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**УТВЕРЖДАЮ**

Директор Высшей школы управления  
здоровьем, клинической психологии и  
сестринского образования

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« 26 » 04 20 24 г

**ФОНД ОЦЕНОЧНЫХ СРЕДСТВ  
ДЛЯ ПРОВЕДЕНИЯ ПРОМЕЖУТОЧНОЙ АТТЕСТАЦИИ**

**Дисциплина:** Иностранный язык как средство профессиональной коммуникации

**Направление подготовки:** 34.04.01 Управление сестринской деятельностью

**Квалификация:** Магистр

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## 1. КАРТА КОМПЕТЕНЦИЙ

Контролируемые компетенции	Планируемые результаты обучения
<p><b>УК- 4</b> Способен применять современные коммуникативные технологии, в том числе на иностранном(ых) языке(ах), для академического и профессионального взаимодействия</p>	<p><b>ИД 4.1</b> Знает основы выстраивания эффективной коммуникации с партнерами в процессе профессионального взаимодействия на государственном и иностранных языках; основы теории коммуникации; основные правила письменной и устной коммуникации на русском и иностранном языках; принципы успешной коммуникации; виды и способы коммуникации, обеспечивающие эффективное академическое взаимодействие, а также взаимодействие в рамках медицинского дискурса;</p> <p><b>ИД 4.2</b> Умеет применять базовые коммуникативные навыки в академических и профессиональных целях; уметь выстраивать эффективную коммуникацию на русском и иностранном языках; вести деловую переписку, учитывая особенности стилистики официальных и неофициальных писем, социокультурные различия в формате корреспонденции на государственном и иностранном (-ых) языках;</p> <p><b>ИД 4.3</b> Владеет умением выполнять перевод академических и профессиональных текстов с иностранного (-ых) на государственный язык; различными коммуникативными навыками, применимыми в академическом и профессиональном общении медицинских работников.</p>

## 2. ПОКАЗАТЕЛИ ОЦЕНИВАНИЯ ПЛАНИРУЕМЫХ РЕЗУЛЬТАТОВ ОБУЧЕНИЯ

Семестр	Шкала оценивания	
	«не зачтено»	«зачтено»
<b>знать</b>		
<b>1</b>	<p>Студент не способен самостоятельно выделять главные положения в изученном материале дисциплины.</p> <p>Не знает основных правил произношения, словообразования и словоупотребления; базового фонда общеупотребительной и терминологической лексики; основ чтения, перевода и реферирования специального медицинского текста; грамматического и стилистического оформления устного высказывания.</p>	<p>Студент самостоятельно выделяет главные положения в изученном материале и способен дать краткую характеристику основным идеям проработанного материала дисциплины.</p> <p>Знает основные правила произношения, словообразования и словоупотребления; базовый фонд общеупотребительной и терминологической лексики; основы чтения, перевода и реферирования специального медицинского текста; грамматического и стилистического оформления устного высказывания.</p> <p>Показывает глубокое понимание лексико-грамматической, структурной и логической организации специального медицинского текста; основных положений текста и смысла всего текста в целом; причинно-следственных, логических и системообразующих связей в структуре текста.</p>
<b>уметь</b>		
<b>1</b>	<p>Студент не умеет правильно произносить, интонировать и анализировать изученную лексику; использовать изученный лексико-грамматический материал при работе со специальным медицинским текстом; выполнять перевод и реферирование текста; строить устное высказывание, отвечать на вопросы экзаменатора.</p>	<p>Студент умеет правильно произносить, интонировать и анализировать изученную лексику; использовать изученный лексико-грамматический материал при работе со специальным медицинским текстом; выполнять вполне грамотный перевод и реферирование текста; строить устное высказывание, отвечать на вопросы экзаменатора.</p>
<b>владеть</b>		
<b>1</b>	<p>Студент не владеет основными правилами произношения, словообразования и словоупотребления; базовым фондом общеупотребительной и терминологической лексики; основами чтения, перевода и реферирования специального медицинского текста; грамматического и стилистического оформления устного высказывания, ответа на вопрос экзаменатора.</p>	<p>Студент показывает глубокое и полное владение всем объемом изучаемой дисциплины, владеет основными правилами произношения, словообразования и словоупотребления; базовым фондом общеупотребительной и терминологической лексики; основами чтения, перевода и реферирования специального медицинского текста; грамматического и стилистического оформления устного высказывания, ответа на вопрос экзаменатора.</p>

### **3. ОЦЕНОЧНЫЕ МАТЕРИАЛЫ ДЛЯ ПРОВЕДЕНИЯ ПРОМЕЖУТОЧНОЙ АТТЕСТАЦИИ**

#### **3.1. КОМПЛЕКТ УСТНЫХ ТЕМ ДЛЯ ЗАЧЕТА**

1. “Medical institutions in Russia”
2. “Polyclinics”
3. “Hospitals”
4. “Emergency medicine”
5. “Chemist’s”
6. “Medical insurance”

#### **3.2. КОМПЛЕКТ ОРИГИНАЛЬНЫХ ТЕКСТОВ ДЛЯ РЕФЕРИРОВАНИЯ И ПЕРЕВОДА НА ЗАЧЕТЕ**

### **Coronary Artery Disease**

Coronary artery disease, also called coronary heart disease, or simply, heart disease, is the No. 1 killer in America, affecting more than 13 million Americans.

Cardiovascular disease is the leading cause of death for both men and women in the U.S. It is important to learn about your heart to help prevent heart disease. And, if you have cardiovascular disease, you can live a healthier, more active life by learning about your disease and treatments and by becoming an active participant in your care.

Heart disease is a result of plaque buildup in your arteries, which blocks blood flow and heightens the risk for heart attack and stroke.

