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« 22 » 03 2017 г.

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« 22 » 03 2017 г.



РАБОЧАЯ ПРОГРАММА

**Вступительного экзамена по иностранному языку
в аспирантуру**

Направления подготовки

06.06.01 Биологические науки, 31.06.01 Клиническая медицина
32.06.01 Медико-профилактическое дело, 33.06.01 Фармация,
37.06.01 Психологические науки, 30.06.01 Фундаментальная медицина

**Квалификация: Исследователь. Преподаватель-исследователь
Форма обучения: очная, заочная**

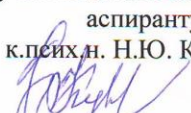
СОГЛАСОВАНО

Проректор по научной и
инновационной работе,
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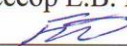
« 15 » 01 2017 г.

СОГЛАСОВАНО

Начальник отдела подготовки
научно-педагогических кадров в
аспирантуре
к.п.с.и.ч. Н.Ю. Кувшинова


« 16 » 01 2017 г.

Программа рассмотрена и
одобрена на заседании кафедры
(протокол № 5, 17.01 2017 г.)
Заведующий кафедрой,
профессор Е.В. Бекишева


« 17 » 01 2017 г.

САМАРА 2017

Программа вступительного экзамена в аспирантуру по иностранному языку разработана на основании программ специалитета: 31.05.01 – Лечебное дело, 31.05.02 – Педиатрия, 31.05.03 – Стоматология, 32.05.01 – Медико-профилактическое дело; 37.05.01 – Клиническая психология.

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1. Общие положения

Программа вступительного экзамена в аспирантуру по направлениям подготовки: 06.06.01 Биологические науки, 31.06.01 Клиническая медицина, 32.06.01 Медико-профилактическое дело, 33.06.01 Фармация, 37.06.01 Психологические науки, 30.06.01 Фундаментальная медицина составлена в соответствии с примерной программой специалитета обучения студентов по специальностям «Лечебное дело», «Фармация», «Клиническая психология», «Менеджмент», «Педиатрия», «Стоматология», «Сестринское дело».

Знания, необходимые для успешного прохождения вступительных испытаний, формируются при освоении обучающимися программы специалитета (дисциплины: анатомия), физиология, патологическая анатомия, патологическая физиология, организация здравоохранения, и других медицинских дисциплин, где освещаются проблемы различных областей медицины, диагностики, лечения и профилактики.

Цель вступительного экзамена: определить подготовленность абитуриента к обучению по программам аспирантуры по направлениям подготовки высшего образования, реализующихся в ФГБОУ ВО СамГМУ Минздрава России: 06.06.01 Биологические науки, 31.06.01 Клиническая медицина, 32.06.01 Медико-профилактическое дело, 33.06.01 Фармация, 37.06.01 Психологические науки, 30.06.01 Фундаментальная медицина, уровень сформированности профессиональной коммуникативной компетенции на иностранном языке в соответствующей научной области, способность аналитически мыслить и выполнять научные исследования на иностранном языке, умение соотносить языковые средства с конкретными сферами, ситуациями, условиями и задачами общения, рассматривать языковой материал как средство реализации речевого общения.

2. Процедура проведения вступительного экзамена

Для приема вступительного экзамена создается экзаменационная комиссия, состав которых утверждается руководителем организации. В состав экзаменационной комиссии входят не менее 3-х специалистов по иностранному языку, имеющих ученую степень кандидата или доктора наук.

Экзамен проводится в форме устного собеседования по вопросам экзаменационного билета. Экзаменационный билет включает три вопроса.

На подготовку к ответу дается 50 минут, в течение которых абитуриент

1) читает и выполняет письменный перевод оригинального медицинского текста на специальных листах, выдаваемых вместе с билетом; перевод выполняется со словарём; объём текста 1500 печатных знаков перевод должны быть записан понятным почерком;

2) читает и выполняет устный перевод с листа текста общенаучного содержания объёмом 1000 печатных знаков, без словаря, время подготовки;

3) готовит краткое высказывание на свободную тему: биография, учёба, работа, круг научных интересов, готовится поддержать беседу с преподавателем на заданную тему.

Члены экзаменационной комиссии имеют право задавать дополнительные вопросы по билету для уточнения степени знаний выпускника. Члены экзаменационной комиссии выставляют оценку по каждому вопросу билета. Критерии оценивания приведены ниже. Общая оценка за экзамен выставляется как среднее значение от общего количества набранных баллов по всем 3-м вопросам экзаменационного билета.

Критерии оценки

Чтение и понимание иноязычных текстов

Основным показателем успешности овладения чтением является степень извлечения информации из прочитанного текста. В жизни мы читаем тексты с разными задачами по извлечению информации. В связи с этим различают виды чтения с такими речевыми задачами как понимание основного содержания и основных фактов, содержащихся в тексте, полное понимание имеющейся в тексте информации и, наконец, нахождение в тексте или ряде текстов нужной нам или заданной информации. Поскольку практической целью изучения иностранного языка является овладение общением на изучаемом языке, то учащийся должен овладеть всеми видами чтения,

различающимися по степени извлечения информации из текста: чтением с пониманием основного содержания читаемого (обычно в методике его называют ознакомительным), чтением с полным пониманием содержания, включая детали (изучающее чтение) и чтением с извлечением нужной либо интересующей читателя информации (просмотровое). Совершенно очевидно, что проверку умений, связанных с каждым из перечисленных видов чтения, необходимо проводить отдельно.

Чтение с пониманием основного содержания прочитанного (ознакомительное)

Оценка «5» ставится аспиранту, если он понял основное содержание оригинального текста, может выделить основную мысль, определить основные факты, умеет догадываться о значении незнакомых слов из контекста, либо по словообразовательным элементам, либо по сходству с родным языком. Скорость чтения иноязычного текста может быть несколько замедленной по сравнению с той, с которой ученик читает на родном языке. Заметим, что скорость чтения на родном языке у учащихся разная.

Оценка «4» ставится аспиранту, если он понял основное содержание оригинального текста, может выделить основную мысль, определить отдельные факты. Однако у него недостаточно развита языковая догадка, и он затрудняется в понимании некоторых незнакомых слов, он вынужден чаще обращаться к словарю, а темп чтения более замедленен.

Оценка «3» ставится аспиранту, который не совсем точно понял основное содержание прочитанного, умеет выделить в тексте только небольшое количество фактов, совсем не развита языковая догадка.

Оценка «2» выставляется аспиранту в том случае, если он не понял текст или понял содержание текста неправильно, не ориентируется в тексте при поиске определенных фактов, не умеет семантизировать незнакомую лексику.

Чтение с полным пониманием содержания (изучающее)

Оценка «5» ставится аспиранту, когда он полностью понял несложный оригинальный текст (публицистический; медицинский научный или научно-популярный; аннотацию на лекарство или отрывок из медицинской документации). Он использовал при этом все известные приемы, направленные на понимание читаемого (смысловую догадку, анализ).

Оценка «4» выставляется аспиранту, если он полностью понял текст, но многократно обращался к словарю.

Оценка «3» ставится, если аспирант понял текст не полностью, не владеет приемами его смысловой переработки.

Оценка «2» ставится в том случае, когда текст аспирантом не понят. Он с трудом может найти незнакомые слова в словаре.

Чтение с нахождением интересующей или нужной информации (просмотровое)

Оценка «5» ставится аспиранту, если он может достаточно быстро просмотреть несложный оригинальный текст или несколько небольших текстов и выбрать правильно запрашиваемую информацию.

Оценка «4» ставится аспиранту при достаточно быстром просмотре текста, но при этом он находит только примерно 2/3 заданной информации.

Оценка «3» выставляется, если аспирант находит в данном тексте (или данных текстах) примерно 1/3 заданной информации.

Оценка «2» выставляется в том случае, если аспирант практически не ориентируется в тексте.

Понимание речи на слух

Основной речевой задачей при понимании звучащих текстов на слух является извлечение основной или заданной студенту информации.

Оценка «5» ставится аспиранту, который понял основные факты, сумел выделить отдельную, значимую для себя информацию (например, из диалога врача с пациентом), догадался о значении части незнакомых слов по контексту, сумел использовать информацию для решения поставленной задачи.

Оценка «4» ставится аспиранту, который понял не все основные факты. При решении коммуникативной задачи он использовал только 2/3 информации.

