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Федеральное государственное бюджетное образовательное учреждение
высшего образования
«Тихоокеанский государственный медицинский университет»
Министерства здравоохранения Российской Федерации

«УТВЕРЖДАЮ»
Заведующий кафедрой
_____Руденко Е.Е.
«17» мая 2024 г.

ФОНД ОЦЕНОЧНЫХ СРЕДСТВ

Дисциплины Б1.О.03 Деловой английский язык
Индекс, наименование

основной образовательной программы высшего образования

Направление подготовки	32.04.01 Общественное здравоохранение (код, наименование)
Уровень подготовки	магистратура
Направленность подготовки	01 Образование и наука (в сфере научных исследований)
Форма обучения	очная
Срок освоения ООП	2 года (нормативный срок обучения)
Институт/кафедра	иностранных языков

Владивосток, 2024

1. ВВОДНАЯ ЧАСТЬ

1.1. **Фонд оценочных средств** регламентирует содержание, формы оценочных средств для текущего контроля и промежуточной аттестации, критерии оценивания дифференцированно по каждой форме оценочных средств.

1.2. Фонд оценочных средств определяет уровень формирования у обучающихся установленных во ФГОС ВО и определенных в основной образовательной программе высшего образования по направлению подготовки 32.04.01 Общественное здравоохранение, направленности 01 Образование и наука (в сфере научных исследований), **универсальных (УК-4), (УК-5) и общепрофессиональной (ОПК-5) компетенций**, (см. https://tgmu.ru/sveden/files/32.04.01_Obschestvennoe_zdravooxranenie_.pdf

2. ОСНОВНАЯ ЧАСТЬ

2.1. Виды контроля и формы оценочных средств

№ п/п	Виды контроля	Оценочные средства**
		Форма
1	Текущий контроль	Оценочное средство 1 – Тесты
		Оценочное средство 2 – Вопросы для собеседования
		Оценочное средство 3 – Ситуационные задачи
2	Промежуточная аттестация	Оценочное средство 1 – Тесты
		Оценочное средство 2 – Вопросы для собеседования
		Оценочное средство 3 – Ситуационные задачи

**При идентичности оценочных средств для текущего контроля и промежуточной аттестации – оформление одним Приложением.

3. Содержание оценочных средств текущего контроля

Текущий контроль осуществляется преподавателем дисциплины при проведении занятий в форме: оценочное средство 1, оценочное средство 2, оценочное средство 3.

Оценочное средство 1 – Тесты (см. Приложение 1)

Критерии оценивания

«Отлично» – более 80% правильных ответов на тестовые задания каждого уровня
«Хорошо» –70-79% правильных ответов на тестовые задания каждого уровня
«Удовлетворительно» – 55-69% правильных ответов на тестовые задания каждого уровня
«Неудовлетворительно» – менее 55% правильных ответов на тестовые задания каждого уровня

Оценочное средство 2 – Вопросы для собеседования (см. Приложение 2)

Критерии оценивания

«Отлично» – более 80% правильных ответов
«Хорошо» – 70-79% правильных ответов
«Удовлетворительно» – 55-69% правильных ответов
«Неудовлетворительно» – менее 55% правильных ответов

Оценочное средство 3 – Ситуационные задачи (см. Приложение 3)

Критерии оценивания (см. Приложение 3)

4. Содержание оценочных средств промежуточной аттестации

Промежуточная аттестация проводится в форме зачета.