Heart disease is a result of plaque buildup in your coronary arteries -- a condition called atherosclerosis -- that leads to blockages. The arteries, which start out smooth and elastic, become narrow and rigid, restricting blood flow to the heart. The heart becomes starved of oxygen and the vital nutrients it needs to pump properly.

From a young age, cholesterol-laden plaque can start to deposit in the blood vessel walls. As you get older, the plaque burden builds up, inflaming the blood vessel walls and raising the risk of blood clots and heart attack. The plaques release chemicals that promote the process of healing but make the inner walls of the blood vessel sticky. Then, other substances, such as inflammatory cells, lipoproteins, and calcium that travel in your bloodstream start sticking to the inside of the vessel walls.

Eventually, a narrowed coronary artery may develop new blood vessels that go around the blockage to get blood to the heart. However, during times of increased exertion or stress, the new arteries may not be able to supply enough oxygen-rich blood to the heart muscle.

In some cases, a blood clot may totally block the blood supply to the heart muscle, causing heart attack. If a blood vessel to the brain is blocked, usually from a blood clot, an ischemic stroke can result. If a blood vessel within the brain bursts, most likely as a result of uncontrolled hypertension (high blood pressure), a hemorrhagic stroke can result.

Cardiac ischemia occurs when plaque and fatty matter narrow the inside of an artery to a point where it cannot supply enough oxygen-rich blood to meet your heart's needs. Heart attack can occur - with or without chest pain and other symptoms.

Ischemia is most commonly experienced during:

- Exercise or exertion
- Eating
- Excitement or stress
- Exposure to cold

Coronary artery disease can progress to a point where ischemia occurs even at rest. And ischemia can occur without any warning signs in anyone with heart disease, although it is more common in people with diabetes.

## **Heart Disease and Congestive Heart Failure**

Heart failure does not mean the heart has stopped working. Rather, it means that the heart's pumping power is weaker than normal. With heart failure, blood moves through the heart and body at a slower rate, and pressure in the heart increases. As a result, the heart cannot pump enough oxygen and nutrients to meet the body's needs. The chambers of the heart respond by stretching to hold more blood to pump through the body or by becoming stiff and thickened. This helps to keep the blood moving for a short while but, in time, the heart muscle walls weaken and are unable to pump as strongly. As a result, the kidneys often respond by causing the body to retain fluid (water) and sodium. If fluid builds up in the arms, legs, ankles, feet, lungs, or other organs, the body becomes congested, and congestive heart failure is the term used to describe the condition.

Heart failure is caused by many conditions that damage the heart muscle, including:

- **Coronary artery disease.** Coronary artery disease (CAD), a disease of the arteries that supply blood and oxygen to the heart, causes decreased blood flow to the heart muscle. If the arteries become blocked or severely narrowed, the heart becomes starved for oxygen and nutrients.

- **Heart attack.** A heart attack occurs when a coronary artery becomes suddenly blocked, stopping the flow of blood to the heart muscle and damaging it. All or part of the heart muscle becomes cut off from its supply of oxygen. A heart attack damages the heart muscle, resulting in a scarred area that does not function properly.
- **Cardiomyopathy.** Damage to the heart muscle from causes other than artery or blood flow problems, such as from infections or alcohol or drug abuse.
- **Conditions that overwork the heart.** Conditions including high blood pressure, valve disease, thyroid disease, kidney disease, diabetes, or heart defects present at birth can all cause heart failure. In addition, heart failure can occur when several diseases or conditions are present at once.

You may not have any symptoms of heart failure, or the symptoms may be mild to severe. Symptoms can be constant or can come and go. The symptoms can include:

- **Congested lungs.** Fluid back up in the lungs can cause shortness of breath with exercise or difficulty breathing at rest or when lying flat in bed. Lung congestion can also cause a dry, hacking cough or wheezing.
- **Fluid and water retention.** Less blood to your kidneys causes fluid and water retention, resulting in swollen ankles, legs, abdomen (called edema), and weight gain. Symptoms may cause an increased need to urinate during the night. Bloating in your stomach may cause a loss of appetite or nausea.
- **Dizziness, fatigue, and weakness.** Less blood to your major organs and muscles makes you feel tired and weak. Less blood to the brain can cause dizziness or confusion.
- **Rapid or irregular heartbeats.** The heart beats faster to pump enough blood to the body. This can cause a fast or irregular heartbeat.

If you have heart failure, you may have one or all of these symptoms or you may have none of them. In addition, your symptoms may not be related to how weak your heart is; you may have many symptoms but your heart function may be only mildly weakened. Or you may have a more severely damaged heart but have no symptoms.

## **Secondary Hypertension**

In about 10% of people, high blood pressure is caused by another disease (this is called secondary hypertension). In such cases, when the root cause is treated, blood pressure usually returns to normal or is significantly lowered. These causes include the following conditions:

- Chronic kidney disease

- Sleep apnea
- Tumors or other diseases of the adrenal gland
- Coarctation of the aorta -- A narrowing of the aorta that you are born with that can cause high blood pressure in the arms
- Pregnancy
- Use of birth control pills
- Alcohol addiction
- Thyroid dysfunction

In the other 90% of cases, the cause of high blood pressure is not known (primary hypertension). Although the specific cause is unknown, certain factors are recognized as contributing to high blood pressure.

### **Factors That Can't Be Changed**

- **Age:** The older you get, the greater the likelihood that you will develop high blood pressure, especially systolic, as your arteries get stiffer. This is largely due to arteriosclerosis, or "hardening of the arteries."
- **Race:** African Americans have high blood pressure more often than whites. They develop high blood pressure at a younger age and develop more severe complications sooner.
- **Family history (heredity):** The tendency to have high blood pressure appears to run in families.
- **Sex:** Generally men have a greater likelihood of developing high blood pressure than women. This likelihood varies according to age and among various ethnic groups.