Оценка «3» свидетельствует, что аспирант понял только 50 % текста. Отдельные факты понял неправильно. Не сумел полностью решить поставленную перед ним коммуникативную задачу.

Оценка «2» ставится, если аспирант понял менее 50 % текста и выделил из него менее половины основных фактов. Он не смог решить поставленную перед ним речевую задачу.

Говорение

Говорение в профессиональной коммуникации выступает в двух формах общения: в виде связных высказываний типа отчёта или в виде участия в беседе с коллегой или пациентом.

Выдвижение овладения общением в качестве практической задачи требует поэтому, чтобы аспирант выявил свою способность, как в продуцировании связных высказываний, так и в умелом участии в беседе с партнером. При оценивании связных высказываний или участия в беседе аспирантов многие преподаватели обращают основное внимание на ошибки лексического, грамматического характера и выставляют отметки, исходя только исключительно из количества ошибок. Подобный подход вряд ли можно назвать правильным.

Во-первых, важными показателями монологической речи являются соответствия темы, полнота изложения, разнообразие языковых средств, а в ходе беседы — понимание партнера, правильное реагирование на реплики партнера, разнообразие своих реплик. Только при соблюдении этих условий речевой деятельности можно говорить о реальном общении. Поэтому все эти моменты должны учитываться, прежде всего, при оценке речевых произведений аспирантов.

Во-вторых, ошибки бывают разными. Одни из них нарушают общение, т. е. ведут к непониманию. Другие же, хотя и свидетельствуют о нарушениях нормы, но не нарушают понимания. Последние можно рассматривать как оговорки. В связи с этим основными критериями оценки умений говорения следует считать: -соответствие теме, -достаточный объем высказывания, - разнообразие языковых средств и т. п., а ошибки целесообразно рассматривать как дополнительный критерий.

Монологическая речь

Оценка «5» ставится аспиранту, если он в целом справился с поставленными речевыми задачами. Его высказывание было связным и логически последовательным. Диапазон используемых языковых средств достаточно широк. Языковые средства были правильно употреблены, практически отсутствовали ошибки, нарушающие коммуникацию, или они были незначительны. Объем высказывания соответствовал тому, что задано программой на данном этапе обучения. Наблюдалась легкость речи и достаточно правильное произношение. Речь аспиранта была эмоционально окрашена, в ней имели место не только передача отдельных фактов (отдельной информации), но и элементы их оценки, выражения собственного мнения.

Оценка «4» выставляется аспиранту, если он в целом справился с поставленными речевыми задачами. Его высказывание было связанным и последовательным. Использовался довольно большой объем языковых средств, которые были употреблены правильно. Однако были сделаны отдельные ошибки, нарушающие коммуникацию. Темп речи был несколько замедлен. Отмечалось произношение, страдающее сильным влиянием родного языка. Речь была недостаточно эмоционально окрашена. Элементы оценки имели место, но в большей степени высказывание содержало информацию и отражало конкретные факты.

Оценка «3» ставится аспиранту, если он сумел в основном решить поставленную речевую задачу, но диапазон языковых средств был ограничен, объем высказывания не достигал нормы. Аспирант допускал языковые ошибки. В некоторых местах нарушалась последовательность высказывания. Практически отсутствовали элементы оценки и выражения собственного мнения. Речь не была эмоционально окрашенной. Темп речи был замедленным.

Оценка «2» ставится аспиранту, если он только частично справился с решением коммуникативной задачи. Высказывание было небольшим по объему (не соответствовало требованиям программы). Наблюдалась устная вокабуляра. Отсутствовали элементы собственной оценки. Аспирант допускал большое количество ошибок, как языковых, так и фонетических. Многие ошибки нарушали общение, в результате чего возникало непонимание между речевыми партнерами.

Диалогическая речь

При оценивании этого вида говорения важнейшим критерием также как и при оценивании связных высказываний является речевое качество и умение справиться с речевой задачей, т. е. понять партнера и реагировать правильно на его реплики, умение поддержать беседу на определенную тему. Диапазон используемых языковых средств, в данном случае, предоставляется аспиранту.

Оценка «5» ставится аспиранту, который сумел решить речевую задачу, правильно употребив при этом языковые средства. В ходе диалога умело использовал реплики, в речи отсутствовали ошибки, нарушающие коммуникацию.

Оценка «4» ставится аспиранту, который решил речевую задачу, но произносимые в ходе диалога реплики были несколько сбивчивыми. В речи были паузы, связанные с поиском средств выражения нужного значения. Практически отсутствовали ошибки, нарушающие коммуникацию.

Оценка «3» выставляется аспиранту, если он решил речевую задачу не полностью. Некоторые реплики партнера вызывали у него затруднения. Наблюдались паузы, мешающие речевому общению.

Оценка «2» выставляется, если аспиранту не справился с решением речевой задачи. Затруднялся ответить на побуждающие к говорению реплики партнера. Коммуникация не состоялась.

Оценивание письменной речи

Оценка «5» Коммуникативная задача решена, соблюдены основные правила оформления текста, очень незначительное количество орфографических и лексико-грамматических погрешностей. Логичное и последовательное изложение материала с делением текста на абзацы. Правильное использование различных средств передачи логической связи между отдельными частями текста. Аспирант показал знание большого запаса лексики и успешно использовал ее с учетом норм иностранного языка. Практически нет ошибок. Соблюдается правильный порядок слов. При использовании более сложных конструкций допустимо небольшое количество ошибок, которые не нарушают понимание текста. Почти нет орфографических ошибок. Соблюдается деление текста на предложения. Имеющиеся неточности не мешают пониманию текста.

Оценка «4» Коммуникативная задача решена, но лексико-грамматические погрешности, в том числе выходящих за базовый уровень, препятствуют пониманию. Мысли изложены в основном логично. Допустимы отдельные недостатки при делении текста на абзацы и при использовании средств передачи логической связи между отдельными частями текста или в формате письма. Аспирант использовал достаточный объем лексики, допуская отдельные неточности в употреблении слов или ограниченный запас слов, но эффективно и правильно, с учетом норм иностранного языка. В работе имеется ряд грамматических ошибок, не препятствующих пониманию текста. Допустимо несколько орфографических ошибок, которые не затрудняют понимание текста.

Оценка «3» Коммуникативная задача решена, но языковые погрешности, в том числе при применении языковых средств, составляющих базовый уровень, препятствуют пониманию текста. Мысли не всегда изложены логично. Деление текста на абзацы недостаточно последовательно или вообще отсутствует. Ошибки в использовании средств передачи логической связи между отдельными частями текста. Много ошибок в формате письма. Аспирант использовал ограниченный запас слов, не всегда соблюдая нормы иностранного языка. В работе либо часто встречаются грамматические ошибки элементарного уровня, либо ошибки немногочисленны, но так серьезны, что затрудняют понимание текста. Имеются многие ошибки, орфографические и пунктуационные, некоторые из них могут приводить к непониманию текста.

Оценка «2» Коммуникативная задача не решена. Отсутствует логика в построении высказывания. Не используются средства передачи логической связи между частями текста. Формат письма не соблюдается. Аспирант не смог правильно использовать свой лексический запас для выражения своих мыслей или не обладает необходимым запасом слов. Грамматические правила не соблюдаются. Правила орфографии и пунктуации не соблюдаются.

3. Содержание экзамена

Задание 1.

Краткое описание клинического случая (истории болезни) на английском языке.

Задание 2.

1. Food allergies
2. Hallucinogenes.
3. Apnea.
4. Epilepsy.
5. Ankle sprain.
6. Children and sleepwalking.
7. Viral pneumonia.
8. Diabetes.
9. Chronic pancreatitis.
10. Dangerous diets drinks.
11. Intelligence.
12. Myocardial infarction.
13. Sugars.
14. Depression Linked to Insomnia in HIV Patients
15. Colorectal Cancer Patients

4. Рекомендуемая литература.