Оценочное средство 1 – Тесты (см. Приложение 1)

Критерии оценивания

«Отлично» – более 80% правильных ответов на тестовые задания каждого уровня
«Хорошо» –70-79% правильных ответов на тестовые задания каждого уровня

«Удовлетворительно» – 55-69% правильных ответов на тестовые задания каждого уровня
«Неудовлетворительно» – менее 55% правильных ответов на тестовые задания каждого уровня

Оценочное средство 2 – Вопросы для собеседования (см. Приложение 2)

Критерии оценивания

«Отлично» – более 80% правильных ответов
«Хорошо» – 70-79% правильных ответов
«Удовлетворительно» – 55-69% правильных ответов
«Неудовлетворительно» – менее 55% правильных ответов

Оценочное средство 3 – Ситуационные задачи (см. Приложение 3)

Критерии оценивания (см. Приложение 3)

5. Критерии оценивания результатов обучения

«Зачтено» выставляется обучающемуся, если он показал достаточно прочные знания основных положений учебной дисциплины, умение самостоятельно решать конкретные практические задачи, предусмотренные рабочей программой, ориентироваться в рекомендованной справочной литературе, умеет правильно оценить полученные результаты.

«Не зачтено» выставляется обучающемуся, если при ответе выявились существенные пробелы в знаниях основных положений учебной дисциплины, неумение с помощью преподавателя получить правильное решение конкретной практической задачи из числа предусмотренных рабочей программой учебной дисциплины.

Приложение 1

Оценочное средство 1 – Тесты

И		ДАЙТЕ ОТВЕТЫ НА ВОПРОСЫ ТЕСТОВЫХ ЗАДАНИЙ 1 УРОВНЯ (ОДИН ПРАВИЛЬНЫЙ ОТВЕТ)
Т		**1. Bacterial contamination of the air may be controlled by some general methods: ____.** А) mechanical ventilation; ultraviolet irradiation; disinfectant vaporsall Б) measures for removing contaminants В) the disinfectant action Г) mechanicals ventilation; ultraviolet irradiation; disinfectant vapors **2. Two important methods are used for determination of the purity of water: ____.** А) supervision of the source of water supply; laboratory analysis of the water Б) supervisions of the source of waters supply; laboratory analysis of the water В) supervision of the source of water supply; laboratory analys of the water Г) supervision of the source of water supply **3. Water is a vehicle for certain infections such as ____.** А) cholera, typhoid fever and other diseases having their primary seat in the digestive tract Б) cholera, typhoid fevers and other diseases В) choleras, typhoid fevers and other diseases having their primary seat in the digestive tract Г) cholera **4. The greatest danger in water is ____.** А) pollution from human sources Б) pollutions from human sources В) pollution from humans sources Г) pollutions from humans sources **5. It is highly probable that the sewage of large communities contains ____, because even when no overt cases appear carriers and missed cases may be expected.** А) typhoid bacilli and other disease organisms in larger or smaller numbers Б) typhoids bacilli and other disease organisms in larger or smaller numbers В) typhoid bacilli and other disease organisms in largers or smallers numbers Г) typhoid bacillis and other disease organisms in larger or smaller numbers **6. The water-carried discharges of the human body together with the liquid wastes from household and factory are called ____.** А) sewage

		Б) cholera В) dysentery Г) other diseases **7. The discharges themselves consist chiefly of feces and urine, but they include also washings and secretions from ____.** А) the skin, mouth, and nose Б) typhoid fever В) the skins, mouths, and noses Г) acute diarrhea
И		**ДАЙТЕ ОТВЕТЫ НА ВОПРОСЫ ТЕСТОВЫХ ЗАДАНИЙ 2 УРОВНЯ (НЕСКОЛЬКО ПРАВИЛЬНЫХ ОТВЕТОВ)**
Т		**8. A good scrubbing of the sick-room including the floor, furniture, and woodwork, with ____ and soap is a good system of** А) hot water Б) technical disinfection В) cool water Г) disinfection Правильные ответы: А, Б **9. Numerous ____ have been advocated as** А) chemical substances Б) efficient chemical disinfectants В) the virus of infectious jaundice Г) other forms of bacteria Правильные ответы: А, Б **10. One of the most ____ incurred in bathing establishments is ringworm of the feet, or** А) common infections Б) epidermophytosis В) the upper respiratory tract Г) safe drinking water Правильные ответы: А, Б **11. Food ____ is commonest during** А) poisoning Б) the summer months В) in summer Г) bacterial poisoning Правильные ответы: А, Б **12. The articles of food which are most commonly ____ are** А) incriminated Б) meat, milk, fish and eggs В) a variety of fresh fruit Г) not incriminated Правильные ответы: А, Б **13. Industrial ____ is concerned with all factors which**

influence the
А) hygiene
Б) health of people at work
В) healths of people at work
Г) health of peoples at work
Правильные ответы: А, Б