### **Factors That Can Be Changed**

- **Obesity:** Obesity is defined as being 30% or more over your healthy body weight. It is very closely related to high blood pressure. Indeed, obese people are two to six times more likely to develop high blood pressure than people whose weight is within a healthy range. Medical professionals strongly recommend that all obese people with high blood pressure lose weight until they are within 15% of their healthy body weight. Your health care provider can help you calculate your healthy body weight range.
- **Sodium (salt) sensitivity:** Some people have high sensitivity to sodium (salt), and their blood pressure goes up if they use salt. Reducing sodium intake tends to lower their blood pressure. Americans consume 10-15 times more sodium than they need. Fast foods and processed foods contain particularly high amounts of sodium. Many over-the-counter medicines, such as painkillers, also contain large amounts of sodium. Read labels to find out how much sodium is contained in food items. Avoid those with high sodium levels. Your goal should be to consume no more than 1,500 mg of sodium per day.

- Alcohol use: Drinking more than 1-2 drinks of alcohol per day tends to raise blood pressure in those who are sensitive to alcohol.
- Birth control pills (oral contraceptive use): Some women who take birth control pills develop high blood pressure.
- Lack of exercise (physical inactivity): A sedentary lifestyle contributes to the development of obesity and high blood pressure.
- Drugs: Certain drugs, such as amphetamines (stimulants), diet pills, and some pills used for cold and allergy symptoms, tend to raise blood pressure.

## **Diseases of the gallbladder**

Gallstones are hard, pebble-like deposits that form inside the gallbladder. Gallstones may be as small as a grain of sand or as large as a golf ball.

Causes, incidence, and risk factors

The cause of gallstones varies. There are two main types of gallstones:

- Stones made out of cholesterol. Gallstones made out of cholesterol are by far the most common type. Cholesterol gallstones have nothing to do with the cholesterol levels in the blood.
- Stones made from too much bilirubin in the bile. Bile is a liquid made in the liver that helps the body digest fats. Bile is made up of water, cholesterol, bile salts, and other chemicals, such as bilirubin. Such stones are called pigment stones.

Gallstones are more common in women, Native Americans and other ethnic groups, and people over age 40. Gallstones may also run in families.

The following also make you more likely to develop gallstones:

- Failure of the gallbladder to empty bile properly (this is more likely to happen during pregnancy)
- Medical conditions that cause the liver to make too much bilirubin, such as chronic hemolytic anemia, including sickle cell anemia
- Liver cirrhosis and biliary tract infections (pigmented stones)
- Diabetes
- Bone marrow or solid organ transplant
- Rapid weight loss, particularly eating a very low-calorie diet
- Receiving nutrition through a vein for a long period of time (intravenous feedings)

## **Symptoms**

Many people with gallstones have never had any symptoms. The gallstones are often discovered when having a routine x-ray, abdominal surgery, or other medical procedure.



However, if a large stone blocks either the cystic duct or common bile duct (called choledocholithiasis), you may have a cramping pain in the middle to right upper abdomen. This is known as biliary colic. The pain goes away if the stone passes into the first part of the small intestine (the duodenum).

Symptoms that may occur include:

- Pain in the right upper or middle upper abdomen:
  - May go away and come back
  - May be sharp, cramping, or dull
  - May spread to the back or below the right shoulder blade
  - Occurs within minutes of a meal
- Fever
- Yellowing of skin and whites of the eyes (jaundice)

Additional symptoms that may occur with this disease include:

- Abdominal fullness
- Clay-colored stools
- Nausea and vomiting

It is important to see a doctor if you have symptoms of gallstones. Gallstones are found in many people with gallbladder cancer.

### **Acute cholecystitis**

Acute cholecystitis is a sudden inflammation of the gallbladder that causes severe abdominal pain.

Causes, incidence, and risk factors

In 90% of cases, acute cholecystitis is caused by gallstones in the gallbladder. Severe illness and, rarely, tumors of the gallbladder may also cause cholecystitis.

Acute cholecystitis causes bile to become trapped in the gallbladder. The buildup of bile causes irritation and pressure in the gallbladder. This can lead to bacterial infection and perforation of the organ.

Gallstones occur more frequently in women than men. Gallstones become more common with age in both sexes. Native Americans have a higher rate of gallstones.

Symptoms

The main symptom is abdominal pain that is located on the upper right side or upper middle of the abdomen. The pain may:

- Be sharp, cramping, or dull
- Come and go
- Spread to the back or below the right shoulder blade
- Occur within minutes of a meal

Other symptoms that may occur include:

Abdominal fullness

- Clay-colored stools
- Fever
- Nausea and vomiting
- Yellowing of skin and whites of the eyes (jaundice)

### **Signs and tests**

A physical exam will show that your abdomen is tender to the touch.

Your doctor may order the following blood tests:

- Amylase and lipase
- Bilirubin
- Complete blood count ( CBC) -- may show a higher than normal white blood cell count
- Liver function tests

Imaging tests that can show gallstones or inflammation include:

- Abdominal ultrasound
- Abdominal x-ray

#### Treatment

Seek immediate medical attention for severe abdominal pain.

In the emergency room, patients with acute cholecystitis are given fluids through a vein and antibiotics to fight infection.

Although cholecystitis may clear up on its own, surgery to remove the gallbladder (cholecystectomy) is usually needed when inflammation continues or recurs. Surgery is usually done as soon as possible, however some patients will not need surgery right away.

Nonsurgical treatment includes pain medicines, antibiotics to fight infection, and a low-fat diet (when food can be tolerated).

Emergency surgery may be necessary if gangrene (tissue death), perforation, pancreatitis, or inflammation of the common bile duct occurs.

Occasionally, in very ill patients, a tube may be placed through the skin to drain the gallbladder until the patient gets better and can have surgery.

### **Choledocholithiasis**

Choledocholithiasis is the presence of a gallstone in the common bile duct. The stone may consist of bile pigments or calcium and cholesterol salts.