Основная литература

№ п/п	Наименование	Автор(ы)	Год, место издания	Кол-во экземпляров	
				в библиотеке	на кафедре
1	2	3	4	5	6
1	Английский на компьютере. Изучаем, переводим, говорим	Д. Донцов	СПб : Питер, 2007	3	
2	Английский язык. Практикум по разговорной речи: Учеб. пособие	С. Дудорова	СПб : ИнЪязиздат, 2006.	2	
3	Английский язык. Грамматический практикум для медиков. Часть 1. Употребление личных форм глагола в научном тексте. [Электронный ресурс]	Марковина И.Ю., Громова Г.Е.	М. : ГЭОТАР-Медиа, 2013. -	Система ЭБС http://www.studmedlib.ru/book/ISBN9785970423738.html	
4	Английский язык : Учебник для студентов вузов, обучающ. по спец. "Леч. дело", "Педиатрия", "Мед.-проф. дело", "Сестр. дело", "Мед. биохимия", "Мед. биофизики", "Мед. кибернетика"	И. Ю. Марковина, З. К. Максимова, М. Б. Вайнштейн	М. : ГЭОТАР-Медиа, 2010.	1	
5	Английский язык для биологических специальностей = English through biology: учеб. пособие для студентов вузов, обучающ. по спец. "Биология"	А. С. Бугрова, Е. Н. Вихрова	М. : Академия, 2008.	5	
6	First Aid in Case of Accidents and Emergency	Levchuk I.P., Kostyuchenko	М. : ГЭОТАР-Медиа, 2015	Система ЭБС	

	Situations [Электронный ресурс] : Preparation Questions for a Modular Assessment	M.V.		http://www.studmedlib.ru/ book/ISBN9785970434505.html	
7	Французский язык [Электронный ресурс]	Костина Н.В., Линькова В.Н	М. : ГЭОТАР-Медиа, 2012 2013	Система ЭБС http://www.studmedlib.ru/ book/ISBN9785970417805.html	
8	Эффективный курс немецкого языка: учебник	Ефросинина.О.В.	М. : Глосса-Пресс ; Ростов н/Д : Феникс, 2013	5	

Дополнительная литература

№ п/п	Наименование	Автор(ы)	Год, место издания	Кол-во экземпляров	
				в библиотеке	на кафедре
1	2	3	4	5	6
1.	English for Medical Students. Английский язык для студентов-медиков. Учебное пособие для вузов.	Krolik N.I.	М., «Издательство Астраль», 2001	50	
2.	Англо-русский, русско-английский медицинский словарь	Болотина А.Ю.	М. : АБВУУ PRESS, 2009.	1	
3.	Новый англо-русский словарь для стоматологов	Берзегова Л.Ю. и др.	М. : ГЭОТАР-Медиа, 2009	1	
4.	Толковый англо-русский и русско-английский словарь метафорических терминов черепно-челюстно-лицевой хирургии и стоматологии	Новодранова В.Ф., Дудецкая С.Г., Никольский В.Ю.	М.: МИА, 2007	6	
5.	Английский язык для студентов естественно-научных факультетов	Кожарская Е.А.	М. : Академия, 2012	10	
6	Практикум по культуре речевого общения	Сулейманова О.А.	М. : Академия, 2013	5	
7	Большой англо-русский медицинский словарь	Акжигитов Г.Н., Акжигитов Р.Г.	М. : ГЭОТАР-Медиа, 2012	5	15
8	Деловая медицинская корреспонденция на английском языке	Барбашёва С.С. Волова О.М.	Самара : Криптен-Волга, 2013	1	20
9	Англо-русский словарь современных медицинских аббревиатур	Авраменко А.А., Барбашева С.С.	Самара : ООО "Криптен-Волга", 2012	1	10
10	Грамматика современного немецкого языка	Григорьев Л.Н.	М. : Академия ; СПб. : Фил. фак.СПбГУ, 2013	5	

11	Немецкий язык для студентов-медиков [Электронный ресурс]	В.А. Кондратьева, Л. Н. Григорьева	М. : ГЭОТАР-Медиа, 2015. М. : ГЭОТАР-Медиа, 2012	http://www.studmedlib.ru/book/ISBN9785970430460.html	
12	Курс французского языка : Учебник:В 4-х т.	Г. Може	СПб : Лань, 2005.	2	
13	Французско-русский медицинский словарь	Захаров В.П.	М. : Руссо, 2000	5	
14	Французский язык для студентов медицинских вузов	Матвишин В.Г.	М. : Высш.школа, 2007	48	
15	Французский язык [Электронный ресурс]	Костина Н.В., Линькова В.Н.	М. : ГЭОТАР-Медиа, 2012, М. : ГЭОТАР-Медиа, 2013	Система ЭБС http://www.studmedlib.ru/book/ISBN9785970417805.html	
16	Французский язык [Электронный ресурс]	Давидюк З.Я., Кутаренкова С.Л., Берзегова Л.Ю.	М. : ГЭОТАР-Медиа, 2010.	Система ЭБС http://www.studmedlib.ru/book/ISBN9785970415061.html	

5. Программное обеспечение

SPSS 14.0 for Windows
Microsoft Office Word
Microsoft Office Excel/
Microsoft Office Power Point и др.

6. Ресурсы информационно-телекоммуникативной сети Интернет

www.lingvo.ru электронный словарь Abby lingvo.
www.multitran.ru электронный словарь Multitran
www.uptodate.com Информационный ресурс доказательной медицины
www.cdc.gov Centers for disease control and prevention [fda.gov](http://www.fda.gov) US Food and Drug Administration и др.
www.medicalnewstoday.com –подборка публикаций из ведущих научных медицинских журналов.
<http://www.studmedlib.ru/book> - Учебники (система ЭБС)
<https://www.ncbi.nlm.nih.gov/guide/howto/obtain-full-text> - Статьи на иностранных языках

Задание 1. Чтение и письменный перевод оригинального текста по специальности со словарём.

A 25-year-old man presented with a 4-month history of episodes which began by belching a foul-smelling material, persisting for 24 hours, & followed by copious vomiting of malodorous material in which particles of food ingested the previous day were sometimes identifiable. There was no associated abdominal pain, preceding nausea, & no history of gastrointestinal disease in general. After the vomiting the patient felt quite well until the following week, at which the episodes would be repeated. He had been withdrawn from heroin previously & was taking methadone hydrochloride under the direction of his psychiatrist.

Further history disclosed that the patient although instructed to take methadone orally, was indeed injecting it intravenously. The methadone tablet was crushed in a spoon, water added, the material heated in order to effect the solution, & the resultant material absorbed onto a cotton pledget (in order to trap large particles) & then squeezed into the syringe. The standard practice, evidently, is to allow the pledget to dry & then shake the residual onto a spoon, to be taken orally. This patient didn't like the taste of methadone & would therefore swallow the piece of cotton. He had been doing this for about two months to the onset of the symptoms.

An upper-gastrointestinal tract series showed the stomach to contain clusters of non-opaque material averaging about 2,5 cm in diameter. Some of the material was seen to leave the stomach during the examination. There was no evidence of organic gastrointestinal obstruction.

The patient was advised to discontinue the ingestion of cotton & has been asymptomatic since that time.

Задание 2. Чтение без словаря оригинального текста с передачей его содержания на родном языке.

Food allergies

Food allergies are immunologically mediated adverse reactions to foods. Any food protein can trigger an allergic response, and allergic reactions to a large number of foods have been documented; however, only a small group of foods account for most of these reactions. Eggs, milk, peanuts, soy, fish, shellfish, tree nuts, and wheat are the foods most often implicated.

In a study of 619 exclusively breastfed infants, those with atopic dermatitis (AD) were significantly more likely to be sensitized to foods. In addition, a strong association between AD severity and sensitization was observed, and positive associations between AD and specific foods (egg, cow's milk, peanut) were found.

Signs and symptoms of food-induced anaphylaxis can include the following: Oropharyngeal pruritus, Dysphonia, Cough, Dyspnea, Wheezing, Nausea, Vomiting, Diarrhea, Flushing, Urticaria, Abdominal pain, Cardiovascular collapse

Necessary elements of a thorough medical history include the following:

- Complete list of all foods suspected of causing symptoms
- Manner in which the food was prepared (cooked, raw, added ingredients)
- Minimum quantity of food exposure required to cause the symptoms
- Reproducibility of symptoms on exposure to the food
- Personal or family history of other allergic disease
- Factors that can potentiate a food-allergic reaction (eg, exercise, nonsteroidal anti-inflammatory drugs [NSAIDs], or alcohol)

Задание 3. Беседа на иностранном языке на предложенную тему.

Заведующий кафедрой
иностранных и латинского языков _____ д.филол.н., профессор Е.В. Бекишева

Задание 1. Чтение и письменный перевод оригинального текста по специальности со словарём.