14. ____ hygiene is concerned with occupational diseases due to all types of harmful chemical substances, such as
А) Industrial
Б) lead, benzol, or silica
В) lead, benzol, or silicas
Г) Food
Правильные ответы: А, Б

15. Industrial hygiene has not a preventive phase, but also a ____ or constructive phase, i. e.
А) positive
Б) the promotion of maximum health and well-being of people at work
В) the promotion of people at work and well-being of maximum health
Г) negative
Правильные ответы: А, Б

И

ДАЙТЕ ОТВЕТЫ НА ВОПРОСЫ ТЕСТОВЫХ ЗАДАНИЙ 3 УРОВНЯ (ЗАДАНИЯ НА ОПРЕДЕЛЕНИЕ СООТВЕТСТВИЯ)

Т

16.

1) the bacillus	А) палочка
2) favourable	Б) благоприятный
3) environment	В) бацилла
	Г) окружающая среда

Правильные ответы: 1 – А, В: 2 – Б: 3 – Г

17.

1) the coccus	А) кокк
2) to destroy	Б) уничтожать
3) the skin	В) шарообразный
	Г) кожа

Правильные ответы: 1 – А, В: 2 – Б: 3 – Г

18.

1) to invade	А) вторгаться
2) to keep	Б) хранить
3) to prevent	В) поражать болезнью
	Г) предупреждать

Правильные ответы: 1 – А, В: 2 – Б: 3 – Г

19.

1) the microorganism	А) микроб
2) the phagocyte	Б) фагоцит
3) the mucous	В) микроорганизм
	Г) слизь

Правильные ответы: 1 – А, В: 2 – Б: 3 – Г

20.

1) virulent	А) вирулетный
2) to multiply	Б) размножаться
3) the infection	В) заразный
	Г) инфекция

Правильные ответы: 1 – А, В: 2 – Б: 3 – Г

Приложение 2

Оценочное средство 2 – Вопросы для собеседования

И		ДАЙТЕ ОТВЕТЫ НА ВОПРОСЫ
Т		**1. Дайте необходимую информацию об основателе нового раздела микробиологии – вирусологии.** **Правильный ответ.** Dmitry Iosiphoviteh Ivanovsky, a prominent Russian scientist, was born in 1864. In 1888 he graduated from Petersburg University and began to study the physiology of plants and microbiology. When D.I. Ivanovsky was investigating the tobacco mosaic disease he was able to come to the conclusion that this disease occurred due to a microscopic agent, many times smaller than bacteria. To prove this phenomenon D.I. Ivanovsky had to make many experiments on various plants. He had to pass the Juice of the diseased plant through a fine filter which could catch the smallest bacteria. At that time a little over 70 years ago everybody considered that bacteria were the smallest living organisms. But when D.I. Ivanovsky had completed to pass the juice through a fine filter, he was able to come to conclusion that the living organisms smaller than bacteria existed in the environment, because when he introduced the filtrate of the diseased plants to healthy ones they became infected. Before D.I. Ivanovsky nobody had been able to prove the existence of viruses. Dmitry Iosiphoviteh Ivanovsky was the first scientist who was able to establish the new branch of microbiology – virology. **2. Опишите, как бактерии поражают организм.** **Правильный ответ.** If there are no wounds on the skin no bacteria can invade it. But if any smallest wound exists then bacteria can pass into the tissue. The thin membranes about the eye, in the nose and throat have less protective properties against bacterial invasion and infection may often develop in these points. The way by which a microorganism enters the human body is an important factor to determine the occurrence of any disease. Certain bacteria can persist and develop in the human body only coming into contact with the respiratory tract, others through contact with the mucus of the intestines. The skin and mucus membranes of the body have a large number of bacteria, some of them are highly pathogenic in a favourable environment. The spread of these bacteria is controlled by the skin and phagocytes fighting against the invaders. **3. Опишите, каковы методы и способы очистки сточных вод.** **Правильный ответ.** Once we have used water, we pull the plug from the sink, flush the toilet or pour it down the drain where it enters the sewerage system. In the sewer there is a mixture of water used for a variety of purposes in the home, at work or in leisure activities, plus rainwater from roads, footpaths and roofs and water used for business and industrial purposes. Sewage contains a wide range of waste products. It contains solids suspended in the water things dissolved in the water bacteria and other sewage micro-organisms living in the water. On average each of us generates 135 to 180 liters of sewage a day. Over 99.9% of sewage is liquid, with less