Causes, incidence, and risk factors

About 15% of people with gallstones will develop stones in the common bile duct, the small tube that carries bile from the gallbladder to the intestine.

Risk factors include a previous medical history of gallstones. However, choledocholithiasis can occur in people who have had their gallbladder removed.

### Symptoms

Symptoms usually do not occur unless the stone blocks the common bile duct. Symptoms that may occur include:

- Abdominal pain in the right upper or middle upper abdomen that may: Come and go, Be sharp, cramping, or dull, Spread to the back or below the right shoulder blade, Get worse after eating fatty or greasy foods, Occurs within minutes of a meal.
- Fever
- Loss of appetite
- Jaundice (yellowing of skin and whites of eyes)
- Nausea
- Vomiting

### Signs and tests

Tests that show the location of stones in the bile duct include the following:

- Abdominal CT scan
- Abdominal ultrasound
- Endoscope retrograde cholangiography (ERCP)
- Endoscopic ultrasound
- Magnetic resonance cholangiopancreatography (MRCP)
- Percutaneous transhepatic cholangiogram (PTCA)

Your doctor may order the following blood tests:

- Bilirubin
- Liver function tests
- Pancreatic enzymes

### Treatment

The goal of treatment is to relieve the blockage.

Treatment may involve:

- Surgery to remove the gallbladder and stones
- ERCP and a procedure called a sphincterotomy, which makes a surgical cut into the muscle in the common bile duct

Expectations (prognosis)

Blockage and infection caused by stones in the biliary tract can be life threatening. However, with prompt diagnosis and treatment, the outcome is usually very good.

#### Complications

- Biliary cirrhosis
- Cholangitis
- Pancreatitis

#### Calling your health care provider

Call for an appointment with your health care provider if abdominal pain with or without fever develops that is not attributable to other causes, if jaundice develops, or if other symptoms suggestive of choledocholithiasis occur.

## COMMON DIGESTIVE DISORDERS

Main disorders of the alimentary tract are concerned with its parts and affect its functions. As the mouth is concerned with chewing and mixing of food with saliva, any disorder (lack of teeth, aching teeth, ill-fitting dentures) is likely to interfere with these functions and thus prevent proper mastication. Besides, the inferior of the mouth can also develop various infections. Diseases of the esophagus, by interfering with the transmission of masticated food from the mouth to the stomach are likely to cause difficulty in swallowing, pain, vomiting. Common diseases of the stomach are known to be gastritis, ulcer and carcinoma. Interference with its functions may cause at first loss of appetite, nausea, abdominal discomfort; with progression of the disease, the patient is likely to develop vomiting, abdominal pain and loss of weight. The part of the duodenum, nearest to the stomach, called the duodenal cap is frequently affected by peptic ulceration that occurs in the stomach - which may interfere with emptying of the stomach. Since both the stomach and the small intestine are considered to be concerned with the digestion and absorption of foodstuffs, any disorder in these regions is likely to produce abdominal pain, vomiting, diarrhea and loss of fluid. The large intestine or the colon is concerned with the onward passage of the contents of the intestine, the absorption of water from them. Diseases of the large intestine (the most common are colitis, carcinoma and diverticulitis) are certain to cause diarrhea, abdominal pain and discomfort.

## GASTRITIS

*Inflammation of the stomach lining, which can be either acute or chronic.*

**Symptoms:** Sensation of fullness in the upper abdomen, loss of appetite. In acute gastritis there may be fever, nausea and vomiting, as well as diarrhea and general aches and pains depending on the cause. In

chronic gastritis there may be intermitted burning pain, nausea and vomiting, intolerances to certain foods and anemia, or no symptoms at all.

**Cause:** Acute gastritis may be caused by dietary indiscretion, specific food intolerances, chemical irritants (especially aspirin and alcohol), food poisoning, or many types of viral or bacterial infections. Chronic gastritis is probably not very common (other diseases and conditions are often called gastritis, however) but can be associated with gastric ulcer, gastric carcinoma and pernicious anemia.

**Severity of problem:** Usually boresome and temporary.

**Treatment:** For acute gastritis removal of any irritants and rest of the stomach is usually all that is needed. Changing the diet to bland liquids and increasing what is eaten are usually curative. For chronic gastritis removal of any potential irritants (caffeine, alcohol, aspirin, tobacco, spices) and some frequent meals may be of help.

**Discussion:** Probably many problems that are labeled of are actually due to such conditions as peptic ulcer disease and reflex esophagitis. Chronic or recurrent abdominal distress warrants a medical evaluation.

## **Chronic and Acute Gastritis**

Gastritis, an inflammation of the gastric mucosa, may be acute or chronic. Acute gastritis produces mucosal reddening, edema, hemorrhage, and erosion. Chronic gastritis is common among elderly persons. Acute or chronic gastritis can occur at any age.

Acute gastritis has numerous causes, including: chronic ingestion of (or an allergic reaction to) irritating foods or beverages, such as hot peppers or alcohol, drugs, ingestion of poisons, endotoxins released from infecting bacteria.

Acute gastritis leading to stress ulcers also may develop in acute illnesses, especially when the patient has had major traumatic injuries; burns; severe infection; hepatic, renal, or respiratory failure; or major surgery. Recurring exposure to irritating substances, such as drugs, alcohol, cigarette smoke, or environmental agents, may also lead to chronic gastritis.

After exposure to the offending substance, the patient with acute gastritis typically reports a rapid onset of symptoms, such as epigastric discomfort, indigestion, cramping, anorexia, nausea, vomiting. The symptoms last from a few hours to a few days.

The patient with chronic gastritis may describe similar symptoms or may have only mild epigastric discomfort, or his complaint may be vague, such as an intolerance for spicy or fatty foods or slight pain relieved by eating. Atrophic gastritis may be asymptomatic.