In December 1972 a 29-year-old black drug addict tried repeatedly & unsuccessfully to inject heroin into his right antecubital vein. He stated that swelling, tenderness & redness developed in that area, & within 4 weeks he suffered a “frozen” elbow.

He had been treated initially with warm compresses & antibiotics for one week & X-ray studies at that time were reported to have given normal findings.

On admission to the Detroit General Hospital in March 1973, there were no signs of inflammation of the right elbow, but there was severe limitation of movement of the joint. The range was 60 in flexion & 100 in extension. A hard mass was palpable in the antecubital fossa, corresponding in size & shape to the brachialis muscle & an X-ray film showed an elongated radio-opaque mass that acted as a strut in the prevention of movement.

A brachial arteriogram showed that brachial artery to have a bow string-like appearance in the lateral view. The radial & ulnar pulses were present, & the three major nerves of the right upper limb were normal.

In March 1973 the elbow was explored. The whole of the brachial muscle was found to be replaced by a calcified mass. The neurovascular bundles were not involved. The muscle was easily separated from the humeral shaft & the periosteum appeared normal & innocent. The removal of the calcified mass allowed the elbow joint to be almost fully extended.

Postoperatively, the elbow was splinted in extension, active & passive exercises were started 7 days after the operation.

Задание 2. Чтение без словаря оригинального текста с передачей его содержания на родном языке.

Hallucinogens

Hallucinogens are a diverse group of drugs that cause an alteration in perception, thought, or mood. A rather heterogeneous group, these compounds have different chemical structures, different mechanisms of action, and different adverse effects. Despite their name, most hallucinogens do not consistently cause hallucinations, which are defined as false sensations that have no basis in reality. Often, they are more likely to cause changes in mood or in thought than actual hallucinations.

Hallucinogens share a rich history. Many cultures have used hallucinogens for religious or mystical experiences. The first synthetic hallucinogen, lysergic acid diethylamide (LSD) 25, was serendipitously discovered in 1938 by Sandoz laboratories while searching for a new ergot-derived analeptic agent. Its discoverer, a Swiss chemist named Albert Hoffman, began to experience hallucinations after an inadvertent percutaneous exposure to the drug. Sandoz began marketing the new drug in 1947. Delysid, as the drug was called, was used by psychiatrists who believed its use in psychotherapy could help the patient access repressed emotions. The US Central Intelligence Agency also conducted human experiments with LSD, testing its use as an interrogation tool and as a mind-control agent. Unfortunately, many of these studies were conducted without the consent or knowledge of the participant.

Popularized by the media and by people such as Timothy Leary, experimentation with psychedelics reached a peak in the mid 1960s. As use increased, adverse reactions began to be reported. In 1966, because of mounting public health concerns, the federal government banned LSD. Illicit manufacture and use of hallucinogens, of course, has continued.

Задание 3. Беседа на иностранном языке на предложенную тему.

Заведующий кафедрой

иностранных и латинского языков _____ д.филол.н., профессор Е.В. Бекишева

Задание 1. Чтение и письменный перевод оригинального текста по специальности со словарём.

A 16-year-old boy was admitted to the hospital in Tehran, Iran, May 12, 1967, complaining of lethargy which had lasted for 5 days. 9 & 8 days before admission, the patient had ingested 4 & 8 gm, respectively, of elemental zinc mixed with peanut butter. He had intended to promote the healing of minor laceration. The only other drug that had been used occasionally during the prior month was antihistamine preparation (chlorpheniramine maleate). Five days prior to admission, the patient had difficulty in awakening after a full night's sleep, & later that day, he slept during school. The lethargy increased over the ensuing days. On the morning of admission, he was difficult to arouse. Once awakened, he consumed a normal breakfast, & then returned to sleep, while sitting on the kitchen stool. Other symptoms included light-headedness, slight staggering of gait, & difficulty in writing legibly. He denied gastrointestinal distress, headache, tinnitus, paresthesia & diplopia.

Physical examination disclosed a drowsy but easily arousable youngster, who would remain alert if actively engaged in conversation.

12 hours after the initiation of therapy with dimercaprol he was decidedly more alert, & the following morning he awoke at his customary hour of 6 o'clock. Follow-up examination a month later revealed no apparent sequelae.

Задание 2. Чтение без словаря оригинального текста с передачей его содержания на родном языке.

Apnea

Apnea is defined by the cessation of respiratory airflow. The 3 main categories of apnea are central, obstructive, and mixed. Central apnea is a result of inadequate medullary responsiveness and thus no or poor muscle coordination for breathing. Obstructive apnea is when there is an obstruction of the airway passages and therefore poor to no air exchange. Mixed apnea refers to an episode where combinations of both central and obstructive forces are involved.

Infant apnea is defined by the American Academy of Pediatrics as "an unexplained episode of cessation of breathing for 20 seconds or longer, or a shorter respiratory pause associated with bradycardia, cyanosis, pallor, and/or marked hypotonia." Apnea is more common in preterm infants. Apnea of prematurity requires a specific assessment and treatment. Apnea is rare among full-term healthy infants and, if present, usually indicates an underlying pathology.

The ED physician may not experience many patients with pure apneic events but more likely will have an infant's caregiver come in and report that his or her child appeared to stop breathing, changed color, or became limp. This is an apparent life-threatening event (ALTE).

ALTE is not a diagnosis. The potential underlying diagnoses run the spectrum from benign to extremely serious. The challenge with the assessment of the patient who experienced an ALTE lies in scrutinizing the patient's, then use the physical examination findings and various diagnostic studies, if needed, to deduce the reason the event took place.

Задание 3. Беседа на иностранном языке на предложенную тему.

Заведующий кафедрой
иностранных и латинского языков _____ д.филол.н., профессор Е.В. Бекишева

Задание 1. Чтение и письменный перевод оригинального текста по специальности со словарём.

A 56-year-old black man, on hemodialysis since September 9th 1972, for end-stage chronic glomerulonephritis, developed a low grade fever, substernal chest pain, & a pericardial friction rub on September 29th. Hemodialysis time was increased & regional heparinization was begun. Blood flow was 280 ml/min. However, there was evidence of a progressive pericardial effusion, with neck-vein distention & fall in systolic blood pressure to 90 mm Hg. Pulsus paradox of 30 mm Hg was present. Chest X-ray films showed great enlargement of the cardiac silhouette, the presence of pericardial effusion was confirmed by isotope scan.

Pericardiocentesis was performed on October 10th, with removal of 600 ml of serosanguineous fluid. There was an immediate improvement in the patient's condition, with a blood pressure risen to 150/90 mm Hg. Because of continued chest pain, he received prednisone 40 mg/day. Fever subsided in a day & chest pain in 3 days. The rub was heard for 3 weeks, during which the heart decreased to its previous size with no evidence of effusion. The prednisone dosage was tapered over the next 6 weeks.

The patient was well on thrice weekly hemodialysis until 4 months later, when 2 weeks after a transurethral resection of his prostate, he developed severe substernal chest pain. His temperature was 38.0 C & pericardial friction rub was heard. Prednisone therapy, 40 mg/day, was begun. He became afebrile within one day & his rub disappeared in three days. His chest pain decreased over the next 3 days & completely subsided within 7 days. Chest X-ray films did not change during this period & there was no change in his cardiovascular status. Prednisone dosage was tapered over the next 4 weeks.

Задание 2. Чтение без словаря оригинального текста с передачей его содержания на родном языке.

Epilepsy

Epilepsy is defined as a brain disorder characterized by an enduring predisposition to generate epileptic seizures and by the neurobiologic, cognitive, psychological, and social consequences of this condition. The clinical signs and symptoms of seizures depend on the location of the epileptic discharges in the cerebral cortex and the extent of the propagation of the epileptic discharge in the brain.

Questions that help clarify the type of seizure include the following:

- Was any warning noted before the spell? If so, what kind of warning occurred?
- What did the patient do during the spell?
- Was the patient able to relate to the environment during the spell and/or does the patient have recollection of the spell?
- How did the patient feel after the spell? How long did it take for the patient to get back to baseline condition?
- How long did the spell last?
- How frequent do the spells occur?
- Are any precipitants associated with the spells?
- Has the patient shown any response to therapy for the spells?

The diagnosis of epileptic seizures is made by analyzing the patient's detailed clinical history and by performing tests for confirmation. Physical examination helps in the diagnosis of specific epileptic syndromes that cause abnormal findings, such as dermatologic abnormalities (eg, patients with intractable generalized tonic-clonic seizures for years are likely to have injuries requiring stitches).