		than 0.1% solid. There are five stages in sewage treatment. Preliminary. Removes the large bits, sand and grit. Sewage contains lots of materials, such as paper, rubbish, plastics, cotton and grit, which must be removed before treatment can begin. The sewage is passed through a screen which traps this material which is broken up into smaller bits (macerated) and put into a skip. The screened sewage passes through the detritor which slows down the flow of the water. Grit and sand which are heavier than water separate out and sink to the bottom. First settlement. Removes the small solids. The sewage enters a tank where it sits for a couple of hours allowing smaller particles to sink to the bottom. The water at the top of the tank flows to the next process. The sludge at the bottom of the tank is drawn off and treated in a separate process called Accelerated Anaerobic Digestion. Biological phase. Removes things that are dissolved. Things that are dissolved in the water cannot be removed by settling so we use helpful bacteria to eat them. These bacteria live in either activated sludge tanks or in filter beds. Second settlement. Removes dead bacteria and their waste. Once the sewage has been through the biological stage we let it settle again to make sure it is really clean. Tertiary treatment. Removes any harmful germs. At some sewage treatment works the treated sewage is passed through ultra-violet lights before it finally reenters the natural water cycle. By passing the water through the ultra-violet lights any disease causing microorganisms left in the water are made harmless. This treatment usually occurs at our coastal works. On completion of sewage treatment, the water is suitable for release into rivers and the sea. Because the polluting matter has mostly been removed, it is of no danger to any plant or animal life. **4. Дайте последовательно названия заболеваний пищевого происхождения; какие продукты больше всего связаны с болезнями пищевого происхождения.** **Правильный ответ.** Foodborne illness (sometimes called “foodborne disease,” “foodborne infection,” or “food poisoning) is a common, costly yet preventable public health problem. Each year, 1 in 6 Americans gets sick by consuming contaminated foods or beverages. Many different disease-causing microbes, or pathogens, can contaminate foods, so there are many different foodborne infections. In addition, poisonous chemicals, or other harmful substances can cause foodborne diseases if they are present in food. More than 250 different foodborne diseases have been described. Most of these diseases are infections, caused by a variety of bacteria, viruses, and parasites that can be foodborne. Other diseases are poisonings, caused by harmful toxins or chemicals that have contaminated the food, for example, poisonous mushrooms. These different diseases have many different symptoms, so there is no one “syndrome” that is foodborne illness. However, the microbe or toxin enters the body through the gastrointestinal tract, and often causes the first symptoms there, so nausea, vomiting, abdominal cramps and diarrhea are common symptoms in many foodborne diseases. The most common foodborne illnesses are caused by norovirus and by the bacteria Salmonella, Clostridium perfringens, and

