

В деловых американских письмах дата пишется иначе (сначала месяц, затем день и год). Например, **Apr. 2nd , 2005**.

**1.2.2. Внутренний адрес**

Название и адрес фирмы-получателя письма обычно печатаются слева у левого поля на одном и том же расстоянии, а не по диагонали. **Messrs** (мн. ч. от Mr) в обращении к фирме употребляется лишь тогда, когда в названии фирмы имеется имя собственное без каких-либо других званий и лишь когда это товарищество.

Messrs Brown & Smith,

25, High Holborn,

LONDON,W.C.I.

But:

Sir James Brown & Co,

14, Manor Gardens,

LONDON

После названия фирмы в адресе указывается название улицы, затем название города и графства (штата), страны.

Если письмо адресовано фирме, а его отправитель хочет, чтобы оно попало к определенному лицу, немного выше вступительного обращения печатаются слова: **Attention of …**

**Brown & Co. Plc.,**

**34, High Street,**

**LONDON, E.C.**

**Attention of Mr. Popov**

**1.2.3. Вступительное обращение (приветствие)**

Приветствие варьируется в зависимости от обстоятельств и должно соответствовать форме обращения во внутреннем адресе и характеру заключительной формулы вежливости. Если письмо адресовано фирме, форма приветствия будет **Dear Sirs - Господа**, если же письмо адресовано отдельным лицам, наиболее обычной формой будет **Dear Sir** или **Dear Madam** (эта форма употребляется как к замужним, так и к незамужним женщинам). Американцы предпочитают форму **Gentlemen**. Запятую после обращения обычно ставят британцы, а двоеточие американцы. После обращения восклицательный знак не ставят.

Когда неизвестно, является получатель письма мужчиной или женщиной, всегда употребляйте **Dear Sir**. Если получатель Вам известен лично, можно использовать более теплую и дружественную форму обращения **Dear Mr. Brown.**

|  |
| --- |
| **Note:** То whom it may concern — обращение в письме или деловой бума­ге в том случае, когда не известен адресат. |

**1.2.4. Заголовок к тексту письма**

Заголовок к тексту дает получателю сразу понять, о чем письмо. Он помещается сразу после вступительного обращения в середине страницы. Иногда употребляется форма **Abt – about** – означающая – **о** - . Иногда заголовок просто подчеркивается, в других случаях его рекомендуется писать просто заглавными буквами.

Однако этот заголовок не всегда нужен, поскольку ссылка на дату письма в первом абзаце иногда достаточна, чтобы понять, о чем будет речь в письме.

**Dear Sir,**

**Abt: Order No. 342 of 3rd Apr., 1990**

**Dear Madam,**

**YOUR ENQUIRY OF 5th MAY,1990**

**Dear Mr. Brown,**

**Abt: the arrival of our inspectors**

**1.2.5. Первый абзац письма**

Первый абзац письма часто дает понять, о чем будет письмо, тем, что дает ссылку на дату письма, на которое пишется ответ, а также передает отношение к нему отправителя, выражая удовлетворение, сожаление или благодарность. Первый абзац выиграет и скорее привлечет внимание получателя, если будет коротким, нежели длинным.

|  |  |
| --- | --- |
| In reply (Referring) to your letter of 2nd Mar. this year we would like to inform you…. | В ответ на Ваше письмо от 2 марта этого года сообщаем вам, что …. |
| This is in reply to your letter of May 9 th about (regarding, concerning)… | Отвечаю (ем) на Ваше письмо от 9 мая, касающееся… |
| We thank you for your letter dated 3rd Jun. and write to tell you…. | Благодарим за Ваше письмо от 3 июня и сообщаем вам, что …. |
| We thank you for the letter of 13 th Mar. … | Благодарим за Ваше письмо от 13 марта …. |
| We are sorry to have to remind you… | К сожалению, нам приходится напоминать вам, что … |
| To your regret we shall have to…. | К сожалению, мы вынуждены … |
| We are glad to inform you…. | С удовольствием сообщаем Вам, что.… |
| We are happy to tell you… | С удовольствием сообщаем Вам, что.… |
| We are pleased to inform you ... | С удовольствием сообщаем Вам, что.… |
| We are surprised to learn that… | Мы с удивлением узнали, что ….. |
| Further to our letter of 3rd Jun. …. | В дополнение к нашему письму от 3 июня… |
| With reference to… | Ссылаясь на ……. |
| We have been referred to you for…. | Мы обратились к Вам для… |
| We have received your letter dated 13th Mar. … | Подтверждаем получение Вашего письма от 13 марта …… |
| As we mentioned in our previous letter dated November 5 th, | Как мы указывали в предыдущем письме от 5 ноября, ….. |

**1.2. 6. Текст письма**

Письмо должно быть посвящено лишь одному вопросу. Если в нем затронуто несколько вопросов, оно может требовать внимания разных отделов, кроме того, это усложняет его подшивку. Деловые письма должны быть точными и простыми, вежливыми и искренними, сжатыми и краткими. Это означает выбор простых, коротких слов и предложений, открытое и искреннее признание ошибок, выбор сжатых выражений и предложений, а не расплывчатых и многословных, без повторов и ненужных слов, без избыточной информации. Выражаться нужно по-дружески и с достоинством. Чтобы письмо легче воспринималось, и в какой-то мере было более привлекательным, необходимо делить его на абзацы с тем, чтобы каждый абзац содержал одну мысль, подчеркивал ту или иную сторону вопроса или давал дополнительную подробность.

Если несколько абзацев посвящены одной теме, они должны быть связаны между собой. Это достигается либо нумерацией абзацев, либо использованием связующих слов, таких как:

|  |  |
| --- | --- |
| however, still, yet, less, but | однако, все же, но |
| nevertheless | тем не менее |
| otherwise | иначе, в противном случае |
| on the contrary | наоборот |
| again | и еще |
| also, in addition, besides | кроме того |
| so, therefore, in this way | поэтому (таким образом) |
| in short | короче говоря |
| as a result | в результате |
| on the other hand | с другой стороны |

Если письмо длинное, абзацы могут иметь заголовки, которые печатаются обычными или заглавными буквами. После заголовков можно ставить точку, двоеточие или тире. Если заголовки печатаются обычными буквами, их следует подчеркивать, чтобы выделить из текста абзаца. Если в письме больше одной страницы, они должны быть пронумерованы. Вторая и последующие страницы печатаются на свободных листах (без заголовка письма). В левом углу каждого листа должны быть напечатаны фамилия или инициалы получателя, а под номером страницы – дата письма.

Кроме оборотов и фраз, выражающих сожаление, благодарность и другое отношение автора письма, данных в разделе **первый абзац**, могут быть полезными следующие обороты:

|  |  |
| --- | --- |
| We regret being unable to | Сожалеем, что мы не можем ….. |
| Unfortunately we cannot……. | К сожалению, мы не можем … |
| Please accept our apologies…… | Просим принять наши извинения за .. |
| We express our apology…… | Извините нас за ……. |
| We offer our apology | Мы приносим наши извинения за…. |
| We would be very much obliged ….. | Мы были бы весьма признательны … |
| I shall be grateful to you …. | Мы будем Вам благодарны ….. |
| We shall appreciate it if …. | Мы будем Вам признательны, если…… |
| We are indebted to the Representatives of PG Company in Russiа for your address. | Мы обязаны за Ваш адрес представителям компании PG в России |
| We owe your address to …. a certain company. | Мы обязаны за Ваш адрес ….. такой-то фирме. |
| Please let us know …. | Просим Вас сообщить нам …. |
| We would ask you to …. | Мы просили бы Вас …. |
| We would be obliged if …. | Мы были бы обязаны, если бы ….. |
| We would be glad to have your latest catalogue. | Мы были бы рады получить Ваш последний каталог. |
| We confirm our consent to the alterations. | Подтверждаем свое согласие с данными изменениями. |
| I wish to (May I) call your attention to (the fact that)... | Хотелось бы привлечь Ваше внимание к тому факту, что… |
| May I ask you for your attention to… | Могу ли я привлечь Ваше внимание к… |
| Please pay attention to… | Пожалуйста, обратите внимание на … |

**1.2.7. Заключительный абзац**

Конечный абзац содержит в заключение намерения, надежды и ожидания отправителя о действиях в будущем, т.е. он подводит итог тому, что обсуждалось и дает перспективу тому, что нужно предпринять. Полезные обороты и фразы:

|  |  |
| --- | --- |
| We look forward to collaborating with you to the mutual benefit of our companies. | С интересом ожидаем развития сотрудничества с Вами к взаимной выгоде обеих сторон. |
| We look forward to hearing from you soon. | С нетерпением ожидаем Вашего ответа в ближайшем будущем. |
| Your prompt (early) reply will be appreciated.  (Will you kindly let us have an early reply?) | Мы будем благодарны за Ваш скорый ответ. |
| Your reply by return mail would be appreciated. | Мы будем благодарны за ответ по электронной почте. |
| Awaiting (In anticipation of) your reply, I remain | В ожидании Вашего ответа, остаюсь… |
| I hope that we shall have the pleasure of seeing you again at the next congress. | Надеюсь, мы снова увидимся на следующем конгрессе. |
| I hope your visit will be fruitful. | Надеюсь, Ваш визит будет полезным. |
| Thank you once again for… | Еще раз спасибо за… |
| Please give (send, convey, extend) my best (sincere and warm) regards to… | Пожалуйста, передайте мои лучшие (чистосердечные и теплые) пожелания… |
| I extend my best wishes to you.  With all best wishes (regards).  With best personal wishes (regards) | С наилучшими пожеланиями. |
| Thanking and expecting your reply at your earliest convenience, I remain… | С благодарностью и в ожидании Вашего скорейшего ответа, остаюсь... |

**1.2.8. Заключительная формула вежливости**

Это просто вежливая форма окончания письма. Используемые обороты должны соответствовать ситуации, а также вступительному обращению.

Так, если Вы в начале письма обращаетесь к адресату по имени, то закончить письмо нужно обязательно словами Yours sincerely (GB)/Sincerely yours (US). Если Вы не знаете имени адресата и обращаетесь нейтрально Dear Sir/Madam и т.д., то в конце письма должно стоять Yours faithfully (US/GB).

|  |  |
| --- | --- |
| Dear Sir(s), (Dear Madam),  **Yours faithfully,** | С уважением …. |
| Dear Mr. Brown, Dear Mrs. Brown,  **Yours sincerely,** | Искренне Ваш….. |
| Dear Mr. Popov, (My Dear Mrs. Smith,)  **Yours very sincerely,** | Многоуважаемый/ая  (более теплое отношение)…. |
| American: Gentlemen:  **Yours truly, (Yours very truly,)** | Искренне Ваш….. |
| Respectfully yours, | С уважением/ почтением |
| Best regards/ Regards, | С наилучшими пожеланиями |
| Devotedly yours,  Devotedly | Преданный Вам/тебе |

**1.2.9. Подпись**

Деловые письма подписываются от руки чернилами, четко и разборчиво. Подпись всегда должна быть одинакова по стилю. Под подписью обычно печатается фамилия и должность подписывающего письмо.