Predisposition- склонность, spell – приступ, baseline- исходный

Задание 3. Беседа на иностранном языке на предложенную тему.

Заведующий кафедрой

иностранных и латинского языков _____ д.филол.н., профессор Е.В. Бекишева

Задание 1. Чтение и письменный перевод оригинального текста по специальности со словарём.

A 77-year-old woman without history of allergy had a cup arthroplasty for relief on pain secondary to an old intertrochanteric fracture. On admission she had normal findings of urinalysis, blood urea nitrogen (BUN) value was 10 mg/100 ml, & serum creatinine level was 0.8 mg/100 ml. During surgery, her blood pressure & central venous pressure were normal & stable with the administration of thiopental sodium, nitrous oxide, & halothane anesthesia. Vital signs remained normal throughout her hospital course. Because of possible osteomyelitis, cephalotin sodium was given intravenously during the operation & subsequently for 17 days at a dosage of 4 to 8 gm/day. However, only staphylococusepidermitis grew from the operative specimen.

10 days after the cefalotin therapy was started, a maculopopular rash appeared on the trunk. Urinalysis showed proteinuria (2), & white & red blood cell & renal tubular cells. The serum creatinine level was 1.2 mg/100 ml, & the BUN level was 15 mg/ 100 ml. During the next 7 days the patient developed eosinophilia (8%, total eosinophil count, 490/cu mm), & renal function became progressively worse. The Bun & serum creatinine reached maximal levels of 62 & 6 mg/100 ml, respectively, but began to decline three days after cephalotine therapy was discontinued. The only other drugs she received were chloral hydrate, propoxyphene hydrochloride, & prochlorperazine, with which therapy was continued throughout hospitalization. Within 6 weeks after withdrawal of cephalotin & without other therapy, the eosinophilia & rash disappeared & the BUN & serum cretinine levels returned to 19 & 1.6 mg/100 ml, respectively.

Задание 2. Чтение без словаря оригинального текста с передачей его содержания на родном языке.

Ankle sprain

The history of an ankle sprain is usually that of an inversion-type twist of the foot followed by pain and swelling. An individual with an ankle sprain can almost always walk on the foot carefully and with pain.

Ankle sprains are classified into the following 3 grades:

- Grade 1 injuries involve a stretch of the ligament with microscopic tearing but not macroscopic tearing. Generally, little swelling is present, with little or no functional loss and no joint instability. The patient is able to fully or partially bear weight.

- Grade 2 injuries stretch the ligament with partial tearing, moderate-to-severe swelling, ecchymosis, moderate functional loss, and mild-to-moderate joint instability. Patients usually have difficulty bearing weight.

- Grade 3 injuries involve complete rupture of the ligament, with immediate and severe swelling, ecchymosis, an inability to bear weight, and moderate-to-severe instability of the joint. Typically, patients cannot bear weight without experiencing severe pain.

Examination techniques are used to assess ankle instability; however, the use of these techniques in acute injuries is in question because of pain, edema, and muscle spasm.

Rest, ice, compression, and elevation (ie, RICE) are the mainstays of acute treatment; more comprehensively, the combination of protection, relative rest, ice, compression, elevation, and support (PRICES) is used.

3. Беседа на иностранном языке на предложенную тему.

Заведующий кафедрой

иностранных и латинского языков _____ д.филол.н., профессор Е.В. Бекишева

Задание 1. Чтение и письменный перевод оригинального текста по специальности со словарём.

A 23-year-old white male therapist, employed at another institution, was admitted through the emergency room at 6 am February 20th, 1980, with severe radiating pain in the right arm 12 hours after injecting a 50mg tablet of pentazocine dissolved in sterile water into the antecubital area. The patient had intended an intravenous injection but immediately after the injection noted pain radiating down the arm followed by blanching & tingling. He soaked the arm in warm water, but the arm & fingers became markedly mottled & the pain so severe that finally he sought hospitalization.

The patient was agitated & held his arm in guarded position. The forearm & hand were swollen to twice the normal size, & showed multiple petechial hemorrhages. The radial & ulnar pulses were bounding, sensation was diffusely diminished, the extremity was cold below the injection site. The other arm had a large area of cellulitis from previous injections.

A stellate ganglion block was only partially effective in relieving pain & decreasing mottling. An auxiliary nerve block with a mixture of lidocaine, tetracaine, & epinephrine effectively relieved the pain & produced a marked return of warmth & color. The patient was given dextran 40, 1.500 cc/24 hours, & auxiliary blocks were repeated twice at 4-hour intervals, again with excellent pain relief.

Задание 2. Чтение без словаря оригинального текста с передачей его содержания на родном языке.

Children and Sleepwalking (Somnambulism)?

Sleepwalking (Somnambulism) is a series of complex behaviors that are initiated during slow wave sleep and result in walking during sleep. For some, the episodes of sleepwalking occur less than once per month and do not result in harm to the patient or others. Others experience episodes more than once per month, but not nightly, and do not result in harm to the patient or others. In its most severe form, the episodes occur almost nightly or are associated with physical injury. The child may feel embarrassment, shame, guilt, anxiety and confusion when they are told about their sleepwalking behavior. It is important to handle the child's feelings about sleepwalking with care.

How Common is Sleepwalking? Medical reports show that about 18% of the population are prone to sleepwalking. It is more common in children than in adolescents and adults. Sleepwalking that starts at an early age, generally disappears as the child gets older. Boys are more likely to sleepwalk than girls. The highest prevalence of sleepwalking was 16.7% at age 11 to 12 years of age. Sleepwalking can have a genetic tendency.

What are the symptoms of Sleepwalking (Somnambulism)? Ambulation (walking or moving about) that occurs during sleep. The onset typically occurs in prepubertal children. Associated features include: a) difficulty in arousing the patient during an episode; b) amnesia following an episode; c) episodes typically occur in the first third of the sleep episode; d) somniloquy or sleeptalking may take place at the same time; e) Incomprehensible mutterings are usually the case; f) the range of the episodes can be as simple as just sitting up in bed, or walking about the room to episodes where the child runs and screams; g) the child may use obscene words that would not be used when awake; h) the child may fall and injure themselves

3. Беседа на иностранном языке на предложенную тему.

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The boy presented at this hospital at 18 month of age with a 3-week history of periods of altered consciousness & episodes of unresponsiveness associated on two occasions with cyanosis. He was seen by neurologist who began treatment with phenytoin to control the seizures. The spells became more frequent with loss of consciousness & cyanosis. Phenobarbital was added without improvement & the child was subsequently referred to a pediatric cardiologist. Holter monitor revealed intermittent ventricular tachycardia & bradycardia during the unresponsive episodes. ECG showed a prolonged QT interval & junctional rhythm. Just before referral the patient was found to have polymorphic ventricular tachycardia during a syncopal episode. He was admitted to this institution 5 month after initial presentation. Physical examination revealed a 11.4 kg (25 percentile) & 81 cm (fifth percentile) child with a temperature of 99.3 F, heart rate 74 bpm, blood pressure of 119/49 mm Hg, & respiration rate of 20/min with no notable respiratory distress. He had total alopecia of the scalp & eyebrows. There were no abnormalities of the teeth & nails. Cardiac examination revealed a quiet precordium with regular rate & rhythm. No murmurs, rubs or gallops were heard. Immunologic evaluation was within normal limits. ECG showed right axis deviations, prolonged QT interval, incomplete right bundle-branch block, & first degree atrioventricular block. Holter monitor showed numerous runs of supraventricular tachycardia & premature ventricular contractions & nonsustained ventricular tachycardia. A chest X-ray film showed mild cardiomegaly. M-mode echocardiography showed an enlarged left ventricle with an end-diastolic diameter of 3.4 cm (normal 2.6 to 3.1 cm) with a shortening fraction of 41%. There was mild tricuspid regurgitation by Doppler echocardiography.

During cardiac catheterisation & electrophysiologic studies, the patient exhibited nonsustained ventricular tachycardia & an electrically silent & inexcitable atrium. A ventricular demand pacemaker was implanted but the pacing threshold deteriorated & became too high for capture. The patient later developed rapid ventricular tachycardia, followed by bradycardia & cardiac arrest. Despite maximal efforts to resuscitate, the patient died in the hospital 5 months after his initial presentation.

Задание 2. Чтение без словаря оригинального текста с передачей его содержания на родном языке.