		Campylobacter. What foods are most associated with foodborne illnesses? Foods from animals. Raw foods of animal origin are the most likely to be contaminated; that is, raw meat and poultry, raw eggs, unpasteurized milk, and raw shellfish. Because filter-feeding shellfish strain microbes from the sea over many months, they are particularly likely to be contaminated if there are any pathogens in the seawater. Foods that mingle the products of many individual animals, such as bulk raw milk, pooled raw eggs, or ground beef, are particularly hazardous because a pathogen present in any one of the animals may contaminate the whole batch. A single hamburger may contain meat from hundreds of animals, a single restaurant omelet may contain eggs from hundreds of chicken, and a glass of raw milk may contain milk from hundreds of cows. A broiler chicken carcass can be exposed to the drippings and juices of many thousands of other birds that went through the same cold-water tank after slaughter. Fruits and Vegetables. Fruits and vegetables consumed raw are a particular concern. Washing can decrease but not eliminate contamination, so the consumers can do little to protect themselves. Recently, a number of outbreaks have been traced to fresh fruits and vegetables that were processed under less than sanitary conditions. These outbreaks show that the quality of the water used for washing and chilling the produce after it is harvested is critical. Using water that is not clean can contaminate many boxes of produce. Fresh manure used to fertilize vegetables can also contaminate them. Alfalfa sprouts and other raw sprouts pose a particular challenge, as the conditions under which they are sprouted are ideal for growing microbes as well as sprouts, and because they are eaten without further cooking. That means that a few bacteria present on the seeds can grow to high numbers of pathogens on the sprouts. Unpasteurized fruit juice can also be contaminated if there are pathogens in or on the fruit that is used to make it. **5. Объясните, в чём важность правильного питания.** **Правильный ответ.** Good nutrition is essential for a healthy body that's able to fight off infections and function properly, but many individuals forego healthy eating for a variety of reasons, including lack of knowledge, hectic schedules and exhaustion. After all, it's faster to microwave a meal or stop at a fast food joint than it is to prepare a healthy meal. Unfortunately, bad nutrition can lead to a whole host of problems, including high blood pressure, obesity, diabetes, poor sleep and lack of energy. The start of a healthy diet and better health starts with nutrition basics. It's important to note that good nutrition doesn't start with counting calories. It starts with knowing which foods are healthy, learning how to swap bad foods for good foods and knowing your body's specific nutrient requirements for your activity level. Our chiropractor offers personalized nutrition guidance along with chiropractic care so that everyone who walks through our doors can not only reduce their pain but experience natural healing and improved health. Swapping unhealthy foods for healthy foods can improve your health and wellness by increasing the strength of your bones and teeth, improving your energy levels and mental clarity, decreasing your weight, improving your sleep and reducing your risk for high

		blood pressure and diabetes. Calcium and Vitamin D are needed to maintain healthy bones and teeth. Calcium is what helps build and regenerate bones and teeth, while Vitamin D is needed in order to help the body absorb the calcium. Both of these nutrients can be gotten by consuming low-fat milk and dairy products and consuming dark green leafy vegetables, including mustard greens, kale, okra, spinach and collard greens. One of the first benefits of a healthy diet is increased energy and mental clarity. This is because the body is finally getting all the macro and micronutrients it needs to function properly and rejuvenate itself on a cellular level. Individuals who are overweight will notice a decrease in their weight over time. This is because fatty, non-nutritious foods with empty calories have been replaced with lower calorie, healthy foods with lots of vitamins and minerals, which leaves the individual feeling more satisfied. Individuals often report better sleep once they've improved their diets. This is due to consuming higher-quality foods that require less filtering by the body to remove toxins. Diets that are high in saturated fats and processed foods can lead to being overweight, which increases a person's risk for getting type II diabetes and heart disease. By increasing the amount of healthy fats and decreasing unhealthy fats and processed foods, the body is better able to regulate its blood sugar levels and weight is reduced, which decreases the risk factors for developing certain obesity related diseases. **6. Дайте необходимую информацию, какая существует разница между бактериями и вирусами; каковы типы папилломавирусной инфекции, и каковы методы снижения вероятности заражения данной инфекцией.** **Правильный ответ.** Since the beginning of the 20th century, vaccines have been developed. Vaccines have drastically reduced the number of new cases of viral diseases such as polio, measles, and chickenpox. In addition, vaccines can prevent such infections such as flu, hepatitis A, hepatitis B, human papillomavirus (HPV), and others. But the treatment of viral infections has proved more challenging, primarily because viruses are relatively tiny and reproduce inside cells. For some viral diseases, such as herpes simplex virus infections, HIV/AIDS, and influenza, antiviral medications have become available. But the use of antiviral medications has been associated with the development of drug-resistant microbes. Most important, bacterial and viral infections can cause mild, moderate, and severe diseases. Throughout history, millions of people have died of diseases such as bubonic plague or the Black Death, which is caused by Yersinia pestis bacteria, and smallpox, which is caused by the variola virus. In recent times, viral infections have been responsible for two major pandemics: the 1918-1919 "Spanish flu" epidemic that killed 20-40 million people, and the ongoing HIV/AIDS epidemic that killed an estimated 1.5 million people worldwide in 2013 alone. Human papillomavirus infection is an infection by human papillomavirus (HPV), a DNA virus from the papillomavirus family, of which over 170 types are known. More than 40 types are transmitted through sexual contact and infect the anus and genitals. Risk factors for persistent HPV infections include early age of first sexual intercourse, multiple