Под заключительной формулой вежливости (выше подписи) прописными буквами печатается название фирмы или организации, за которую автор подписывает письмо.

Если автор подписывает письмо от имени и по поручению компании или другого лица употребляются слова **per pro. = p. pro. = p. p.** (коротко от **per procurationem**), и употребляется перед названием компании или фамилией.

**Yours faithfully,**

**Per. Pro. THE ORIENTAL TRADING**

**F. Howard**

**Secretary**

**Образец расположения всех составных частей делового письма**

1) адрес отправителя (от кого?)

Meridian National Bank

12187 S. Polo Dr.

Fairfax. VA 22030

26 May 2010

2) адрес получателя (кому?)

Suzanna Bragg

127 Polk Drive. No 112

Gary, Indiana, 46402

3) обращение

Dear Mrs. Bragg.

4) текст письма

After a thorough review of your application and the supporting documents you applied, we have concluded that your current financial situation precludes this institution from extending further credit to you at this time. When your financial picture changes and your current level of risk-exposure becomes lower, we would be happy to reconsider your application.

5) подпись

Yours sincerely.

Brenda Wallis

Loans Manager

2. Types of business letters;

a. new words (см. Приложение 2)

**Основные типы деловых писем**

по научно-медицинской тематике

1.1. Письмо-приглашение (INVITATION LETTER)

Существует несколько типов приглашений:

1. Официальное (пишется от третьего лица, часто на специально напечатанных карточках с пропусками для имени приглашенного (-ных) и для даты).
2. Нейтральное (простое дружеское приглашение)
3. Неофициальное (приглашение по телефону или в разговоре)

Письменные приглашения следует рассылать за две-три недели до праздничного события. Этикет требует письменного ответа на приглашение. Ответ на официальное приглашение пишется от третьего лица, без вступительного обращения, заключительной фразы вежливости и подписи.

THE INVITATION CARD (Официальное приглашение)

|  |
| --- |
| The Chairman and Directors  of THE BRUSH GROUP PLC  request the pleasure of your company at the reception to be held at the Reception hall, at 7 p.m. on  Friday, 24th April, 2009  Evening Dress  R. S. V. P.  to the Secretary |
| Председатель и Совет директоров  компании ……………………………  рады пригласить представителей Вашей компании на прием, который будет проведен в зале приемов…………24 Апреля 2009 в пятницу 7 вечера  Вечерняя форма одежды  Просьба ответить (от фр. «Réponder, s’il vous plaît») секретарю |

**1.2. Письмо-поздравление (CONGRATULATION LETTER)**

Письма-поздравления следует отправлять сразу же, как только Вы узнали о поводе. Для этого существует множество поводов, напр: продвижение по службе, какой-то важный юбилей в компании, создание нового продукта и т.д.

|  |
| --- |
| 21st Jun., 2005  **a)** Dear Mr. N. Brown,  I have just read of your getting an appointment of Dean of the Psychology Faculty. Let me offer my warmest congratulations.  I don’t have to tell you that all of us here wish you the best of luck in your new position.  We are sure we will know more good news about you in the future.  Your sincerely,  F. Ivanov  Ув. господин Браун,  Я только что узнал о Вашем назначении на должность декана факультета психологии. Позвольте мне выразить Вам мои теплые поздравления.  Нет необходимости говорить, что все мы желаем вам всего наилучшего в Вашей новой должности.  Уверен, что в ближайшем будущем мы еще узнаем о Вас много хороших новостей.  Искренне Ваш…  Ф.Иванов |

|  |
| --- |
| ***b)*** *Dear Professor Stanton,*  *It’s been great working with you, and we look forward to continuing our partnership during the year to come. Meanwhile, we wish you to have a Merry Christmas and a Happy and Prosperous New Year. Enjoy lots of rest, warmth and happiness with your loved ones during the holidays.*  *Yours sincerely,*  *Дорогой профессор Стентон,*  *Работать с Вами - удовольствие, и мы с нетерпением ждем продолжения нашего сотрудничества в новом году. Желаем Вам счастливого Рождества и Удачи в Новом году! Наслаждайтесь отдыхом, теплом и счастьем быть рядом с близкими во время праздников!*  *Искренне Ваши,* |

**1.3. Письмо-благодарность (LETTER OF GRATITUDE)**

Если Вы кого-то благодарите за гостеприимство, то письмо должно быть отправлено не позднее чем через 2-3 дня после Вашего отъезда.

|  |
| --- |
| 22nd May, 2001  **a)** Dear Mr. Brown,  Back now home I would like to thank you most warmly for your hospitality extended to me.  I very much appreciated your kindness in showing me round your works.  I had the most pleasant and interesting trip and hope to be of similar assistance to you if you come to Moscow. I thank you very much again.  We look forward to further cooperation.  Yours sincerely,  I. Popov  Ув. господин Браун,  По возращению домой мне бы хотелось поблагодарить Вас за оказанный мне теплый прием.  Я очень ценю Ваше любезное отношение, которое Вы мне оказали, знакомя меня с Вашими работами. Благодаря Вам моя поездка стала очень приятной и интересной, и я надеюсь также быть Вам полезным в случае, если вы решите приехать в Москву. Позвольте еще раз поблагодарить Вас.  С надеждой на дальнейшее сотрудничество,  Искренне Ваш,  И.Попов |

**1.4. Письмо-извинение (LETTER OF APOLOGY)**

Иногда случается, что Вам необходимо извиниться за какую-либо ошибку или недоразумение. Постарайтесь сделать это без слабых отговорок и постарайтесь как можно лучше все объяснить. Выразите сожаление и уверенность в том, что это больше не произойдет.

|  |
| --- |
| **a)** Dear Mr. Arnold,  I want to apologize for not having answered your nice letter sooner, but I have been away on a trip and just returned today. The materials you sent are very interesting. They will help me in my scientific work and I am very grateful.  Again, please accept my apologies for the delay. And give my best regards to your family.  Sincerely yours,…  Уважаемый г-н Арнольд!  Прошу извинить, что не ответил на Ваше любезное письмо раньше, но я был в отъезде и только сегодня вернулся. Материалы, которые Вы мне прислали, очень интересны! Они мне помогут в научной работе, и я Вам очень за них благодарен.  Извините, пожалуйста, еще раз за задержку с письмом. И передайте мои наилучшие пожелания Вашей семье.  Искренне Ваш,… |

|  |
| --- |
| 14th November, 2008  Dear Prof. Belov,  Please forgive me for not replying sooner to your kind letter of the 21st October. When your letter arrived I was away on a lecture tour and only returned a week ago.  I am very grateful to you for sending me the information I re­quested from you. It will be of great help to me. I look forward to seeing you soon in this country. With kindest regards,  Yours sincerely,  A.B. Jones  14 ноября 2008г  Дорогой профессор Белов,  Пожалуйста, простите меня за несвоевременный ответ на Ваше любезное письмо от 21 октября. Когда пришло Ваше письмо, я был в отъезде (читал лекции вне города) вернулся только неделю назад. Я Вам очень благодарен за то, что Вы отправили мне информацию по моему запросу. Она мне очень поможет. С нетерпением жду встречи с Вами в нашей стране.  С наилучшими пожеланиями,  Искренне Ваш,  А.Б.Джоунс |

**1.5. Письмо-подтверждение (LETTER OF CONFIRMATION)**

Письма-подтверждения пишутся в двух случаях:

1. когда необходимо подтвердить получение документа. В этом случае Вы пишете: “We have received your letter of the 2nd of July….”
2. когда необходимо подтвердить недавнее соглашение, заключенное по телефону или же просто на словах, и касающееся оплаты доставки, даты переговоров и т.д., Вы пишете: “We are writing to confirm our today’s telephone conversation about the price…..”

|  |
| --- |
| **a)** Dear Sir,  We thank you for your telex informing us that you have signed Contract №56 and are sending one copy back to us by today’s post.  We are pleased that we have established business relations with you and assure you that you will have our full cooperation.  Yours faithfully,  ………  Дорогой господин,  Спасибо за факс, в котором Вы сообщаете, что Вы подписали контракт № 56 и высылаете одну копию нам сегодня.  Мы рады, что нам удалось установить деловые отношения с Вами, и Вы можете полностью рассчитывать на наше сотрудничество.    Искренне ваш,  ………………… |

|  |
| --- |
| **b)** Dear Nikolay Sidorov,  I acknowledge with thanks receipt of your reprint and thank you very much for your permission to translate and publish it in the Journal of Chemistry. As soon as the translation is ready I shall send it to you for correction.  In March there will be a symposium on Photosynthesis, in Vienna. I am sending you the program with this letter. Perhaps it may be of interest to you.  With best wishes,  Enclosure: program  Yours sincerely,  David Green |
| Дорогой Николай Сидоров,  С благодарностью подтверждаю получение Вашей статьи и так же благодарю Вас за разрешение перевести и опубликовать ее в нашем журнале. Как только перевод будет готов, мы отправим Вам его на редактирование.  В Марте состоится симпозиум по теме «Фотосинтез» в Вене. Вместе с письмом отправляю Вам программу. Возможно, Вы заинтересуетесь этим вопросом.  Приложение: программа  Искренне ваш,  Дэвид Грин |

**1.6. Письмо-запрос (ENQUIRY LETTER)**

В письме-запросе обычно указывается перечень товаров/услуг и условия, согласно которым покупатель хотел бы приобрести эти товары, напр: количество и качество товаров, модель, цена, сроки доставки и оплаты.

|  |
| --- |
| **a)**  21st May 2013  Dear Sir,  We wish to inform you that we are regular buyers of medical equipment and we know your sample №45.  We would like to buy 30 stethoscopes of this quality. Also, we ask you to send us sample of diagnostic endoscope quoting your lowest prices and best terms of payment.  Your early reply will be appreciated.  Your faithfully,  Corl. Med Co. Ltd  Ув. господин,  Мы бы хотели сообщить Вам, что мы Ваши постоянные покупатели медицинского оборудования, и мы знакомы с Вашим предложением № 45. Мы бы хотели, купить 30 стетоскопов этого качества. Также мы просим прислать нам образец диагностического эндоскопа с указанием Ваших крайних цен и лучших условий платежа.  Надеемся на скорый ответ,  Искренне Ваши  Компания с огранич. отв-ю Корл. Мед |

|  |
| --- |
| **b)** Dear Sirs,  Please send me a copy of your new catalogue and price list which you advertised in the February number of The Health  Yours truly,  Уважаемые господа!  Пожалуйста, вышлите мне экземпляр нового каталога медицинской продукции и прейскурант, который вы поместили в февральском номе­ре журнала «Здоровье».  С уважением,  …. |