## **ACUTE PHARYNGITIS**

This term refers to all acute infections of the pharynx, including tonsillitis and pharyngotonsillitis. The presence or absence of tonsils does not affect the frequency, the course or complications of the illness or susceptibility to it. In strict sense “acute pharyngitis” refers to conditions in which the principal involvement is in the throat. The disease is uncommon under one year of age. The incidence then increases to a peak from four to seven years but continues throughout later childhood and adult life. In diphtheria, quinsy and infections pharyngeal involvement may be prominent.

**Etiology.** Acute pharyngitis, whether febrile or not, is generally caused by viruses. Group A beta-hemolytic streptococcus is the only common bacterial causative agent, and, except epidemics, it accounts for probably fewer than 15% of cases. Other bacteria may proliferate during acute viral infections and may therefore be cultured in large amounts from the pharynx of an affected person.

**Clinical manifestations.** These differ somewhat, depending on whether streptococci or viruses are the cause. There is, however, much overlapping in signs and symptoms, and it is often impossible to distinguish clinically one form of pharyngitis from another.

The outstanding symptom of acute pharyngitis, regardless of cause, is a sore throat. Physical examination of the pharynx may reveal changes varying in intensity from mild redness and congestion of blood vessels (many viral infections) to intense red-purple color, patchy yellow exudate, hypertrophy of all the lymphoid tissue and marked vascular injection. Symptoms may be variable, and may range from a complaint of “scratchy throat” to pain so severe that swallowing is difficult. The tonsils may be markedly reddened and swollen (especially in case of viral and bacterial pharyngitis).

**Viral pharyngitis** is generally a disease of relatively gradual onset, which usually has as early signs fever, malaise and anorexia with moderate throat pain. Sore throat may be present initially but more commonly begins a day or so after onset of symptoms and reaches its peak by the 2<sup>nd</sup> –3<sup>rd</sup> day. Hoarseness, cough and rhinitis are also common. Even at its peak, pharyngeal inflammation may be relatively slight; but on occasion it is severe, and small ulcers may form on the soft palate and posterior pharyngeal wall. Exudates may appear on lymphoid follicles of the palate and tonsils and be indistinguishable from those encountered with streptococcal disease. The cervical lymph nodes are usually moderately enlarged and firm and may or may not be tender. Laryngeal involvement is common.

## **Bronchitis**

Occurring most often in winter, acute infectious bronchitis, an inflammation of the bronchial tubes, may develop after a common cold or other viral infection of the nose or throat.

There may be the typical symptoms of a cold or other acute respiratory infection: chilliness, slight fever, malaise, sore throat, back and muscle pain, and profuse nasal discharge.

Onset of a cough usually indicates onset of bronchitis. At first the cough is usually dry and nonproductive, but after a few hours or days small amounts of sputum are brought up, and later the sputum becomes more abundant.

In a severe, uncomplicated case of acute bronchitis, fever up to 102 F may be present for three to five days, after which acute symptoms subside, although cough may continue for two or three weeks. Persistent fever may indicate complicating pneumonia.

Rest is important until fever subsides. Plenty of fluid should be taken. Steam inhalations are helpful. Aspirin every 4-8 hours relieves malaise and reduces fever.

If you run a high fever and more than mildly ill, if the sputum becomes pus-laden indicating a possible bronchial infection or if there are some complicating factors, you should consult a physician.

Although bronchitis is commonly a mild disease in a normal healthy person, it can be serious enough in someone who is elderly.

**Acute bronchitis.** Acute inflammation of the bronchi is caused by viruses, bacteria or irritant gases. Secondary pyogenic infection with bacteria may follow upper respiratory infection due to a virus, e.g. the common cold. Bronchitis is predisposed by cold, damp and fog. Acute bronchitis due to allergy is cold asthma.

*Clinical manifestations:* irritating dry cough and upper retrosternal aching is followed by pyrexia, malaise, tightness in the chest, dyspnea and mucopurulent sputum, which may be streaked with blood.

**Chronic bronchitis** is due to prolonged irritation of the bronchial mucosa, commonly by tobacco smoke but also by the dusts and fumes of general atmospheric pollution in industrial areas. Fog, dampness and sudden change in temperature are also predisposing factors. Sometimes there is a familial predisposition.

*Clinical manifestations:* repeated attacks of "winter" or "smoker's" cough increase in duration and severity until cough is present for most of the year. There is wheezing, dyspnea and tightness in the chest, especially in the morning, improved by coughing up sputum, occasionally streaked with blood. Acute exacerbations due to bacterial infection cause pyrexia and cyanosis and the sputum becomes purulent. Patients may die in few years from complications; others survive for 20 years with varying degrees of incapacity.

*Prevention:* smoking must be discontinued. Avoid badly ventilated crowded places where respiratory infection is likely to be spread. Sleep in a warm bedroom. Avoid dusty occupations – this may involve a reduction in income.

**Asthma in adults.** Asthma may be described as a condition resulting primarily from narrowing of the bronchi. Although bronchospasm is the primary abnormality, mucosal edema and bronchorrhea often

playing an important role in the pathogenesis of the illness. Clinically, chest tightness and dyspnea are the hallmark symptoms, and wheezing cough and rhonchi are included among the signs. Laboratory findings may include an elevated total eosinophil count, regardless of the cause of the asthma, and an obstructive pattern on pulmonary function testing.

*Causes.* Atopic asthma is often called “extrinsic”, or coming from without. Bronchospasm in response to allergens follows the inhalation of antigens. Alternatively, patients may have asthma after ingestion of certain foods. The mechanisms are immunologic and, in some cases of drug sensitivity, idiosyncratic. Reactions may be immediate or delayed by 8 to 12 hours.

*Irritant.* Bronchial hyperreactivity either acquired, such as after influenza infection, or “intrinsic”, a constitutional one, may result in bronchospasm following the inhalation of fumes, smoke, chemical odors, dust as an irritant, various pollutants and cold air.