		partners, smoking, and poor immune function. Occasionally, it can spread from a mother to her baby during pregnancy. It does not spread via common items like toilet seats. People can become infected with more than one type of HPV. HPV only affects humans. There are multiple types of HPV, sometimes called "low-risk" and "high-risk" types. Low-risk types cause warts or precancerous lesions and high-risk types can cause lesions or cancer of the cervix, vulva, vagina, penis, anus, mouth, or throat. Most HPV infections cause no symptoms and resolve spontaneously. Health guidelines recommend HPV testing in patients with specific indications including certain abnormal Pap test results. Skin infection ("cutaneous" infection) with HPV is very widespread. Skin infections with HPV can cause noncancerous skin growths called warts (verrucae). Warts are caused by a rapid growth of cells on the outer layer of the skin. Skin warts are most common in childhood and typically appear and regress spontaneously over the course of weeks to months. About 10% of adults also suffer from recurring skin warts. HPV infection of the skin in the genital area is the most common sexually transmitted infection worldwide. Such infections are associated with genital or anal warts that are the most easily recognized sign of genital HPV infection. In addition to genital warts, infection by HPV types 6 and 11 can cause a rare condition known as recurrent laryngeal papillomatosis, in which warts form on the larynx or other areas of the respiratory tract. These warts can recur frequently, may interfere with breathing, and in extremely rare cases can progress to cancer. About a dozen HPV types (including types 16, 18, 31, and 45) are called "high-risk" types because persistent infection has been linked to cancers such as cancer of the oropharynx, vulva, vagina, cervix, penis, and anus. These cancers in common involve sexually transmitted infection of HPV to the stratified epithelial tissue. Individuals infected with both HPV and HIV have an increased risk of developing cervical or anal cancer. There is currently no specific treatment for HPV infection. However, the viral infection, more often than not, clears to undetectable levels by itself. According to the Centers for Disease Control and Prevention, the body's immune system clears HPV naturally within two years for 90% of cases. However, experts do not agree on whether the virus is completely eliminated or reduced to undetectable levels, and it is difficult to know when it is contagious. The HPV vaccines can prevent the most common types of infection. To be effective they must be used before an infection occurs and are therefore recommended between the ages of nine and thirteen. Cervical cancer screening, such as with the Papanicolaou test (pap) or looking at the cervix after using acetic acid, can detect early cancer or abnormal cells that may develop into cancer. This allows for early treatment which results in better outcomes. Screening has reduced both the number and deaths from cervical cancer in the developed world. Warts can be removed by freezing. Methods of reducing the chances of infection include sexual abstinence, condoms, vaccination, and microbicides. **7. Опишите яды и их противоядия.** **Правильный ответ.**