**1.7. Письмо-предложение (LETTER-OFFER)**

Получив письмо-запрос, невежливо оставлять его без ответа, даже в том случае, если в данный момент Вы не готовы дать точный ответ. Необходимо сразу же ответить и поблагодарить за полученное письмо. Также следует отметить, что как только Вы будете готовы, Вы вышлите новое письмо с детальной информацией. Отвечая на запрос, в случае если Вы не можете выслать предложения сразу же, следует объяснить причину сложившейся ситуации.

|  |
| --- |
| 5th Jun., 2014  a) Dear Sir,  We thank you for your enquiry for our new model topographic scanner and enclose with this letter our latest leaflet for details.  But unfortunately the delivery date you asked for is rather short, and we hope you can extend it, say by another month. In that case we are ready to make you an offer.  Your early reply will be appreciated.  Yours faithfully,    Уважаемый господин,  Благодарим за Ваш запрос на нашу новую модель топографического эндоскопа и прилагаем этим письмом перечень с деталями договора.  К сожалению, срок поставки, который Вы указали очень маленький, и мы надеемся, что Вы продлите его до следующего месяца. В этом случае мы готовы сделать вам предложение.  Будем вам признательны за скорый ответ.  Искренне ваши, |
| b) Dear Dr. Jenkins,  I hope you will not consider it an impertinence to receive a letter from an utter stranger, who claims no stronger tie of acquaintance then that he happened to attend a postgraduate course held at your University a year ago.  At that time and repeatedly afterwards, I heard your name mentioned in connection with the project «Respiratory Support». As I am doing research in that particular field I should greatly appreciate if you would allow me to call on you any time between 1st November and 20th November. I do realize that your schedule is very full and do not wish to take up much of your time.  I should be very grateful if you could indicate e convenient day and hour.  Yours sincerely,  Уважаемый доктор Дженкинс!  Надеюсь, Вы не сочтете бестактностью письмо, напи­санное Вам совершенно незнакомым человеком. Год назад я посещал аспирантский курс в Вашем университете и поэтому знаю Вас.  В то время, да и впоследствии, я часто слышал, как Ваше имя упоминалось в связи с проектом «Респираторная поддержка». Поскольку я занимаюсь исследованиями в этой же области, я буду очень признателен, если Вы позволите мне встре­титься с Вами между 1 и 20 ноября в любое удобное для Вас время. Я знаю, что Вы очень загружены, и не хочу злоупо­треблять Вашим вниманием. Я был бы очень благодарен, если бы Вы смогли сооб­щить удобный для Вас день и час.  Искренне Ваш, |

**1.8. Письмо-заказ (LETTER-ORDER)**

|  |
| --- |
| 9th Jun.,2015  Dear Sir,  We thank you for your letter of 5th Jun. Enclosing your latest leaflet of the new model of topographic scanner.  We have decided to place a trial order with you for 3 topographic scanners. As to the delivery date we agree that they should be shipped 2 months after your confirmation of the order.  Dispatch and marking instructions will be given by our forwarding agents in London, who will tell you of their charges.  Please tell us by telex when the equipment has been dispatched.  Yours faithfully,  ……………..  Ув. господин,  Благодарим Вас за Ваше письмо от 5 июня, а также за приложение нового образца топографического сканера.  Мы решили заказать три пробных образца оборудования. Что касается срока поставки, то мы согласны, что товар должен быть отгружен по истечению двух месяцев после подтверждения заказа.  Отправка и другие распоряжения будут осуществляться нашими агентами до пути в Лондон, они же расскажут Вам о расходах.  Пожалуйста, сообщите нам, когда оборудование будет отгружено.    Искренне ваш,  ……………… |

# 1.9. Письмо-подтверждение заказа (LETTER ACKNOWLEDGING ORDER)

|  |
| --- |
| 16th Jun., 2015  Dear Sir,  We are very happy to have your trial order for 3 topographic scanners to be delivered in the second half of August. It is a pleasure to have the opportunity of supplying you and we are quite sure you will be satisfied both with the quality of our devices and our service.  We assure you that this trial order and all further orders shall be carefully fulfilled.  Yours faithfully,…  Ув. господин,  Мы рады, что Вы сделали свой пробный заказ на три топографа, которые будут доставлены во второй половине августа. Нам очень приятно поставлять Вам наш товар, и мы надеемся, что Вы будете довольны и качеством оборудования, и нашими услугами.  Мы заверяем вас, что этот заказ и последующие заказы будут тщательно выполнены.  Искренне ваш,… |

**Основные правила оформления служебной записки**

**на английском языке**

Служебная записка обычно оформляется для внутреннего использования на рабочем месте. Для этого существуют специальные бланки. Ниже приводится образец такого бланка и один из вариантов его заполнения.

To: (кому)

From: (от кого)

Subject: (предмет записки)

Date: (дата)

……………………………………………………………………………………..

(Текст служебной записки)

(Подпись) \_\_\_\_\_

To: Sales representatives

From : Sales manager

Subject: Sales meeting

Date: 22 May

A meeting of sales representatives will be held at the Sales Manager’s Office in Bee Street on Monday 22 May at 10:00 a.m. Everyone is requested to arrange their schedules so that they will be free to attend.

D. M.

**5.3. Самостоятельная работа по теме:**

**Exercises on “Structure of the business letter”**

**1.** Расположите части делового письма в правильном порядке:

(1) Dear Mrs. Bragg.

(2) Suzanna Bragg

127 Polk Drive. No 112

Gary, Indiana, 46402

(3) After a thorough review of your application and the supporting documents you applied, we have concluded that your current financial situation precludes this institution from extending further credit to you at this time. When your financial picture changes and your current level of risk-exposure becomes lower, we would be happy to reconsider your application.

(4) Meridian National Bank

12187 S. Polo Dr.

Fairfax. VA 22030

26 May 2010

(5) Yours sincerely.

Brenda Wallis

Loans Manager

**2.** Расположите части делового письма в правильном порядке:

(1) 16 North Road, Berkley, California 954366

June 29, 2010

(2) Dear Mrs. Bok

(3) Mrs. R.E. Bok, Human Resources Director. Perle Employment Agency.

1900 Grand Avenue, San Francisco, California 92654

(4) I am applying for the position of secretary which was advertised in the San Francisco Chronicle of June 28.

(5) I look forward to discussing this position with you.

Sincerely yours,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annette Lee

**3.** Расположите части делового письма в правильном порядке:

(1) We thank you for your letter dated the 29th September and are pleased to send you our latest catalogue and the current price list. We shall send you a special offer as soon as we have your exact requirements.

(2) George Finchley & Sons, 68 Bond

Street, London

4 October 2009

(3) Yours faithfully,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sally Blinton Sales Manager

(4) Messrs Dickson & King, 9 Newgate Street, London

(5) Dear Sirs,

**4.** Расположите части делового письма в правильном порядке:

(1) Dear Ms. Turner:

(2) Jan Turner

Arrowhead East Conference Center

412 Bellevue Lane

Annapolis, MD 21401

(3) Best wishes,

Curt Marks

Special Projects Officer

CM/Is

(4) In our telephone conversation yesterday, we discussed plans to conduct our training seminar at your conference center. I look forward to meeting you next week when I come to look over your facilities.

(5) Cellfirst, Inc.

10 Harbor Place

Baltimore

Maryland 21220

January 28, 2007

**Exercises on “Types of the business letters” (including a memo)**

Переведите следующие письма на русский язык и определите тип письма:

October 23, 2015.

**a)** Dear Dr. Samsonov:

Please find enclosed the galley-proofs of your review "..." for final check-up before it goes to press. Since we are eager to have the book published before the end of the year, we ask you to make the appropriate correction if necessary and to return the proofs without delay. The Printers have set the dead-line for printing the review not later than the 10th December, 2015. Please take that into consideration.

In compliance with your request I am sending you a copy of the "Solid-State Physics," v. 3, N 4, 2014 as you required. Please confirm receipt of the journal.

Yours sincerely,

Frank B. Webster.

20th January, 2015

**b)** Dear David Green,

I am in receipt of your letter of 17 th January, 2015 from which I learn that you are interested in my paper "A similar Polymerase System Requiring 4-Deoxyribonucleoside Triphosphates." It gives me great pleasure to send you the reprint and I trust the informa­tion will be of help to you.

Thank you very much for the New Year wishes. My best regards to yourself and to your wife.

Looking forward to hearing from you soon,

Yours sincerely,

Nikolay Sidorov.

**c)** Dear Alfred,12th June, 2015

Under separate cover I am forwarding to you a reprint "Synthesis of Protein and Induced Enzyme in Some Plants."

I wonder if you could arrange to have reprints on the structure of cellulose forwarded to me. I should be very happy if you could supply me with the latest data on this kind of work. With best wishes and regards,

Yours sincerely,

Victor

August 10, 2015

**d)** Dear Sir:

I shall be grateful if you could arrange to forward me a copy of your publication entitled "Function of Acetylcholine as a Synaptic Transmitter," which appeared in the Journal of Biological Chemistry, v. 7, No 7, 792, 2014.

Yours truly,

Igor S. Melnikov

August 20, 2015

**e)** Dear Dr. Melnikov:

In reply to your letter of August 10, 2015. I have the pleasure to inform you that the publication you request has been sent to you under separate cover. I may only hope that it will be of use and interest to you.

With best wishes,

Sincerely yours,

Alfred E. Jones.

**f)** Dear Sir

Please could you send me your tutorial program with details of your student exchange scheme?

Yours faithfully,

Vitaly Petrov.

**5.4. Итоговый контроль знаний:**

1.FIND OUT THE TYPE OF THIS BUSINESS LETTER:

Dear Akram:

Thank you for your fax.

I was sorry to hear that you’ve had some problems with the WR458. We do all we can to make sure that our products leave our factory in perfect condition, but unfortunately sometimes a bad one does slip through. If you van arrange for it to be returned to me, I’ll let you have a replacement by return.

Hoping that you are keeping well.

Regards

Tony

Anthony Hopkins

1. Memo;

2. Congratulation;

3. Letter of apology;

4. Contract.

2. FIND OUT THE TYPE OF THIS BUSINESS LETTER:

I am writing to apologize for the mix-up in your order. We recently began using a new packaging system, which still has a few small bugs. This morning we straightened out your order and sent it. To compensate for the inconvenience, we have enclosed coupons for you to enjoy on future purchases at any of our retail stores. Again, I apologize for the confusion and any trouble that may have caused you.