*Infections.* Sinusitis, bronchitis, as well as pneumonia can all cause bronchospasm. The majority of these infections are viral but may be bacterial.

*Exercise.* Almost all asthmatics are sensitive to the bronchospastic effects of exercise. The mechanism is not well understood but is linked directly to inhalation of cold air.

**Acute tracheobronchitis.** Acute tracheobronchitis is occasionally a primary disease but usually develops as secondary infection following the common cold, sinusitis, measles, whooping cough, or some other acute illness. It consists of diffuse inflammation of the trachea and bronchi, the mucous membrane of which are injected, edematous, and covered with a sticky, grayish, mucoid exudate. Productive cough, hoarseness, chills, sweats, fever and general malaise are usually present. They may develop suddenly or gradually. The sputum, at first mucoid, usually becomes purulent and tenacious. Examination of the chest usually reveals coarse or fine moist rales and sometimes sonorous sibilant ones. The fever usually subsides within a few days.

In children an acute progressive form of laryngotracheobronchitis sometimes occurs, caused by any of a number of microorganisms. It leads within a few hours to laryngeal edema, and if tracheotomy is not performed, to death. For this reason all upper respiratory tract infections in children with laryngeal stridor which does not respond readily to steam inhalations should be hospitalized.

**Bronchopneumonia.** While lobar pneumonia is a term applied to consolidation of an entire lobe, a lung, or both lungs, bronchopneumonia is a term applied to areas of consolidation disseminated throughout both lungs. The isolated small patches of consolidation may at times become confluent and make the diagnosis difficult.

Bronchopneumonia usually occurs in children under 12 years of age and in older people past 60 years. As a rule it is secondary to other diseases, such as acute bronchitis, measles, scarlet fever, or it may be a complication of heart disease or malignant disease. The cause of bronchopneumonia may be staphylococcus and influenza virus.



*Signs and symptoms.* Bronchopneumonia does not set in abruptly. It usually comes on gradually in an individual who is ill with some other conditions. The disease ends in lysis, not by crisis, as is usually the case in lobar pneumonia.

Cough, pain in chest, shortness of breath and cyanosis usually mark the beginning of a bronchopneumonic process. The physical signs are not nearly so characteristic and areas of consolidation may be completely obscured by an associated bronchitis or heart failure. Usually the breath sounds associated with medium small sized mucous rales usually lead to the diagnosis.

A characteristic feature of bronchopneumonia is the rapid change of signs from day to day. The course of this disease is usually long, running from 4 or 5 days to 2 or 3 weeks. The differential diagnosis assumes great importance.

## КОМПЛЕКТ

### Вопросов (закрытого типа)

**1. Выберите правильный вариант ответа:**

The man was operated on ... appendicitis.

- a) against
- b) –
- c) from
- d) for

**2. Выберите правильный вариант ответа:**

Look ... her skin. It has got a yellowish colour.

- a) for
- b) to
- c) on
- d) at

**3. Выберите правильный вариант ответа:**

Pancreas is a long thin gland lying ... the stomach.

- a) below
- b) above
- c) after
- d) on

**4. Выберите правильный вариант ответа:**

Respiratory diseases are associated ... many complications.

- a) of
- b) with
- c) for
- d) –

**5. Выберите правильный вариант ответа:**

Never show that you are afraid ... injections.

- a) –

- b) of
- c) for
- d) from

**6. Выберите правильный вариант ответа:**

I hope that ... my mother ... my father will help me.

- a) either...or
- b) not so...as
- c) as...as
- d) neither...or

**7. Выберите правильный вариант ответа:**

... therapeutic ... surgical treatment was effective and the patient's condition became worse.

- a) Either...or
- b) Both...and
- c) Neither...nor
- d) Not so...a

**8. Выберите правильный вариант ответа:**

His temperature is not so ... as it was before the injection.

- a) higher
- b) high
- c) the highest
- d) more higher

**9. Выберите правильный вариант ответа:**

... came to visit me when I was ill.

- a) Anything
- b) Anybody
- c) Nobody
- d) Anyone

**10. Выберите правильный вариант ответа:**

She always tried to do it ...

- a) herself
- b) oneself
- c) oneselves
- d) ourselves

**11. Выберите правильный вариант ответа:**

Obstetrics ... very interesting to study.

- a) is
- b) are
- c) were
- d) been

**22. Выберите правильный вариант ответа:**

The initial diagnosis made by the doctor appeared to be correct. ... confirmed by X-ray examination.

- a) It was
- b) They were
- c) It is
- d) They are

**13. Выберите правильный вариант ответа:**

Some students ... part in our experiment because they were interested in Biology.

- a) take
- b) taking
- c) took
- d) taken

**14. Выберите правильный вариант**

If you come at 5 o'clock we ... . Come at 6, please.

- a) work
- b) shall be working
- c) be working
- d) are working

**15. Выберите правильный вариант**

I can't make the diagnosis. I ... anything like this.

- a) has seen
- b) seen
- c) haven't seen
- d) was seen

**16. Выберите правильный вариант**

I ... got any good ideas about it.

- a) am not
- b) haven't
- c) have
- d) was not

**17. Выберите правильный вариант**

It is known that in this case physiotherapy ... improve the patient's condition.

- a) don't
- b) doesn't
- c) not
- d) is not

**18. Выберите правильный вариант**

The boy with pneumonia ... the necessary treatment.

- a) is giving
- b) were given
- c) gave
- d) was given

**19. Выберите правильный вариант**

X-ray examination ... in 2 hours.

- a) will do
- b) is doing
- c) will be done
- d) have done

**20. Выберите правильный вариант**

If you want to be healthy you ... pay attention to your meals.

- a) can
- b) should
- c) may
- d) need

**21. Выберите правильный вариант**

... the injection of penicillin the nurse left the ward.