Viral pneumonia

Viruses account for the largest proportion of childhood pneumonia. Viral pneumonia decreases in frequency in healthy young and middle-aged adults, but it then increases substantially among the elderly. Studies on community-acquired pneumonias consistently demonstrate viruses to be the second most common etiologic cause (behind *Streptococcus pneumoniae*), ranging from 13-50% of diagnosed cases.

The reported incidence of viral pneumonia has increased during the past decade. In part, this apparent increase simply reflects improved diagnostic techniques, but an actual increase has also occurred, because of the growing population of patients who are immunocompromised. (See Epidemiology.)

Depending on the virulence of the organism as well as the age and comorbidities of the patient, viral pneumonia can vary from a mild and self-limited illness to a life-threatening disease. Especially in immunocompromised patients, viral pneumonia may result in respiratory failure, severe hypoxemia, and other pulmonary pathology. (See Prognosis.)

The 4 most frequent etiologies of viral pneumonia in children and immunocompetent adults are influenza virus, respiratory syncytial virus (RSV), adenovirus, and parainfluenza virus (PIV). Influenza virus types A and B are responsible for more than half of all community-acquired viral pneumonia cases, particularly during influenza outbreaks.

3. Беседа на иностранном языке на предложенную тему.

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Задание 1. Чтение и письменный перевод оригинального текста по специальности со словарём.

A 59-year-old man was admitted stuporous to the hospital. He had been receiving lithium carbonate 300mg/100ml three times a day for manic depressive psychosis for almost a year. Since the beginning of the therapy the serum lithium value had slowly increased from 0.12 mEq/liter, but never exceeded 1.70 mEq/liter. One day prior to admission his lithium level was 1.76 mEq/liter. The patient complained of nausea, dry mouth, vertigo (drowsiness), & generalized muscular weakness. On the day of admission to the hospital, the serum lithium level was 1.76 mEq/liter. The patient was stuporous on arrival to the emergency room but was easily aroused & responded to simple commands, one hour later he became deeply comatose.

The blood pressure was 150/90 mmHg, pulse rate 115 bpm & regular, & temperature 37.5 C rectally. Tremor was observed in both hands & fasciculations were seen in the neck & chest muscles. The patient was spastic in all 4 extremities, had hyperactive deep tendon reflexes, & bilateral extensor plantaris reflexes. The patient didn't respond to painful stimuli. The cranial nerves were intact. The lumbar puncture was within normal limits. The lithium level in the spinal fluid was 0.90 mEq/liter. The serum level of blood urea nitrogen (BUN), sodium, potassium, chloride, magnesium, calcium, carbon dioxide, & phosphorous were all normal. Studies on the 1st hospital day include a complete blood cell count, hematocrit readings, urinalysis, chest & skull X-ray films, & determination of blood glucose content.

Задание 2. Чтение без словаря оригинального текста с передачей его содержания на родном языке.

Diabetes

Diabetes is a chronic illness that requires a holistic approach in terms of care to prevent both acute and long-term complications. Nutritional management for diabetic patients has been evolving for 100 years as the pathophysiological basis of the complications incurred from diabetes becomes more explicit.

Medical nutrition therapy is extremely important for diabetic patients and prediabetic patients so that adequate glycemic control can be achieved. One-on-one consultations with a registered dietician well-versed in diabetic nutrition are most preferable. Nutrition counseling should be sensitive to the personal needs of the patient and how much effort the patient is willing to put in to making the change to eating appropriately.

Medical nutrition therapy for diabetics can be divided into (1) dietary interventions and (2) physical activity. Lifestyle and dietary modifications form the cornerstone of therapy in type 2 diabetic patients (insulin resistance). In type 1 diabetic patients, who have an insulin deficiency, a balance between insulin and nutrition needs to be obtained for optimal glycemic control.

well-versed-осведомленный, cornerstone – краеугольный камень

3. Беседа на иностранном языке на предложенную тему.

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Задание 1. Чтение и письменный перевод оригинального текста по специальности со словарём.

A 20-year-old male had Banti's syndrome in infancy for which a splenectomy was performed at 9 months of age. Subsequently the patient underwent partial resection of the stomach, a portacaval shunt, & mesentericocaval shunt, the last procedure in 1963, for which propoxyphene was given for relief of pain. The patient was overprotected by his parents from a very early age & also by the hospital which had become in many ways a home "substitute". Under the effects of propoxyphene the patient felt like a super hero & would approach situations with a confidence & some aggressiveness. Propoxyphene made him relaxed, caused relief of tension & a mild euphoria. The patient said that the ingestion of propoxyphene also helped him study. He was hospitalized at a private psychiatric institution for 6 weeks, later transferred to State hospital because of excessive propoxyphene self-administration. The patient had obtained large quantities of propoxyphene illicitly while in the hospital.

Drug Self-Administration: The patient reported a three-year history of continuous intake of the drug with 2 interruptions, Each lasting approximately 2 weeks. The average intake was 65 mg of propoxyphene hydrochloride every two to four hours. Two grand mal episodes occurred during the period of propoxyphene intake.

The patient was admitted to our hospital on april 29th 1987. He was obtaining propoxyphene in quantities alleged to be as large as 1.500 mg per day. The drug was withdrawn completely at the time of admission.

Задание 2. Чтение без словаря оригинального текста с передачей его содержания на родном языке.

Chronic pancreatitis

Chronic pancreatitis is commonly defined as a continuing, chronic, inflammatory process of the pancreas, characterized by irreversible morphologic changes. This chronic inflammation can lead to chronic abdominal pain and/or impairment of endocrine and exocrine function of the pancreas.

By definition, chronic pancreatitis is a completely different process from acute pancreatitis. In acute pancreatitis, the patient presents with acute and severe abdominal pain, nausea, and vomiting. The pancreas is acutely inflamed (neutrophils and edema), and the serum levels of pancreatic enzymes (amylase and lipase) are elevated. Full recovery is observed in most patients with acute pancreatitis, whereas in chronic pancreatitis, the primary process is a chronic, irreversible inflammation (monocyte and lymphocyte) that leads to fibrosis with calcification.

The patient with chronic pancreatitis clinically presents with chronic abdominal pain and normal or mildly elevated pancreatic enzyme levels. When the pancreas loses its endocrine and exocrine function, the patient presents with diabetes mellitus and steatorrhea.

Irreversible-необратимый

3. Беседа на иностранном языке на предложенную тему.

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Задание 1. Чтение и письменный перевод оригинального текста по специальности со словарём.

A 69-year-old white man became bored with his inactive retirement & attempted suicide by car exhaust fumes. Five months earlier he had an apparent stroke & developed a parkinsonian tremor, difficulty in walking, episodic memory difficulties & increasing depression. He was lethargic but not comatose when admitted to a general hospital for emergency treatment after his suicide attempt & three days later he was transferred to a psychiatric hospital.

Findings were consistent with organic syndrome, with psychological tests indicating intellectual deterioration & right-hemisphere damage. The patient was treated with supportive psychotherapy as well as thiamine, 500 mg twice daily, niacin 250 mg three times daily, & ascorbic acid 100 mg three times daily. After the recovery from depression in 5 weeks he was discharged to a nursing home, & while there he continued to receive niacin in the same dosage.

Because of recurrent episodes of forgetfulness & confusion he was readmitted to the psychiatric hospital for reevaluation six weeks later. At the same time the patient was jaundiced, results of physical examination were otherwise normal, & the liver and spleen were not palpably enlarged. Niacine therapy was discontinued & during the next 2 weeks the jaundice deepened, with bilirubin level increasing to 14.4 mg/100 ml. Alkaline phosphatase level was 116 units/ml. Liver scan & gastrointestinal examination done during this period showed normal results.

Задание 2. Чтение без словаря оригинального текста с передачей его содержания на родном языке.

“Dangerous Diet Drinks”

Can't live without your diet soda? It might be worse for you than you think. Aspartame can influence your long-term memory. New research suggests that the artificial sweetener aspartame may actually go to your head.

Anecdotal evidence that aspartame disrupts memory has been growing since the sugar substitute was approved in the early 1980-s, though attempts to prove the claim have so far been equivocal*.