1. Letter of apology;

2. Letter of application;

3. CV;

4. Contract.

3. FIND OUT THE TYPE OF THIS BUSINESS LETTER:

Responsible for training and mentoring system technicians and system designers. Also responsible for ensuring that delegated tasks are done accurately, on-time, billed within budget, and performed within the scope of the contract. Must also oversee a high degree of regard to employee and subcontractor safety. Must also oversee that safety standards are adhered to.

1. Memo;

2. Contract;

3. Job advertisement;

4. Letter of enquiry.

4. CHOOSE WORDS OR COMBINATIONS OF WORDS TO FILL SO THAT THEY REFLECT THE FEATURES OF REGISTRATION OF A MEMO:

(1) \_\_\_\_\_: All staff

From : R&D Director

(2) \_\_\_\_\_: the Chairman’s visit

The Chairman of our Corporation, (3) \_\_\_\_\_, will visit our company next Friday, 15 November. He is coming to visit our new production center. He will arrive at 11:30 a.m. and you are kindly requested to be at the welcome reception for him at the Conference Hall.

(4) \_\_\_\_\_

1. U.T.

2. Mr. Schnabel

3. To

4. Subject

**5.** CHOOSE WORDS OR COMBINATIONS OF WORDS TO FILL SO THAT THEY REFLECT THE FEATURES OF REGISTRATION OF A MEMO:

(1)\_\_\_\_\_: Business partners with training interests

(2)\_\_\_\_\_: Patrick Baldoz, Director Tri-County WDC

Date: 28 July 2008

(3) \_\_\_\_\_ Local business workforce survey

At the request of several local manufacturing companies, the Tri-County Workforce Council completed a Workforce Skills Needs Survey. We are pleased to provide you with an electronic copy of this survey which contains information from 105 local businesses.

(4)\_\_\_\_\_

1. Subject

2. Director

3. From

4. To

6. CHOOSE WORDS OR COMBINATIONS OF WORDS TO FILL SO THAT THEY REFLECT THE FEATURES OF REGISTRATION OF A MEMO:

To : (1)\_\_\_\_\_

From : (2)\_\_\_\_\_, R&D Director

(3)\_\_\_\_\_: the Chairman of the corporation visit

Date 28 August 2009

(4)\_\_\_\_\_ of our corporation Mr. Smith is visiting our company next Monday, 4 September. He is coming to see our new laboratory. Mr. Smith will be here at 10:30 a.m. and you are kindly requested to be at the welcome reception for him at the Conference Hall.

J.T.

1. All the staff

2. J. Tramp

3. Subject

4. The Chairman

**5. 5.Ситуационные задачи по теме:**

1. Исправьте ошибки в следующих отрывках из писем:

1. I received your letter from 10th June.

2. The conference will last from 10th June onto 14th.

3. I received your letter of 9/X-2009.

2.Составьте фразы, используя представленную ниже информацию из трех колонок:

|  |  |  |
| --- | --- | --- |
| 1. I very much appreciate | to have a reprint | your diagrams in the very near future |
| 2. I shall be very happy | if you sent me | to my request |
| 3. I would be very grateful | your attention | this modest present |
| 4. Thank you very much | if you accept | of this paper |
| 5. I should like very much | if you would send me | the program of the conference |
| 6. I shall be much obliged | for your help | in this matter |

**6. Домашнее задание для уяснения темы занятия:**

Tell about different types of business letters, peculiarities of date writing, opening address, the final formula of politeness, … .

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

“Comparative analysis of business correspondence in Russia and English-speaking countries”, “Rules of letters writing. Historical background”.

**1. Занятие №16**

**Тема занятия** **“Role Play”**

**2. Форма организации учебного процесса** - практическое занятие в интерактивной форме

Разновидность занятия: интерактивная форма (деловая игра), упражнения, работа в парах.

Методы обучения: частично-поисковый, репродуктивный.

**Значение темы** – Совершенствование коммуникативной компетенции по изученным темам. Использование игр – один из приемов повышения интереса к занятию иностранным языком. Ситуации, моделируемые в ролевой игре, позволяют приблизить речевую деятельность на занятиях к реальному общению, что соответствует основному принципу коммуникативного метода.

**3. Цели обучения:**

**общая:**

обучающийся должен обладать ОК-6; ПК-1;

**учебная:**

обучающийся должен **знать** лексический минимум, **уметь** вести беседу, **уметь** поддержать диалог, задавая вопросы и отвечая на них, **уметь** высказывать своё мнение.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

**5.2. Основные понятия и положения темы:**

Active learning helps students grasp what the educators are trying to teach them. By role-playing, the students get a real feel for what a life situation is actually like. Role-playing is more likely to promote active learning amongst undergraduate students than a traditional university lecture. A role-playing strategy makes English classes more interesting, it’s a way to stimulate students for better results.

During such classes students gain self-confidence, they learn more about the topic of study; they improve their critical/analytical thinking skills and even improve

research/writing skills.

Role-playing is definitely effective, but like any one teaching method, should not be used too often. The key to being an effective teacher is to use a variety of teaching methods.

1. What is a Welcome Day?
2. Why do school leavers and other candidates visit educational institutions this day?
3. Why is it necessary to be prepared for personal interview?
4. What should be emphasized in the resume?
5. Who conducts a meeting or a conference?
6. Why is it important to follow time restrictions?
7. Have you ever attended a conference? What was the topic? Were there any foreign guests?

**5.3. Самостоятельная работа по теме:**

Тематика диалогов:

1. «День открытых дверей»;

2. «Приём на работу»;

3. «В аптеке»;

4. «На конференции».

Диалог 7-10 реплик

**“Doors Open Day”/”A Welcome Day”**

You are a guide for a group of school leavers. You and school-leavers are talking about the University.

Words and word combinations:

Annually – ежегодный

To hold/run an open day- проводить день открытых дверей

School leavers- выпускники школ

To go on an excursion round the University – пойти на экскурсию по универ-ту

To be found – быть основанным

To consist of – состоять из…

The newest departments – самые новые факультеты

To be evacuated to the home front – быть эвакуированным в тыл

The Great Patriotic War – Великая Отечественная Война

A Distance Learning Department – заочное отделение

A Preparatory Department – подготовительное отделение

Post –Graduate Courses – аспирантура

The first year’s set of students – первый набор студентов

Official date – официальная дата

to be a branch of The Tomsk University – быть филиалом

Anatomical Museum – анатомический музей

Linguistic Center – лингвистический центр

to make experiments – проводить эксперименты

to carry out researches –проводить исследования

Students’ Scientific Conference –студенческая научная конференция

skiing lodge/ski center – лыжная база

stadium - стадион

hostel - общежитие

nonresident students –иногородние студенты

extra-curricular activities – внеучебная деятельность

Some dates:

1942

1995 – Academy

2008 – University

21November – University Day

**“Employment”**

You are looking for a job. You have read an ad in the newspaper and now are ready to ask and answer the questions of the HR manager / manager of personnel selection.

Job interviews are always stressful - even for job seekers who have gone on countless interviews. The best way to reduce the stress is to be prepared. Take the time to review the "standard" interview questions you will most likely be asked.

In addition, review sample answers to these typical interview questions.

a. Using the following words and word combinations, prepare a short report on the aspects that are the most important to you when looking for work, place them according to their importance.

Words and word combinations:

employment interview – собеседование при приеме на работу

employment conditions –условия приёма на работу

supervisors and co-workers – руководители и сотрудники

distance from home to place of work

career opportunities (career growth)

to encourage initiative, creativity

psychological climate

work load

working conditions

salary ,the worthy/deserved salary, to get a salary, a high/low salary, to be pleased with your salary

style of management (authoritarian, democratic, liberal)

reputation; image

values ​​and norms of behavior

to meet the social needs – удовлетворять социальные потребности

to suit smb -устраивать, подходить

on friendly terms with …

b. Make up a dialogue between a HR manager and a candidate. You may use the following questions:

What were your responsibilities? – I was responsible for…

\*What major challenges and problems did you face? How did you handle them?

What have you learned from your mistakes?

What problems have you encountered at work? (столкнуться)

What did you like or dislike about your previous job?

What was the biggest accomplishment/failure in this position? – (достоинства/недостатки) syn.*merits and demerits; advantages and disadvantages;* *highs and lows; virtues and shortcomings.*

What do you expect from a supervisor?

Have you ever had difficulty working with a manager?

Who was your best boss and who was the worst?

Why are you leaving your job?

What have you been doing since your last job?

Why were you fired?

Job Interview Questions about You:

What is your greatest weakness?

What is your greatest strength?

How will your greatest strength help you perform?

How would you describe yourself? (Tell me about yourself).

Describe a typical work week.

Describe your work style.

Do you take work home with you?

How many hours do you normally work?

How would you describe the pace at which you work?

How do you handle stress and pressure?

What motivates you?

What are your salary expectations?

What do you find are the most difficult decisions to make?

What has been the greatest disappointment in your life?

What do people most often criticize about you?

When was the last time you were angry? What happened?

If you could relive the last 10 years of your life, what would you do differently?

Do you prefer to work independently or on a team?

Give some examples of teamwork.

More teamwork interview questions:

What type of work environment do you prefer?

How do you evaluate success?

If you know your boss is 100% wrong about something how would you handle it?

Describe a difficult work situation / project and how you overcame it.

Describe a situation when your workload was heavy and how you handled it.

More job interview questions about your abilities:

What interests you about this job? Why do you want to work here?

Why do you want this job?

\*What can you do for this company? What can you contribute to this company?

Why should we hire you?

Why are you the best person for the job?

What challenges are you looking for in the position?

Are you willing to travel?

How long do you expect to remain employed with this company?

Interview Questions: The Future

What are you looking for in your next job? What is important to you?

What are your goals for the next five years / ten years?

How do you plan to achieve those goals?

What are your salary requirements - both short-term and long-term?

What will you do if you don't get this position?

**“At the Pharmacy”**

Read the dialogue "At the Pharmacy" and find the English equivalents of the following words and words combinations:

лекарство в рецепте; сильнодействующий; строго соблюдать пред­писания врача; после еды; микстура от кашля; эффективные капли в нос; принимать микстуру; одна столовая ложка; полоскание; полощите ваше горло каждые два часа; почувствовать облегче­ние; через пару дней.

Caroline: Can I have the medication on my prescription?

Chemist: Yes, certainly. But remember, it is a powerful medicine. Follow the doctor's prescription strictly. Take it after meals.

Caroline: Can I also have some cough mixture and nasal drops?

Chemist: Yes, we've got a good cough mixture and effective nasal drops.

Caroline: How should I take the mixture?

Chemist: Take one tablespoonful 3 times a day after meals.

Caroline: And the nasal drops?

Chemist: Use 2-3 drops 3-4 times a day. Besides, you may have a mouthwash if your throat is sore.

Caroline: Oh, yes. I need it badly. How should I use it?