- a) Giving
- b) Having given
- c) Given
- d) Was given

**22. Выберите правильный вариант перевода:**

Instruments to be used should be sterilized.

- a) Инструменты должны быть использованы для стерилизации.
- b) Инструменты необходимо использовать при стерилизации.
- c) Инструменты для стерилизации должны быть использованы.
- d) Инструменты, которые будут использоваться, следует стерилизовать.

**23. Выберите правильный вариант перевода:**

To prevent the recurrence of the disease he was administered antibiotics.

- a) После предотвращения рецидива болезни ему назначили антибиотики.
- b) Для предотвращения рецидива болезни ему назначили антибиотики.
- c) Ему назначили антибиотики после рецидива болезни.
- d) Из-за рецидива болезни ему назначили антибиотики.

**24. Выберите правильный вариант перевода:**

It is too late to perform an operation.

- a) Это очень поздно делать операцию.
- b) Это слишком поздно оперировать.
- c) Поздно делать операцию тоже.
- d) Делать операцию слишком поздно.

**25. Выберите правильный вариант перевода:**

One knows that not all types of antibiotics are effective.

- a) Кто-то знает, что не все типы антибиотиков эффективны.
- b) Не все типы антибиотиков, известные нам, эффективны.
- c) Известно, что не все типы антибиотиков эффективны.
- d) Он знает, что не все типы антибиотиков эффективны.

**ЭТАЛОН ОТВЕТОВ**

1 b	11 a	21 b
2 d	12 a	22 d
3 a	13 c	23 b
4 b	14 b	24 d
5 b	15 c	25 c
6 a	16 b	
7 c	17 b	
8 b	18 d	
9 c	19 c	

10 a	20 b	
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**Результаты апробации и стандартизации:**

«отлично» 25-23 правильных ответов;  
 «хорошо» 16-22 правильных ответов;  
 «удовлетворительно» 10-15 правильных ответов;  
 «неудовлетворительно» 9 и меньше правильных ответов.

**Вопросы открытого типа:**

**I. In-patient department:**

1. What kinds of hospitals do you know?
2. What are different kinds of departments?
3. What are the main hospital rooms?
4. What is the purpose of an operating room? (X-ray room, laboratory room)
5. Why do we need manipulative room?
6. What laboratory equipment do you know?
7. What do we need test tubes for?
8. What information can we get using coagulograph?
9. When is the apparatus for blood transfusion (artificial respiration) used?
10. What are different surgical instruments?
11. What are the clothes of medical staff?
12. What are the usual methods of examining the patients?
13. What are the most popular kinds of treatment?
14. What do you know about alternative medicine?

**II. Out-patient department:**

1. What is polyclinic? How does it differ from hospital or dispensary?
2. What is the structure of a polyclinic? What specialists work at a polyclinic?
3. What is registry? What are its functions?
4. What do patients come to the polyclinic for?
5. What are the duties of nurses at a polyclinic?
6. What are the general methods of examination?
7. What are objective and subjective symptoms of a disease?

**III. Chemist's**

1. What is chemist's or drug store?
2. What are the departments of a chemist's?
3. What kinds of medicines can one get at the chemist's department?
4. What kinds of medicines are sold by prescription?
5. What are the duties of a pharmacist?

**IV. Human body**

1. What is a human organism?
2. What are the main parts of the human body?
3. What are the systems of the body?
4. What cavities are there in the human body?
5. What paired organs are there in the human body?

**V. Musculo-skeletal system**

1. What is the skeleton? What is the skeleton composed of?
2. How many bones are there in the skeleton of the adult?
3. What are the bones of the trunk?
4. What does the upper (lower) extremity consist of?
5. What are the functions of the musculo-skeletal system?

## **VI. Respiratory system**

1. What organs is the respiratory system composed of?
2. Where are the respiratory organs located?
3. What is the structure of the lungs?
4. How is the process of respiration carried out?
5. What are the functions of the respiratory system?

## **VII. Cardio-vascular system**

1. What is the cardio-vascular system composed of?
2. What are the main branches of the circulatory system?
3. Where is the heart located?
4. What does the heart consist of?
5. What are the main functions of the cardio-vascular system?

## **VIII. Digestive system**

1. What organs is the gastro-intestinal tract formed by?
2. Where is the stomach located?
3. What parts is the intestine divided into?
4. What are the subdivisions of the small (large) intestine?
5. What are the main functions of the digestive system?

## **IX. Respiratory diseases**

1. What are the most common respiratory diseases?
2. What are the main etiological and risk factors of respiratory diseases?
3. What are the most typical signs and symptoms of respiratory diseases?
4. What methods of examination are used in diagnosing respiratory diseases?
5. What are the main principles of treatment of patients with respiratory diseases?

## **X. Cardio-vascular diseases**

1. What are the most common cardio-vascular diseases?
2. What are the main etiological and risk factors of cardio-vascular diseases?
3. What are the most typical signs and symptoms of cardio-vascular diseases?
4. What methods of examination are used in diagnosing cardio-vascular diseases?
5. What are the main principles of treatment of patients with cardio-vascular diseases?

## **XI. Gastro-intestinal diseases**

1. What are the most common gastro-intestinal diseases?
2. What are the main etiological and risk factors of gastro-intestinal diseases?
3. What are the most typical signs and symptoms of gastro-intestinal diseases?
4. What methods of examination are used in diagnosing gastro-intestinal diseases?
5. What are the main principles of treatment of patients with gastro-intestinal diseases?

## **XII. Diseases of the liver and bile ducts (hepato-biliary diseases)**

1. What are the most common hepato-biliary diseases?
2. What are the main etiological and risk factors of hepato-biliary diseases?
3. What are the most typical signs and symptoms of hepato-biliary diseases?
4. What methods of examination are used in diagnosing hepato-biliary diseases?
5. What are the main principles of treatment of patients with hepato-biliary diseases?