Previous studies have tested memory by asking aspartame users to remember lists of words or numbers - tests of short-term memory. But according to Timothy M. Barth, Ph.D., a psychology professor at Texas Christian University, those studies focused on the wrong type of memory. In his study of 90 students, Barth found that participants who regularly drank diet sodas containing aspartame performed as well as nonusers on laboratory tests. However, aspartame users were more likely to report long-term memory lapses like forgetting details of personal routines or whether or not a task had been completed. “These people aren't crazy,” says Barth. Instead, “the type of memory problems they report are not the type of memories that have been assessed in the typical laboratory study.”

After reporting his findings at a recent Society for Neuroscience meeting, Barth cautioned that he thinks it's premature to condemn aspartame. But he does worry about the largely untested effects of long-term use. Already, he has made some converts. “Several of my graduate students who drank diet soda no longer do.”

3. Беседа на иностранном языке на предложенную тему.

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Задание 1. Чтение и письменный перевод оригинального текста по специальности со словарём.

1) The patient was a 39-year-old white male. He was admitted to the hospital on February 5th 1991 with acute myocardial infarction. On his admission to the hospital the blood pressure measured 120/80 mmHg. Normal pulsation was found in the radial & ulnar arteries, in the abdominal aorta, but pulses in both legs were reduced to one half of their normal amplitude or less. The feet were warm with a normal colour & no swelling was evident. An ECG showed typical changes of infarction. Blood pressure during the hospitalization ranged from 140/80 mmHg to 110/75. There were no complications & the patient was sent home on long-term anticoagulant therapy. Convalescence proceeded smoothly & the patient returned to full-time work in April 1991. Blood pressure was 136/90 mmHg in the postinfarction period. Angina pectoris on exertion was noted in May 1991, trinitroglycerin gave relief.

2) A woman aged 26 was admitted to the hospital on October 10th 1986 at 11.45 am. The evening before the admission she had picked about 35 mushrooms walking in a wood. They were eaten at 6 pm on October 9th. At about midnight she was taken ill with vomiting & diarrhea. At the examination we saw her quite grey & cyanotic. The abdomen was found to be slightly distended & the tongue thickly coated. Gastric lavage was performed & 50cc of 10% glucose was administered intravenously. Next morning the patient started vomiting. She was put on a glucose –saline-drip. The urine was found to contain albumin & acetone. On October 13th the patient appeared to be drowsy. In the afternoon her condition deteriorated, she became irrational & was difficult to keep in bed. The pulse was not perceptible. She died at 9.30 am on October 14th – 110 hours after eating the mushrooms.

Задание 2. Чтение без словаря оригинального текста с передачей его содержания на родном языке.

“Intelligence”

Intelligence is a property of mind that encompasses many related abilities, such as the capacities to reason, plan, solve problems, think abstractly, comprehend ideas and language, and learn. There are several ways to define intelligence. In some cases intelligence may include such traits as creativity, personality, character, knowledge, or wisdom. However other psychologists prefer not to include these traits in the definition of intelligence. Many prominent researchers have offered their own definitions of intelligence:

Carolus Slovinc: “Intelligence is the ability to recognize connections”.

Alfred Binet: “...judgment, otherwise called good sense, practical sense, initiative, the faculty (способность) of adapting one’s self to circumstances...auto-critique”.

Alfred also stated “Intelligence is everything, and at the same time, nothing at all”.

David Wechsler: “... the aggregate (совокупность) or global capacity of the individual to act purposefully, to think rationally, and to deal effectively with his environment”.

Cyril Burt: “...innate general cognitive ability”.

Howard Gardner: “To my mind, a human intellectual competence must entail a set of skills of problem solving - enabling the individual to resolve genuine problems or difficulties that he or she encounters and, ... and must also entail the potential for finding or creating problems - and thereby laying the groundwork (фундамент) for the acquisition (приобретение, получение) of new knowledge”.

Herrnstein and Murray: “...cognitive ability”.

Sternberg and Salter: “...goal-directed adaptive behaviour”.

3. Беседа на иностранном языке на предложенную тему.

Заведующий кафедрой

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Задание 1. Чтение и письменный перевод оригинального текста по специальности со словарём.

In November 1998 a 23-year-old woman was found to have systemic lupus erythematosus (волчанка) with diffuse proliferative glomerulonephritis & nephrotic syndrome. Therapy with 15 mg of prednisone every 6 hours had not changed her proteinuria, although azotemia had increased (BUN value from 60 to 120 ml) by mid-December, blood pressure was 120/100 mm Hg. She then became psychotic & was given up to 15 mg of trifluoperazine daily, & up to 120 mg of prednisone daily.

By mid-January 1999 her kidney function was unchanged & she sustained blood pressure up to 175/25 mmHg. She continued to take 55 mg of prednisone a day & 12.5 mg of trifluoperazine a day. The addition of ethacrynic acid changed neither blood pressure nor weight. On January 31st treatment with metyldopa was begun. During the next two weeks the amount of metyldopa was increased to 2 gm a day & triamterene was added, yet blood pressure rose to 200/140 mmHg. During this interval neither weight loss nor natriuresis occurred. Dietary sodium intake approximated 45 mEq daily throughout the report period & urine sodium excretion averaged 31mEq daily from February 1st to February 14th.

Trifluoperazine was discontinued on February 13th. Within 7 days & without further medication change blood pressure had returned to 160/100 mmHg & below. It has remained at this level.

Задание 2. Чтение без словаря оригинального текста с передачей его содержания на родном языке.

Myocardial infarction

Myocardial infarction (heart attack) is the irreversible necrosis of heart muscle secondary to prolonged ischemia. Approximately 1.5 million cases of myocardial infarction occur annually in the United States.

Signs and symptoms. Patients with typical myocardial Infarction may have the following prodromal symptoms in the days preceding the event (although typical STEMI may occur suddenly, without warning): fatigue, chest discomfort, malaise.

Typical chest pain in acute myocardial infarction has the following characteristics: 1) intense and unremitting for 30-60 minutes; 2) often radiates up to the neck, shoulder, and jaw and down to the ulnar aspect of the left arm; 3) usually described as a substernal pressure sensation that also may be characterized as squeezing, aching, burning, or even sharp;

- In some patients, the symptom is epigastric, with a feeling of indigestion or of fullness and gas

Myocardial infarction (heart attack) is the irreversible necrosis of heart muscle secondary to prolonged ischemia. Approximately 1.5 million cases of myocardial infarction occur annually in the United States.

The patient's vital signs may demonstrate the following in myocardial infarction:

- The patient's heart rate is often increased;
- The pulse may be irregular, an accelerated idioventricular rhythm, ventricular tachycardia, atrial fibrillation or flutter, or other supraventricular arrhythmias; bradyarrhythmias may be present;
- In general, the patient's blood pressure is initially elevated;
- However, with right ventricular myocardial infarction or severe left ventricular dysfunction, hypotension is seen;
- The respiratory rate may be increased in response to pulmonary congestion or anxiety;
- Coughing, wheezing, and the production of sputum may occur;
- Fever is usually present within 24-48 hours, with the temperature curve generally parallel to the time course of elevations of creatine kinase (CK) levels in the blood. Body temperature may occasionally exceed 102°F

3. Беседа на иностранном языке на предложенную тему.

Заведующий кафедрой

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Задание 1. Чтение и письменный перевод оригинального текста по специальности со словарём.

The patients are a 38-year-old woman & her 46-year-old husband who has had five spine operations allegedly because of an industrial back injury in 1982. His wife suffered an industrial hand traumatic amputation in 1987. Their courses are marked by extensive litigation & medical studies. They consult separate physicians whose homes & offices are geographically isolated & 25 miles apart & thus have not been aware of each other's therapy until recently. The husband's physician has reported observing the wife taking thioridazine hydrochloride which he had prescribed for the husband, & believes that the latter is not addicted to pentazocine despite prolonged prescriptions of as much as 500 ml/month. The husband began to receive prescriptions for pentazocine lactate in March 1991. Four months later the wife's attending physician reported nodular fluctuant masses over both deltoid areas, "the result of repeated injections" for which no prescriptions can be found in the obligatory compensation role. The husband is currently undergoing an inpatient withdrawal program, where he was found to have induration of both shoulder areas with local cellulitis & induration of the thighs. He acknowledged that these are due to the injections & denied that his wife has received any of them. She received prescriptions for pentazocine hydrochloride early in 1992 before the problem became manifest.

Задание 2. Чтение без словаря оригинального текста с передачей его содержания на родном языке.

Sugars.