Chemist: Gargle every two hours and you'll feel relief in a couple of days.

Caroline: Thank you very much!

Обратите внимание, как Каролина просит продать её лекарства:

Can I have …?

Can I also have …?

Составьте аналогичные вопросы, используя следующие слова и словосочетания:

|  |  |
| --- | --- |
| A medicine for a headache/ the stomach/a cough | A laxative |
| A cardiac medicine | A dropper |
| A sedative | A hot water bottle |
| A tranquilizer | Cotton wool |
| Some vitamins | iodin |
| Nasal drops | An anti-inflammatory ointment |
| A thermometer | An astringent (вяжущее средство) |

Обратите внимание, как Каролина спрашивает о применении лекарственных препаратов:

*How should I take (use) …?*

Составьте аналогичные вопросы, используя следующие слова и словосочетания из таблицы.

Дайте рекомендации, используя следующие словосочетания:

2(3) times a day;

Every hour (2, 3, 4 hours);

Before meals/after meals;

At bedtime;

2 hours before going to bed;

1 tablet;

20-30 drops;

1 spoonful of mixture;

Gargle your throat.

Useful phrases:

Don't take drugs with­out a doctor's advice.

Are you sensitive to Novocain?

Shake this mixture be­fore use.

Take this tincture a tablespoonful twice a day before meal.

Take this tablet one ev­ery four hours.

Keep the suppositories in a cool place.

Take this pill with milk.

Don't take these drops on an empty stomach.

These drugs are for in­ternal / external use.

**AT THE CONFERENCE**

Helpful questions:

What is the area of your research?

What problems is a conference devoted to?

Where is the organizing committee of the conference?

Who is a conference chairman (chairperson)?

Have you any comments to the paper we’ve just heard?

Where will the opening ceremony be held?

Where is the conference hall?

May I ask a question to the speaker?

Did the conference offer you the opportunity to exchange research data?

How much is the registration fee?

Words & word combinations:

discussion conference – конференция - дискуссия

educational conference – учебная конференция

review conference – обзорная конференция

scientific conference – научная конференция

to attend a conference - принимать участие в конференции

to participate in a conference/ to take part in a conference – принимать участие в конференции

to hold/conduct/run a conference –проводить конференцию

conference chairman (chairperson) – председатель конференции

conferee/conference participant – участник конференции

delegate - делегат

invited guest – приглашённый гость

scientific secretary – учёный секретарь

technical secretary/clerk – технический секретарь

speaker - докладчик

principal/key/keynote/lead/mum speaker – основной докладчик

address, paper, report – доклад; topic of the report – тема доклада

opening ceremony – closing ceremony

opening address – вступительное слово

plenary address – пленарный доклад

closing/concluding remarks – заключительное слово

discussion - дискуссия

to open (to close) a discussion – открывать (закрывать) дискуссию

review/overview/survey - обзорный доклад

poster paper, poster – стендовый доклад

presentation – сообщение, выступление

audiovisual equipment – аудиовизуальное оборудование

microphone, mike lapel – микрофон миниатюрный (крепится на одежде)

rostrum - трибуна

visual aids – наглядные пособия

agenda – повестка дня

abstracts – тезисы, резюме, краткий обзор

badge – значок

a. Read the dialogue:

-Good-morning, Mike! How are you?

- Morning, Nick. I’m fine, thank you. And you? I heard that you had prepared a report for the conference. How did everything pass?

- Really fine! I’ve had a good impression. Agenda was very saturated.

- What problems was the conference devoted to?

- ENT- diseases, modern approaches to diagnostics and treatment.

- Were there bright memorable reports?

- Of course. I’d better tell everything in order. The chairman opened the conference. He gave the floor to the Rector of our University. The Rector congratulated all the participants and invited guests on the opening of the conference. Then other important persons (prominent scientists, members of the state medical associations, organizers and chairmen of different commissions) took the floor.

- Was it the all Russia Conference?

- Yes, with international participation. Scientists from Belgium, Italy, Greece, Turkey and Germany came to Krasnoyarsk to share their experience in clinical work and to learn about achievements of their foreign colleagues.

- Well, it has become a good tradition to host conferences.

- A lot of controversial questions were discussed. We even watched some surgeries online.

- Fine! What were the aims of the conference? Have you achieved them?

- Exchange of opinions, strengthening of cooperation… Much remains to be done.

- Yes, it’s necessary to admit that such meetings are certainly useful.

b. Make a dialogue using the words and word combinations.

**5.4. Итоговый контроль знаний:**

1. ON WELCOME DAY … .

* 1. you come to watch interior
  2. you‘d like to know more about assortment in the buffet
  3. you are eager to make the acquaintance with the teaching staff
  4. you are going to know the campus and surrounding community, learn about the support services and resources available

2. THE AIM OF PERSONAL INTERVIEWS WHEN YOU ARE SEEKING A JOB IS … .

* 1. to have a pleasant talk with the personnel manager
  2. to find out if there is a sports center
  3. to learn about working conditions, salary, career growth, etc.
  4. to know about reputation of the company

3. IT’S VERY IMPORTANT FOR A PHARMACIST TO BE … .

* 1. in high spirits
  2. competent
  3. a good sportsman
  4. a good computer user

4. … IS A SUMMARY OF YOUR EXPERIENCES AND SKILLS RELEVANT TO THE FIELD OF WORK YOU ARE ENTERING.

* 1. A resume
  2. a passport
  3. an identity card
  4. a driving license

5. EVERY MEETING OR CONFERENCE HAS ITS OWN …

* 1. hall
  2. agenda
  3. coffee break

**5. 5.Ситуационные задачи по теме:**

Используя активную лексику, составьте диалоги на предложенные темы.

**6. Домашнее задание для уяснения темы занятия:**

Упр. «Требования к оформлению презентаций».

Discuss the following questions:

What is the best presentation you have ever been to? What made it good?

Read the advice and complete it with these words:

visuals, avoid, confident, directly, easily, interesting, nervous, read, effective, communicate, variety, content.

**HOW TO GIVE A GOOD PRESENTATION**

1. PLANNING

Think about your audience and your aims in giving the talk. Make sure you have a strong opening, middle and end. Studies suggest that people remember three points…………………..so structure your talk into three main sections. Then divide them into three subsections, etc. The average attention span of a listener is 6-8 minutes, so use a ……….. of material. Asking people to do something increases their chances of remembering information too. Use a good quote or an interesting anecdote – they make your talk more ….. .

1. WRITING

For your slides keep things simple. Use a maximum of two typefaces and a minimum 16 point size. Avoid capital letters in the main text – it’s difficult to read. During talk people take in 7% of information from the text, 55% of visual information and 38% from voice, so use………- diagrams, graphs, pictures and props. And don’t put too many words on your slides. You don’t need to write your talk in full, you are not going to………..it out. Many speakers use small cards with key words and phrases on them as clues. And get to know features in Power Point such as the Notes pages.

1. REHEARSE

You wouldn’t go to a play if the actors hadn’t rehearsed, would you? So practice in front of your friends, colleagues or family. Ask them to give you feedback on the………….., your voice and body language. You will be surprised at what you decide to change. You will see if you have too much or too little material, and you will feel less……….on the day.

1. BEFORE THE PRESENTATION

Deep breathing is an…………..way to reduce nerves, and is used by professional performers. Wear smart, comfortable clothes – they will make you feel more…………. . Make sure you have everything you need, and that your computer and beamer work. Before your audience arrive, check your slides are in focus.

1. SOME OTHER ADVICE

First impressions count. Smile, stand up straight and look………..at the audience. Breathe deeply and project your voice, introduce yourself and tell people what you are going to talk about. Remember to speak slightly slower than normal, and ……..turning your back o the audience. Don’t just read your slides, explain them in your own words. And remember to have fun and………..your enthusiasm.

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

“Formation of linguistic competence in role-playing games”

**1. Занятие №17**

**Тема занятия “Conference”**

**2. Форма организации учебного процесса** - практическое занятие в интерактивной форме

Разновидность занятия: интерактивная форма (конференция), презентация сообщений.

Методы обучения: исследовательский, репродуктивный.

**3. Значение темы** – Формирование коммуникативной компетенции по изученным темам. Данный вид занятия психологически готовит студентов для дальнейшего участия в конференциях, вырабатывает навыки выступления перед публикой, умение презентовать свой материал.

**Цели обучения:**

**общая:**

обучающийся должен обладать ОК-1; ОК-5; ОК-6; ПК-1; ПК-48;

**учебная:**

обучающийся должен **знать** лексический материал по предлагаемой теме, **владеть** грамматическими структурами, **понимать** и **уметь** отвечать на вопросы слушателей.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

1. Who conducts a conference?
2. What phrases does he begin with?
3. What does a chairman say to suggest questions?
4. Who usually opens a ceremony?
5. What proverbs and sayings that are often used by speakers do you remember?

**5.2. Основные понятия и положения темы:**

Conference.

**5.3. Самостоятельная работа по теме:**

**5.4. Итоговый контроль знаний:**

Find the ending to the proverbs and sayings:

1. THERE IS NO SMOKE WITHOUT … .

1) the sheep’s clothing

2) the Thames on fire

3) a fire

4) the broth

2. A WOLF … .

1) gets the worm

2) in the sheep’s clothing

3) you can't make him drink

4) make light work

3. THE EARLY BIRD … .

1) spoil the broth

2) gets the worm

3) the mother of invention

4) in the sheep’s clothing

4. YOU CAN LEAD A HORSE TO WATER, … .

1) in the sheep’s clothing

2) on fire

3) so you must lie in it

4) but you can't make him drink

5. WHERE THERE'S A WILL … .

1) there's a way

2) so you must lie in it

3) the mother of invention

4) make light work

**5. 5.Ситуационные задачи по теме:**

1. Подготовьтесь к роли председателя конференции.

Useful phrases:

Ведение дискуссии – chairing a discussion

Будем начинать – shall we start?

Прошу вашего внимания – may I have your attention please?

Позвольте мне открыть дискуссию – let me open the discussion

Дискуссия объявляется открытой – the discussion is declared open

Тема настоящей дискуссии – the topic of the discussion is…

Давайте обсудим – let`s discuss…

Есть ли вопросы? – are there any questions? замечания? - …comments?

мнения? - …opinions?

Есть ли вопросы к докладчикам? – are there any questions to the speakers?

Кто хочет задать вопрос? – who wants to ask a question?

Пожалуйста, доктор N – Dr N, please.

Этот вопрос профессору M – this is a question to professor M.

Есть желающие ответить на этот вопрос более подробно? – Is there anyone who would like to answer this question in more/greater detail?

Если вы хотите выступить, продумайте, пожалуйста, ваше выступление заранее и сделайте его как можно короче. – If you want to make a comment, please, think about it beforehand and make it as brief as possible.