## **XIII. Infectious diseases**

1. What are the most common infectious diseases?
2. What are the main etiological and risk factors of infectious diseases?
3. What are the most typical signs and symptoms of infectious diseases?
4. What are the main principles of treatment of patients with infectious diseases?
5. What are the most common methods to prevent infectious diseases?

## **МЕТОДИЧЕСКИЕ РЕКОМЕНДАЦИИ ПО ОРГАНИЗАЦИИ САМОСТОЯТЕЛЬНОЙ РАБОТЫ ПО ОСВОЕНИЮ ДИСЦИПЛИНЫ**

Самостоятельная работа студентов является одним из видов планируемой учебной, учебно-исследовательской работы, целью которой является систематизация и закрепление теоретических знаний и практических умений студентов, поиск и приобретение новых знаний, в том числе с использованием компьютерных технологий и электронных образовательных ресурсов, а так же выполнение учебных заданий, подготовку к предстоящим занятиям, зачетам и/или экзаменам.

Аудиторная самостоятельная работа по дисциплине выполняется на учебных занятиях под непосредственным руководством преподавателя и по его заданию. Она включает в себя работу с аутентичными текстами: ознакомительное, поисковое и др. виды чтения, перевод и реферирование. студенты выполняют тестовые задания по текущему контролю, лексико-грамматические и фонетические упражнения.

Внеаудиторная самостоятельная работа студентов включает в себя следующие аспекты:

- подготовку студента к практическим занятиям, к текущему контролю и/или тестированию, используя литературу, рекомендуемую преподавателем, и методические указания к занятиям;
- самостоятельное изучение отдельных тем и разделов учебной дисциплины (в соответствии с учебной программой); выполнение домашних заданий (перевод, реферирование оригинального текста);
- выполнение студенческой учебно-исследовательской и научно-исследовательской работы, подготовка научных статей и тезисов, докладов к конференциям;
- подготовка к зачету/экзамену.

**Сведения о материально-техническом обеспечении,  
необходимом для осуществления образовательного процесса по дисциплине  
«Иностранный язык как средство профессиональной коммуникации»**

№ п/п	Адрес (местоположение) здания, строения, сооружения, помещения	Собственность или оперативное управление, хозяйственное ведение, аренда, субаренда, безвозмездное пользование	Наименование дисциплины	Назначение оснащенных зданий, сооружений, помещений*, территорий с указанием площади (кв.м.)	Наименование оборудованных учебных кабинетов, объектов для проведения практических, объектов физической культуры и спорта	Наименование объекта	Инвентарный номер
1	ул. Горького, 1 кор.1, 3 этаж	Оперативное управление	Кафедра Иностранных языков	Учебные, 21,4 кв.м	Учебная комната № 84	Доска классная ДА-32з Стол преподавателя 900-500-750 Шкаф для документов 6004502200 Парта 1000-770-750 (9 шт.)  Парта (2 шт) Стул (2 шт) Шторы жалюзи вертикальные (2 шт.)	00000000003840  201112000001193  201112000001184  201112000001235 201112000001236 201112000001237 201112000001238 201112000001239 201112000001240 201112000001241 201112000001242 201112000001243 б/н б/н б/н
2	ул. Горького, 1 кор.1, 3 этаж	Оперативное управление	Кафедра Иностранных языков	Учебные, 22,1 кв.м	Учебная комната №107	Доска классная ДА-32з Стол преподавателя 900-500-750 Стол компьютерный 800-500-750 Шкаф для документов 6004502200	00000000003845  201112000001123  201112000001199  201112000001182



						Парта 1000-770-750 (11 шт.)  Стул (2 шт.) Шторы жалюзи вертикальные (2 шт.)	201112000001281 201112000001282 201112000001283 201112000001284 201112000001285 201112000001245 201112000001246 201112000001247 201112000001248 201112000001249 201112000001250 б/н б/н
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**Сведения о кадровом обеспечении,  
необходимом для осуществления образовательного процесса по дисциплине  
«Иностранный язык как средство профессиональной коммуникации»**

ФИО преподавателя	Условия привлечения (штатный, внутренний совместитель, внешний совместитель, по договору)	Занимаемая должность, ученая степень/ученое звание	Перечень преподаваемых дисциплин согласно учебному плану	Образование (какое образовательное учреждение профессионального образования окончил, год)	Уровень образования, наименование специальности по диплому, наименование присвоенной квалификации	Объем учебной нагрузки по дисциплине (доля ставки)	Сведения о дополнительном профессиональном образовании, год		Общий стаж работы	Стаж практической работы по профилю образовательной программы в профильных организациях с указанием периода работы и должности
							спец	пед		
1	2	3	4	5	6	7	8	9	10	11
Чернышкова Е.В.	штатный	зав. кафедрой, д. соц. н.	Иностранный язык как средство профессиональной коммуникации	СГПИ им. К.А.Федина, 1993 г.	Высшее, учитель англ. и нем. языков		-	Педагог профессионального образования. Кафедра педагогики, 2019г	25 лет	-
Юрова И.Ю.	штатный	доцент, к.соц. н., завуч	Иностранный язык как средство профессиональной коммуникации	СГУ им. Н.Г. Чернышевского, 2000г	Высшее, филолог, преподаватель, переводчик в сфере проф. коммун.		-	Педагог профессионального образования. Кафедра педагогики, 2020г.	21год	-

1. Общее количество научно-педагогических работников, реализующих основную профессиональную образовательную программу - 2 чел.
2. Общее количество ставок, занимаемых научно-педагогическими работниками, реализующими основную профессиональную образовательную программу – 0 ст.

**Пример расчета доли ставки:** 1 ставка = 900 учебных часов. У преподавателя по данной дисциплине 135 часов. Таким образом,  $135 : 900 = 0,15$  – доля ставки