From rotting teeth and expanding waistlines to crankiness and diabetes, sugar is the culprit behind much of what ails us. The average American consumes 39 teaspoons of the stuff a day—a recipe for a public health disaster. Over 200 sugar compounds, technically known as saccharides, occur naturally in plants. And eight of them have been identified as essential to optimal human health.

Two of those, saccharides galactose and glucose, are commonly found in the foods we eat. Galactose is a milk sugar and glucose is the sugar that sits on your table; it's also a component of fruits and grains. Both galactose and glucose are broken down in the body and used as fuel. While the body can use other nutrients as fuel, namely fat, the brain relies almost exclusively on glucose to power its intense metabolic activity.

The other six essential sugars were for the major portion of human history part of the everyday diet, as our ancestors dined on whatever plants they could find. Ninety-nine percent of the diet hominids evolved on was made up of vegetables, fruits, nuts, seeds and legumes.

Today, however, the variety of sugars is largely absent from our table, thanks to our reliance on processed foods made with refined sugar—a substance that sweetens our tea and coffee and lurks in sodas, fruit juices, bread and cakes. The problem is not only that it has displaced other essential sugars but that it has been stripped of its plant source and, with it, its nutritional value. Meanwhile, the body requires the sugars missing from our diet for some very strategic uses—such as, to coat nearly every cell in the body. "They are like a Swiss army knife which the body can use for different tasks," says Emil Mondona, M.D., pediatrician and coauthor with Mindy Kitei of *Sugars That Heal*. These sugars are not converted one to the other in the body. Once ingested, they combine with proteins and fats to create compounds that allow cells to communicate with each other. And no cells communicate more with each other than brain cells.

Glycoproteins, for example, make up the receptors that neurotransmitters such as serotonin bind to on nerve-cell surfaces. So they are critical to every thought and feeling that you have. Glyconutrients also play key roles in stressed states. Overactivation of the stress response is now thought to be the primary mechanism of depression. The receptor for corticotropin releasing factor, a key activator of the body-wide stress response, is a glycoprotein. Dysfunction of the receptor is considered by many to be the core defect in depression and anxiety disorders.

3. Беседа на иностранном языке на предложенную тему.

Заведующий кафедрой

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Задание 1. Чтение и письменный перевод оригинального текста по специальности со словарём.

A 44-year-old white salesman was transferred from the White City domiciliary to the Portland Veterans Administration Hospital for evaluation of rising level of serum glutamic oxalocetic transaminase (SGOT) & recent episodes of hepatitis that occurred after the administration of disulfiram. From November 1988 to March 1989 he was hospitalized at the Palo Alto Veterans Administration Hospital for alcoholism & multiple drug abuse (lysergic acid diethylamide – LSD), mescaline, & dextroamphetamine sulfate. Liver function tests gave normal results & he denied any history of hepatitis after halothane anesthesia in July 1985. At that time he developed fever, chills, mild eosinophilia (9%) & hepatitis with SGOT level reaching 1.308 units & a total bilirubin concentration of 4.0 mg/100 ml. He had no previous halothane exposure & was subsequently discharged with rapidly improving results on liver function tests.

In April 1990 after three months of sobriety, disulfiram therapy was initiated to assist him in abstaining from alcohol. After 10 days of therapy in standard dosage (0.5 gm daily for 5 days, then 0.25 gm daily), the patient rapidly developed fatigue, malaise, & jaundice without fever. Disulfiram treatment was promptly stopped as was treatment with chlordiazepoxide hydrochloride & methylphenidate hydrochloride, both of which he had been taking for many months. He denied alcohol or other drug ingestion & knew of no exposure to hepatitis.

Задание 2. Чтение без словаря оригинального текста с передачей его содержания на родном языке.

“Depression Linked to Insomnia in HIV Patients”

Depression appears to be a major cause of insomnia in people with HIV. Patients in the last stages of HIV infection or AIDS and those who have suffered some kind of brain impairment as a result of the disease are also more likely to suffer from insomnia. Although insomnia is a frequent complaint in people living with HIV, there is considerable uncertainty about its cause and significance.

Earlier studies suggested that patients with HIV had changes in periods of REM (rapid eye movement) and non-REM sleep that may have led to insomnia.

More recent studies rely on patients' reports about their own sleep habits and disturbances, including whether they had difficulty falling asleep or staying asleep, their frequency of nightmares, whether they were tired in the day or whether they used sleeping pills to help them rest. Those studies revealed a “consistent and strong relationship” between psychological problems, particularly depression, and insomnia in HIV patients.

Physicians should pay more attention to diagnosing and treating anxiety and depression in people with HIV as a way to prevent insomnia, “that psychiatric disorders are often missed during treatment. Little evidence are reported to have been found suggesting that a patient's viral or other signs of infection were important risk factors for insomnia until the very last stage of the disease, when AIDS-related illnesses may have been a contributing factor to sleep disturbances. Some HIV patients taking antiretroviral therapy often describe insomnia as a side effect of the medication. With the exception of one medication called efavirenz (Sustiva).

3. Беседа на иностранном языке на предложенную тему.

Заведующий кафедрой

иностранных и латинского языков _____ д.филол.н., профессор Е.В. Бекишева

Задание 1. Чтение и письменный перевод оригинального текста по специальности со словарём.

1) In April 1990, about two years after the beginning of the first symptoms, the patient's condition considerably worsened & he entered the hospital on April 8th. The patient had lost weight during the last year, about 20 kg, & appeared quite thin. Asthenia & anorexia were marked. There was marked cyanosis of the face & mild clubbing of the finger. Dyspnea was permanent with a respiratory frequency of 20 per minute with a difficult & prolonged expiration coupled with a cough producing small amount of mucoid & slightly purulent sputum.

Rectal temperature was normal. On chest examination there were a few coarse rales. The heart sounds were noted to be normal, without murmur, & the rhythm was regular 80 beats per minute. The liver being markedly enlarged, 9 cm below the costal margin. Its tenderness made it difficult to palpate its surface. The chest roentgenogram showed the heart to be a normal size. The lungs were clear. Current laboratory data (blood cell count & values for serum and urine electrolytes) were absolutely normal.

2) A man aged 30 years who had always been in good health, fell ill with fever, vomiting & sharp abdominal pains. He decided to consult a physician & went to the dispensary. When he came there the pains in the right abdomen became very severe. The doctor who saw him at the dispensary diagnosed acute appendicitis & immediately sent him to the hospital. The surgeon who was on duty that day took him into the operating room at once. The doctor's assistant gave the anaesthetics, & the operation began. It lasted half an hour. After the operation when the nurses brought him to the ward he fell asleep & slept for some hours. When he woke up he no longer felt any bad pain & looked much better. In the morning when the surgeon was making his daily round he examined the patient & found him in a good condition. The pulse was normal & of good tension. The patient kept the bed for 5 days, then he began to walk. On the 7th day the sutures were removed & 10 days after the operation the man was discharged from the hospital.

Задание 2. Чтение без словаря оригинального текста с передачей его содержания на родном языке.

Colorectal Cancer Patients

According to a survey, colorectal cancer patients rate their quality of life after treatment as good, particularly if they have to cope with small physical restrictions only. But the emotional and social lives of sufferers remain seriously affected over many years. Although colorectal cancer is a common disease, little is known about the quality of life of patients after completion of treatment. A study involving over 300 colorectal cancer patients has shown that, many years after diagnosis, sufferers are struggling not so much with physical problems, but with serious psychological problems. Globally, more than one million new cases of colorectal cancer are diagnosed each year. This makes colorectal cancer one of the most common cancers in the world. Long-term studies involving colorectal cancer patients usually deal with recurrence of tumors or survival rates, while the long-term well-being and quality of life of patients after completion of treatment has been of little scientific interest to date. Arndt et al. have shown that emotional and social problems considerably restrict the quality of life of colorectal cancer patients over many years after diagnosis. In addition, survivors suffer from respiratory distress, sleeping disorders, listlessness, bowel problems and financial worries. Improvements in the quality of life of patients who remained free of disease were only modest even after three years and were restricted to financial problems or adjustment to the stoma. Depression in patients persists even longer. The scientists also confirmed the suspected influence of age on psychological resistance. Thus, young patients are particularly affected by the mental consequences of the diagnosis. People at a younger age regard cancer as more threatening and experience health deficits more strongly than older sufferers. Yet older patients have to cope with more severe physical problems.

3. Беседа на иностранном языке на предложенную тему.

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