На этом я закрываю дискуссию – with this I close the discussion.

Это хороший вопрос – this is a good question. Спорный вопрос – a controversial question.

Для меня большая честь открыть церемонию…- It’s my honor & privilege to open our ceremony

Уважаемые гости! – Distinguished guests!

Позвольте мне поздравить вас с… - Allow me to congratulate you on…(opening…)

Стало доброй традицией проводить конференцию…- It has become a good tradition to hold ( to organize, to run)

Принимать у себя - **to host**

в этом гостеприимном зале – in this hospitable **assembly hall**

под эгидой – under the aegis [‘i:ʤis] – под эгидой

у нас большая повестка дня – we have **a huge agenda**

соблюдайте регламент – mind the time –limits (restrictions/regulations)!

Первый выступающий…- the1-st speaker on the agenda is …

Слово предоставляется вам, …- the floor is yours, Mr…..(to give the floor)

После доклада, пожалуйста, ваши вопросы – you’re welcome with your questions after the report

Приготовьте ваши вопросы на итоговое заседание – Please, save your questions for the final session

Слово переходит к… - **another floor goes to**…

Наш последний по порядку , но не по значимости докладчик…- **our last** **but not least** reporter is….

Before **adjourning** the meeting I’d like to express my sincere gratitude to…- перед закрытием заседания я хотел бы выразить искреннюю благодарность…

I wish you **every** success! (всяческий, всевозможный)

Цель- a purpose, a target[‘ta:git] – более разговорные варианты

A **goal, an aim** – глобальные цели

Добиваться цели – to achieve/to attain/ to gain/ to win the goal/aim…

To hit the target – добиться намеченной цели, попасть не в бровь, а в глаз.

**Сделать выводы:** to make a conclusion, to conclude, to induce

**Подвести итог:** sum up – в своём выступлении; to draw a line

**Useful expressions:**

To a large extend –

On a large scale/broadly speaking –

Contribute to smth/foster smth –

It won’t hurt to do –

Strange as it may seem –

To be subjected to.. –

To cope with…/to overcome/to withstand/to get over –

On the tide of wave –

To set priorities –

Golden medium –

My question concerns/is related to…/focuses on –

Let me be more specific –

Could you be more specific about it? –

Correct me if I’m wrong. –

If my memory serves me well… -

All the reports were surely informative –

Some questions remain unanswered-

To conduct/to fulfill/to perform/to carry out research –

To develop/ to elaborate/to work out –

**Proverbs and sayings:**

A wolf in the sheep’s clothing.

There is no smoke without a fire.

To set the Thames on fire. = To achieve something amazing.

Nothing ventured, nothing gained -Кто не рискует, тот не выигрывает.

The early bird gets the worm- Ранняя пташка получает червя. Кто рано встаёт…

As you make your bed, so you must lie in it.

People who live in glass houses shouldn't throw stones – Не руби сук… Не плюй в колодец…

Too many cooks spoil the broth – у 7 нянек…

Where there's a will there's a way.

Many hands make light work.

You can lead a horse to water, but you can't make him drink.

Necessity is the mother of invention.

«If you want to go fast, go alone.

If you want to go far, go together» (African proverb)

2.Составьте кроссворд или сканворд, используя активную лексику занятия.

**6. Домашнее задание для уяснения темы занятия:**

Подготовка к итоговому занятию. Учебно-методические разработки следующего занятия, и методические разработки для внеаудиторной работы по теме.

**7. Рекомендации по выполнению НИРС, в том числе список тем, предлагаемых кафедрой:**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

“Structure of the program to scientific conference”, “How to make a good presentation”, “Figurative expressions, sayings, proverbs and idioms permissible in the reports”.

**1. Занятие №18**

**Тема занятия “Written Translation. Annotation”**

**2. Форма организации учебного процесса** - практическое занятие

Разновидность занятия: индивидуальная (самостоятельная) работа

Методы обучения: метод контроля

**3. Значение темы** – занятие позволяет определить уровень усвоения учебного материала, навыки выполнения письменного перевода, работы со словарём; совершенствует навыки самостоятельной работы.

**Цели обучения**:

**общая:**

обучающийся должен обладать ОК – 6; ПК- 1.

**учебная:**

оценить уровень умений и навыков, приобретённых в 4 семестре, выявить пробелы в знаниях, развивать способности к самостоятельному выполнению работы, развивать навыки самооценивания.

**5. План изучения темы:**

**Самостоятельная работа по теме:**

1. письменный перевод текста (по вариантам);

2. аннотация текста (по вариантам).

**Texts for written translation:**

Text A

History of medicine.

Medicine is among the most ancient of human occupations. It began as an art and gradually developed into a science over the centuries. There are 3 main stages in medicine development: Medicine of Ancient Civilizations, Medicine of Middle Ages and Modern Medicine.

Early man, like the animals, was subject to illness and death. At that time medical actions were mostly a part of ceremonial rituals. The medicine-man practiced magic to help people who were ill or had a wound. New civilizations, which developed from early tribes, began to study the human body, its anatomic composition. Magic still played an important part in treating but new practical methods were also developing. The early Indians, e.g., set fractures and practiced aromatherapy. The Chinese were pioneers of immunization and acupuncture. The contribution of the Greeks in medicine was enormous. An early leader in Greek medicine was Aesculapius. His daughters, Hygeia and Panacea gave rise to dynasties of healers (curative medicine) and hygienists (preventive medicine). The division in curative and preventive medicine is true today. The ethic principles of a physician were summarized by another Greek, Hippocrates. They are known as Hippocrates Oath.

The next stage of medicine’s development was the Middle Ages. A very important achievement of that time was the hospital. The first ones appeared in the 15-th century in Oriental countries and later in Europe. Another advance of the Middle Ages was the foundation of universities during the 13-14 centuries. Among other disciplines students could study medicine. During the 18-th century new discoveries were made in chemistry, anatomy, biology and other sciences. The advances of that time were invention of the stethoscope (by Rene Laennec), vaccination for smallpox, discovery of anesthetics and development of immunology and scientific surgery.

The next century is rise of bacteriology. Important discoveries were made

by Louis Pasteur and Robert Koch. The development of scientific bacteriology made possible advances in surgery: using antiseptics and control of wound infection.

Medicine in the 20-th century made enormous contribution in the basic medical sciences. These are discovery of blood groups and vitamins, invention of insulin and penicillin, practice of plastic surgery and transplantation.

Text B

Sage.

"Why should anyone die who has sage in their garden?" This old saying speaks to the many conditions that can be treated with sage.

The botanical name Salvia is from the Latin for "to save or to heal," as in the word "salvation." The Arabs associated sage with immortality. The praise for sage is not unfounded: It is often used as an herbal remedy for afflictions including gas, bloating, poor appetite and excessive sweating.

People have been cooking with sage for thousands of years: Recipes for sage pancakes have been dated to the 5th century B.C. Like most culinary herbs, sage is thought to be a digestive aid and appetite stimulant. You can use it to reduce gas in the intestines and, as it also is antispasmodic, to relieve abdominal cramps and bloating.

Sage contains phytosterols, reported to have a cooling action. In one study, using an infusion of the leaf reduced sweating by as much as half. Early and modern herbals list sage as a treatment for bright red, abundant uterine bleeding and for cramps that feel worse with heat applications and better with cold applications. You may also use sage to stop breast-milk production when weaning a child from breast-feeding. The properties that help dry up milk, as well as sage's reported cooling action, also make it useful for treating diarrhea, colds, and excessive perspiration. It may be of value for menopausal hot flashes accompanied by profuse perspiration. Sage can dry up phlegm, and you can gargle with the tea to treat coughs and tonsil or throat infections.

Sage also has been recommended as a hair rinse for dandruff, oily hair, or infections of the scalp. The herb reportedly restores color to gray or white hair. The essential oil of sage contains alpha- and beta-thujone, camphor, and cineole, which are antioxidant and antimicrobial agents. The volatile oils in sage kill bacteria, making the herb useful for all types of bacterial infections. Sage can be used as an herbal remedy for a variety of health ailments, often taken in a tea form.

Sage leaves may be dried for use in teas. The leaves are best infused, and most people prefer them mixed with mint, lemongrass, chamomile, or other herbs to cut the strong, pungent flavor of sage.

Herbal Tea: Drink several cups of sage tea each day for a period of weeks to dry up milk flow or reduce perspiration or other secretions, such as excessive mucus in the throat, nose, and sinuses. Gargling with sage tea or taking small sips throughout the day is good for throat and upper respiratory congestion.

Tincture: Take 1/8 to 1/2 teaspoon in a sip of water once or twice a day.

Sage Precautions and Warnings: Significant amounts of sage may trigger seizures in people with epilepsy. Although using sage as a cooking spice is considered safe, avoid large amounts of sage as a medicinal preparation during pregnancy.

Side Effects of Sage: Headaches and irritability can occur in individuals who consume excessive amounts of sage.

**Texts for annotations:**

Text A

What is Alka-Selzer XS and what is it used for.

Alka-Seltzer XS are effervescent tablets which dissolve in water to give a sparkling solution. The active substances are: aspirin (acetylsalicylic acid), paracetamol, caffeine, sodium hydrogen carbonate and citric acid.

Aspirin belongs to a group of medicines known as non-steroidal anti-inflammatory' drugs (MSAIDS). Aspirin and paracetamol are both used for the treatment of pain and reduction of fever. Aspirin also has anti-inflammatory properties. Caffeine acts as a mild stimulant, whilst citric acid and sodium hydrogen carbonate help relieve an upset stomach.

**Alka-Seltzer XS can be used for the:**

* Treatment of headache with an upset stomach, particularly when caused by too much to eat or drink.
* Treatment of mild to moderate pain including headache, migraine, backache (including lumbago), nerve pain (neuralgia and sciatica), period pain, toothache and sore throat.
* Symptomatic relief of colds and influenza.
* Relief of rheumatic pain (arthritis), muscle tenderness and stiffness (including fibrositis), muscular aches and pains.
* Effective reduction of high temperature.

**If you take more Alka-Seltzer XS than you should:**

If you think you have taken too many tablets you should go to your nearest Accident and Emergency Department or contact your doctor immediately. Take this leaflet with you and any packaging to show what you have taken.

Immediate medical advice should be sought in the event of an overdose, even if you feel well, because of the risk of delayed, serious liver damage.

**Possible side effects.**

Like all medicines Alka-Seltzer XS can cause side effects although not everybody gets them.

If you experience any of the following side effects, stop taking Alka-Seltzer XS and go to your nearest Accident and Emergency Department or doctor immediately:

* An allergic reaction. Signs of allergic reaction may include: difficulty in breathing or swallowing, swelling of the face, lips, throat or tongue, skin rashes, large or itchy wheals on the skin, attacks of sneezing, runny nose and itching eyes or water retention.
* Stomach bleeding, which may result in black or tarry stools.
* Nausea or vomiting.
* Dizziness or ringing in the ears.
* Diarrhoea.

Increased bleeding/blood thinning (if you cut or injure yourself).

An asthma attack if you are asthmatic and sensitive to aspirin.

Changes in normal liver activity in blood tests (very rare).

If you have unusual stomach pains or react badly to this medicine in any other way, stop taking Alka-Seltzer XS and tell your doctor or pharmacist immediately.

Text B

AntiBloat. Probiotic & Prebiotic.

Abdominal bloating is usually associated with PMS, menstruation, constipation, over-eating, food intolerances and intestinal gas when the abdomen feels uncomfortable, full and tight. When digestion is poor, waste materials and the gases they produce can remain in the intestines for long periods of time – often at night temperatures and pressures – and stretch the intestinal walls beyond their comfortable limits.

Imbalances of bad pathogenic bacteria over friendly bacteria in the intestines can result in poor digestive health, production of smelly and uncomfortable gases and sluggish bowel function. A one-week course of *AntiBloat* re-balances the good bacteria in the small and large intestines to support healthy digestion and good intestinal passage.

Direction

As a food supplement AntiBloat can be given to adults with the following recommendations: take one sachet daily with breakfast for a 7 day course once a month or as professionally directed.

For best results when mixing:

1. Pour an inch of cold water into a tall glass, shake and gently sprinkle in a powder.
2. Leave powder to settle on the surface of the water – it will dissolve naturally.
3. Swirl the water around in the glass.
4. If necessary, mix with a teaspoon to disperse any remaining powder.

Safety

It is not recommended to give probiotics to severely immunosuppressed patients, post cardiac surgery patients, patients with pancreatic dysfunction or patients with blood in the stool unless under a doctor’s care.

Background Information

Did you know that each of us has around 100 trillion bacteria in our intestines? Than is 10 times the number of cells in our body, and can weigh around 1,5 kg! This microflora consists of both friendly probiotic bacteria and bad pathogenic bacteria that co-exist in a complex ecosystem. Having a healthy balance of probiotics over pathogens plays an important role in digestion and immunity.

Probiotics support digestion in several capacities. A healthy balance of friendly bacteria in the intestines provides specific enzymes needed in the digestion of particular substances, produces B complex vitamins and vitamin K, and aids the absorption and uptake of minerals and nutrients in the diet.

A healthy balance of friendly bacteria also helps maintain overall immunity as to two-thirds of the body’s immunity is managed in the intestines. Where there is a healthy balance of friendly bacteria in the intestines, acidity is high which hinders the growth and survival of bad bacteria, and enables the growth of friendly bacteria to multiply.

However, the balance of bacteria in the intestines is fragile and can easily be disrupted by several factors such as antibiotics, ageing, diet, environment and the menstrual cycle.

*AntiBloat* is an advanced formulation of unique probiotic strains and probiotics that helps maintain a healthy balance of friendly bacteria in the intestines throughout the month to support digestive health, aid natural digestive transit and promote a comfortably flat stomach.

**5.4. Итоговый контроль знаний:**

Индивидуальный контроль выполненных работ

**6. Домашнее задание для уяснения темы занятия:**

1. Подготовка к итоговому занятию (повторение лексико-грамматического материала);

2. Учебно-методические разработки следующего занятия, и методические разработки для внеаудиторной работы по теме.

**1. Занятие №19**

**Тема занятия “Grammar test. Discussion on the topics”**

**2. Форма организации учебного процесса** - зачётное занятие.

Разновидность занятия: индивидуальная (самостоятельная) работа.

Методы обучения: метод контроля.

**3. Значение темы** – занятие позволяет определить уровень усвоения учебного материала, изученного в 4 семестре, выявить пробелы в знаниях; воспитывает самостоятельность и навыки самоконтроля.

**Цели обучения:**

**общая:**

студент должен обладать ОК-5; ОК-6; ПК-1; ПК-48;

**учебная:**

- развитие умений выполнять тест в электронном виде, развитие способности к самостоятельному выполнению работы; закрепление грамматических и лексических навыков.

**5. План изучения темы:**

**5.1. Контроль исходного уровня знаний.**

Обзор грамматических времён, порядок слов в английском предложении.

**Simple Tenses** (regular verbs)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question words | auxiliary verb | **?**  (interrogative sen) | **+**  (affirmative sen) | -  (negative sen) | Tense |
| What?  Where?  When?  Why?  How?  How long?  How far?  How many?  How much?  Which?  Who?  Whose?  Whom? | Will | I work?  we/you/he/she/it/  they… | I will work  we/you/he/she/it/  they… … | I will not work  we/you/he/she/it/  they… … | Future |
| Do  Does | I work?  we/you/they…  he work?  she/it… | I work  we/you/they…  He works  she/it… | I don’t work  we/you/they…  he doesn’t work  she/it… … | Present |
| Did | I work?  we/you/he/she/it/  they… | I worked  we/you/he/she/it/  they… | I didn’t work  we/you/he/she/it/  they… … | Past |

**Simple Tenses** (irregular verbs)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question words | auxiliary verb | **?**  (interrogative sen) | **+**  (affirmative sen) | -  (negative sen) | Tense |
| What?  Where?  When?  Why?  How?  How long?  How far?  How many?  How much?  Which?  Who?  Whose?  Whom? | Will | I go?  we/you/he/she/it/  they… | I will go  we/you/he/she/it/  they… | I will not go  we/you/he/she/it/  they… … | Future |
| Do  Does | I go?  we/you/they…  he go?  she/it… | I go  we/you/they…  He goes  she/it… | I don’t go  we/you/they…  he doesn’t go  she/it… … | Present |
| Did | I go?  we/you/he/she/it/  they… | I went  we/you/he/she/it/  they… | I didn’t go  we/you/he/she/it/  they… … | Past |

**Таблица английских времен:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Simple / Indefinite** | **Continuous / Progressive** | **Perfect** | **Perfect Continuous** |
| **Present** | I play | I am playing | I have played | I have been playing |
| **Past** | I played | I was playing | I had played | I had been playing |
| **Future** | I shall play | I shall be playing | I shall have played | I shall have been playing |

**Пассивный залог в разных временных формах**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Present** | **Past** | **Future** |
| **Simple** | is eaten | was eaten | will be eaten |
| **Progressive** | is being eaten | was being eaten | ----- |
| **Perfect** | has been eaten | had been eaten | will have been eaten |



**IF – sentences**

1. **Zero conditional**

e.g. If you heat water, it turns into vapour. (if+present+present)

\*We express facts that are always true.

**2. First conditional** (real condition)

e.g. If you like sweet things, you will like this cake! I will go for a walk when the weather is fine. (if+**present**+will)

\*We express predictions about the future.

1. **Second conditional** (unreal condition)

e.g. If I had a lot of money, I would (I’d) travel round the world. (if+past+would/should/could/might)

\*We talk about an imaginary future situation/unreal condition.

**5.3. Самостоятельная работа по теме:**

**Примерные варианты тестовых заданий:**

**a.** Выберите правильный вариант.

1. HER FATHER WILL COME AT 8 O’CLOCK .....

1. in this afternoon
2. in this evening
3. this afternoon
4. this evening

2. LAST SUNDAY ..... THOUSANDS OF PEOPLE ON THE BEACH.

1. it was
2. there was
3. there were
4. they were

3. NANCY WORKS IN A SHOP AND .....

1. Alan does not
2. does Alan
3. Alan do
4. Alan not

4.

1. Was the big car expensive?
2. Was the expensive car big?
3. Was expensive the big car?
4. Was the expensive a big car?

5. WHAT IS YOUR COUSIN?

1. That’s she.
2. This is her.
3. I haven’t got any.
4. She’s a doctor.

6. IN THE FUTURE SCIENTISTS ..... A LOT OF MONEY,” HIS PARENTS SAID.

* 1. shall earn
  2. will earn
  3. going to earn
  4. are earning

**b.** Выберите верную форму перевода слова в скобках:

1. HE (HAS JUST REMOVED) THE TONSILS.

1. только что удалили
2. удалили
3. только что удалил
4. удалят

2. WHAT DO YOU (COMPLAIN OF)?

1. жаловались
2. жалуешься
3. жаловался
4. жалуется

3. WE WERE AFRAID THAT THE TEMPERATURE WOULD (RISE).

1. повышается
2. повысилась
3. повышалась
4. повысится

4. NURSE (IS RESPONSIBLE) FOR THE INJECTIONS.

1. была ответственна
2. ответственна
3. будет ответственна
4. может быть ответственна

5. THE DRUGS (WERE FOUND) IN THE DRUG CABINETS.

1. нашлись
2. будут найдены
3. могут найтись
4. должны быть найдены

6. We order or buy medicines at THE … . shops.

* 1. на рынке
  2. в аптеке
  3. в магазине

7. A sheet of paper written by a doctor which contains

names of drugs and rules of their taking is called a… .

1. формула
2. рецепт
3. рекомендация

8. Every small bottle, a tube or a box of medicine has a …

on it.

1. цена
2. картинка
3. ценник
4. печать

9. Some drugs are for … use, others- for external USE.

1. умственный
2. внутренний
3. серьёзный
4. внутривенная инъекция

10. ……may cause unfavourable reactions and sometimes

even death.

1. передозировка
2. постельный режим
3. правильное питание
4. физическая нагрузка

**Вопросы для самоподготовки:**

Собеседование по темам:

**Medical Education in Great Britain**

Is the entry to a medical school highly competitive?

What exams are required to pass?

They are taken at advanced level, aren't they?

How many terms is the academic year divided into?

Is Latin obligatory in all medical schools?

What degrees do the medical graduates receive?

In what forms do they have exams?

What is peculiar about final exams in Britain?

What is an internship? How long is it?

What document does a doctor obtain after the internship?

What is residency? How long is it?

In what fields of Medicine does residency train specialists?

What's the highest degree of Medicine?

What must a specialist do to obtain this Degree?

Why is competition at a medical school rather high?

Are tuition fees charged at medical school?

Do students receive financial assistance?

How long is every term?

What parts is a program divided into? What are they?

What subjects do students study?

What do they do in hospital?

How often do they have exams?

What does the work of an intern include?

**Medical Education in the USA**

Does the curriculum in America much differ from the Russian system of medical education?

At what age can an American graduate practice medicine?

Is medical education paid?

What do students pay for?

Is the cost of education high?

Is residency obligatory in America?

What does the duration of residency depend on?

Do the students receive scholarships?

When may a graduate work as a practitioner?

What is required to enter a medical school?

Is entry highly competitive?

What are aims of personal interviews?

What is the most important factor in the selection of students?

How long is the course of study?

What subjects does the curriculum consist of?

**Health Service in Great Britain**

Is medical treatment free?

Is emergency free or paid?

How do the British call private hospitals?

What do patients have to pay for?

Is a foreigner given free emergency medical treatment?

Has a patient a right to change his doctor or dentist?

Why can't some hospitals provide a full range of medical services?

In what fields do Health Centers provide consultant services?

What does it mean that all consultations in the centre are by appointment only?

How many patients can a doctor examine for an hour?

How long is each consultation?

What are duties of a family doctor?

How does a doctor keep his private office?

**Health Service in the USA**

What doctor is called a family doctor?

What are the duties of a family doctor? What are his rights?

Do many Americans have a family doctor? What types of hospitals are there in America?

What medical workers are American hospitals staffed by?

What units are there in hospitals?

Why are social services available to the patients and their families?

What example can you give to show that social service is available?

Why are emergency units special areas in the hospital?

Why is the nursing staff very important?

What kinds of benefits do Americans have?

What reasons forced the federal government to develop two programs?

When was Medicaid brought into operation?

For whom does it provide free medical care?

When was Medicare brought into operation?

For whom does it work?

What medical problems does American medicine face?

**Medicines under Control**

Why is it necessary to maintain control over the distribution of narcotic and psychotropic substances in pharmacies?

Does a free market in the sphere of pharmacy always serve tasks (purposes) of the public health system?

What medicinal substances are intended for selling by prescription only?

Why are some medicinal substances in popular demand in drug addicts?

What can pharmacists make to protect buyers from counterfeit drugs which can become lethal for them?

What are the obligatory requisites of the certificate?

How long are the documents to obtain narcotics and psychotropic substances of lists II and III stored in pharmacies and clinics?

What else should a pharmacist pay attention to?

What are the signs of falsification?

Where can the chemical analysis of medicine be made?

How long is period of validity of the power of attorney?

**New Tendencies in Pharmacy**

Innovation is a key in the creation of a full-fledged pharmaceutical industry, isn’t it?

Why is national security one of the main reasons for developing domestic pharmaceutical industry?

How does development of pharmacy connect with the other branches of science?

What two Ministries are responsible for the Pharmacy development?

What are biologically active food additives?

Do you need a prescription to buy them? Why?

Why are they necessary? What are their benefits? Do they do any harm?

What are anabolic steroids?

What properties do steroids possess?

Are there any adverse effects in taking steroids?

In what health problems are steroids applied?

**Drug Production and Advertisement**

What’s the 1-st step in testing?

What’s the aim of clinical trials?

Are drug ads always objective?

Do you pay attention to the ads while buying medicines?

Is a drug advertisement a crucial point for you to buy a medicine?

What shortcomings may be met in the ads?

**Business in Pharmacy**

What is a CV?

What’s the difference between a CV and a resume?

How long are CVs and resumes?

Why is it important to have a good and well- structured CV?

What information is included into the resumes and CVs?

What’s the order in the structure of a CV?

How to address an envelope?

What is an addresser/addressee?

Where is a sender’s address written?

What types of business letters do you know?

What phrases and constructions are used in these letters?

What is a memo?

What is the Format of a Business Letter?

What special features are there in the writing of dates?

What special features are there in the writing of introductory greeting?

What is the difference in “Yours sincerely” and “Yours faithfully”?

**Role Play**

What is a Welcome Day?

Why do school leavers and other candidates visit educational institutions this day?

Why is it necessary to be prepared for personal interview?

What should be emphasized in the resume?

Who conducts a meeting or a conference?

Why is it important to follow time restrictions?

Have you ever attended a conference? What was the topic? Were there any foreign guests?

**Conference**

Who conducts a conference?

What phrases does he begin with?

What does a chairman say to suggest questions?

Who usually opens a ceremony?

What proverbs and sayings that are often used by speakers do you remember?

**Перечень и стандарты практических умений:**

- знать и уметь употреблять тематическую лексику;

- знать и уметь употреблять грамматический материал.

- уметь высказываться на заданную тему;

- уметь задавать вопросы по теме;

- уметь отвечать на вопросы;

-аргументировано вести диалог;

- владеть навыками изучающего и поискового видов чтения;

- владеть навыками ознакомительного чтения текстов;

- уметь переводить со словарем;

- уметь сравнивать и делать выводы;

- уметь составлять аннотацию текста

- иметь навыки реферативного перевода.

-знать и иметь навыки грамотного оформления деловой корреспонденции.

**Учебно-методическое и информационное обеспечение учебной дисциплины**

**Основная литература**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | **Кол-во экземпляров** | |
| № п/п | [+](http://krasgmu.ru/index.php?page%5bcommon%5d=elib&umkd_id=241&type=0) **Наименование, вид издания** | **Автор(-ы), составитель(-и), редактор(-ы)** | **Место издания, издательство, год** | **В библиотеке** | **На кафедре** |
| **1** | **2** | **3** | **4** | **5** | **6** |
| 1 | [Английский язык](http://krasgmu.ru/index.php?page%5bcommon%5d=elib&cat=catalog&res_id=30318) : учебник | И. Ю. Марковина, З. К. Максимова, М. Б. Вайнштейн ; ред. И. Ю. Марковина | М. : ГЭОТАР-Медиа, 2012. | 200 | [▲](http://krasgmu.ru/index.php?page%5borg%5d=df_umkd_add_caf_ex&res_id=30318&umkd_id=241) |

**Дополнительная литература**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | **Кол-во экземпляров** | |
| № п/п | [+](http://krasgmu.ru/index.php?page%5bcommon%5d=elib&umkd_id=241&type=1) **Наименование, вид издания** | **Автор(-ы), составитель(-и), редактор(-ы)** | **Место издания, издательство, год** | **В библиотеке** | **ННа кафедре** |
| **1** | **2** | **3** | **4** | **5** | **6** |
| 1 | [English for Pharmacy Communication = Английский язык для фармацевтов](http://krasgmu.ru/index.php?page%5bcommon%5d=elib&cat=catalog&res_id=31545) [Электронный ресурс] : сб. ситуационных задач по англ. языку с курсом дистационного обучения для студентов 1-2 курсов по спец. 060108 " Фармация ". - Режим доступа: http://krasgmu.vmede.ru/index.php?page[common]=elib&cat=&res\_id=31545 | О. А. Гаврилюк, Г. В. Юрчук, Е. О. Петрова [и др.] | Красноярск : КрасГМУ, 2010. | 1ЭБС КрасГМУ | [▲](http://krasgmu.ru/index.php?page%5borg%5d=df_umkd_add_caf_ex&res_id=31545&umkd_id=241) |
| 2 | [English for Professional Communication in Pharmacy](http://krasgmu.ru/index.php?page%5bcommon%5d=elib&cat=catalog&res_id=42549) : учеб. пособие | О. А. Гаврилюк, Л. Г. Носова, В. М. Томилова | Красноярск : КрасГМУ, 2014. | 25 | [▲](http://krasgmu.ru/index.php?page%5borg%5d=df_umkd_add_caf_ex&res_id=42549&umkd_id=241) |
| 3 | [Английский язык](http://krasgmu.ru/index.php?page%5bcommon%5d=elib&cat=catalog&res_id=2037) [Электронный ресурс] : метод. указания к аудит. работе студентов 2 курса очной формы обучения спец. 60108 - «Фармация». - Режим доступа: http://krasgmu.vmede.ru/index.php?page[common]=elib&cat=&res\_id=2037 [**x**](javascript:void(0)) | сост. Л. Г. Носова, Г. В. Юрчук | Красноярск : КрасГМУ, 2011. | ЭБС КрасГМУ | [▲](http://krasgmu.ru/index.php?page%5borg%5d=df_umkd_add_caf_ex&res_id=2037&umkd_id=241) |
| 4 | [Английский язык](http://krasgmu.ru/index.php?page%5bcommon%5d=elib&cat=catalog&res_id=2038) [Электронный ресурс] : метод. указания к аудит. работе студентов 1 курса очной формы обучения по спец. 060108 - Фармация. - Режим доступа: http://krasgmu.vmede.ru/index.php?page[common]=elib&cat=&res\_id=2038 | сост. Л. Г. Носова, Г. В. Юрчук | Красноярск : КрасГМУ, 2011. | ЭБС КрасГМУ | [▲](http://krasgmu.ru/index.php?page%5borg%5d=df_umkd_add_caf_ex&res_id=2038&umkd_id=241) |
| 5 | [Английский язык](http://krasgmu.ru/index.php?page%5bcommon%5d=elib&cat=catalog&res_id=2116) [Электронный ресурс] : сб. тестовых заданий с эталонами ответов для студентов 1-2 курсов, обучающихся по спец. 060108 – Фармация (очная и заочная форма обучения). - Режим доступа: http://krasgmu.vmede.ru/index.php?page[common]=elib&cat=&res\_id=2116 | сост. О. А. Гаврилюк, Г. В. Юрчук, Е. О. Петрова [и др.] | Красноярск : КрасГМУ, 2011. | ЭБС КрасГМУ | [▲](http://krasgmu.ru/index.php?page%5borg%5d=df_umkd_add_caf_ex&res_id=2116&umkd_id=241) |
| 6 | [Англо-русский медицинский словарь](http://krasgmu.ru/index.php?page%5bcommon%5d=elib&cat=catalog&res_id=31609) | ред. И. Ю. Марковина, Э. Г. Улумбеков | М. : ГЭОТАР-Медиа, 2010. | 10 | [▲](http://krasgmu.ru/index.php?page%5borg%5d=df_umkd_add_caf_ex&res_id=31609&umkd_id=241) |
| 7 | [Деловая переписка на английском языке](http://krasgmu.ru/index.php?page%5bcommon%5d=elib&cat=catalog&res_id=26930) : для специалистов мед. профиля | О. А. Гаврилюк, О. И. Домнина | Красноярск : КрасГМУ, 2010. | 50 | [▲](http://krasgmu.ru/index.php?page%5borg%5d=df_umkd_add_caf_ex&res_id=26930&umkd_id=241) |
| 8 | [Иностранный язык (английский)](http://krasgmu.ru/index.php?page%5bcommon%5d=elib&cat=catalog&res_id=44260) [Электронный ресурс] : сб. метод. указаний для обучающихся к внеаудитор. (самостоят.) работе для специальности 060301 – Фармация 1 курс (очная форма обучения). - Режим доступа: http://krasgmu.vmede.ru/index.php?page[common]=elib&cat=&res\_id=44260 | сост. Л. Г. Носова, А. Г. Зотин, Г. В. Юрчук [и др.] | Красноярск : КрасГМУ, 2014. | ЭБС КрасГМУ | [▲](http://krasgmu.ru/index.php?page%5borg%5d=df_umkd_add_caf_ex&res_id=44260&umkd_id=241) |
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