		How poisons enter the system. Under the head of poisons, it is intended to include all those substances which exercise pernicious, as distinguished from medicinal, effects upon the human body, tending to disturb its action or organization injuriously, and if not remedied to possibly cause death. Such substances may be swallowed, or taken in by the breath, absorbed through the skin, or the thinner and more delicate mucous membranes, or implanted by bites, stings, or other punctured wounds. Symptoms of poison. In many cases persons are aware almost immediately after the act that they have swallowed a poison; but in many others, also, no suspicion is entertained at first. In a general way, it may be stated that it is reasonable to surmise a person has swallowed some poisonous substance, if, shortly after taking food or drink, he is seized with violent pain in the stomach, with vomiting and purging, especially if convulsions or paralysis are present, or if the individual suffer from marked giddiness or delirium, or should there be a great tendency to sleep. The first thing to do is to send for the nearest reputable physician, and any neglect of this involves a heavy responsibility if the illness prove mortal, as it is certainly very possible that it will do. Never lose a moment. In the meantime not a moment should be lost. There are three rules which should always guide an effort to remedy the effects of poison, no matter what it may be: First, to get rid of the poison; second, to stop its effects; and, third, to remedy the evil it has done. In carrying out the principles thus inculcated, whatever is readiest is best; for the poorest remedy given at the moment, is better than the most appropriate, and administered an hour later. Effect of some poisons. A considerable number of poisons are what might be called self-evacuating; that is, having been swallowed, they set up vomiting and purging, and are thereby eliminated. In such cases, all that is needful is to aid the self-evacuating process, especially to assist the vomiting, and so, perhaps, get rid of the poison altogether. If vomiting, however, has not occurred, or has not been profuse, the first thing is to bring it on immediately. Need of an antidote. In some instances, the treatment is all that is required, but frequently the simple plan of getting rid of the poison will not suffice. Its effects must be neutralized or remedied, or, in other words, some antidote is needed. No one antidote is suited to all emergencies. The antidote is required to be adapted to the poison, and therefore an effort should be made, instantly after the emetic is given, to find out what kind of a noxious substance has been swallowed, and the proper remedy should be administered. Object of an antidote. The object of most antidotes is to render the active poison an inert substance, after which treatment may be instituted with a view to remedy the mischief which it has previously done. Antidotes, therefore, are generally chemical agents, which attack or combine with the poison in such a way as to render it insoluble, and so inert. But some are medicines, the virtues of which are apparently opposed to the active qualities of the poison, constituting what may be correctly called counter-poisons **8. Опишите, какие существуют виды вакцин, и какова вакцинопрофилактика.** **Правильный ответ.**

		Vaccines work by presenting a foreign antigen to the immune system to evoke an immune response, but there are several ways to do this. Four main types are currently in clinical use: An inactivated (killed) vaccine consists of virus or bacteria that are grown in culture and then killed using a method such as heat or formaldehyde. Although the virus or bacteria particles are destroyed and cannot replicate, the virus capsid proteins or bacterial wall are intact enough to be recognized and remembered by the immune system and evoke a response. When manufactured correctly, the vaccine is not infectious, but improper inactivation can result in intact and infectious particles. Since the properly produced vaccine does not reproduce, booster shots are required periodically to reinforce the immune response. In an attenuated (live) vaccine, live virus or bacteria with very low virulence are administered. They will replicate, but locally or very slowly. Since they do reproduce and continue to present antigen to the immune system beyond the initial vaccination, boosters may be required less often. These vaccines may be produced by passaging, for example, adapting a virus into different host cell cultures, such as in animals, or at suboptimal temperatures, allowing selection of less virulent strains or by mutagenesis or targeted deletions in genes required for virulence. There is a small risk of reversion to virulence, which is smaller in vaccines with deletions. Attenuated vaccines also cannot be used by immunocompromised individuals. Reversions of virulence were described for a few attenuated viruses of chickens (infectious bursal disease virus, avian infectious bronchitis virus, avian infectious laryngotracheitis virus, and avian metapneumovirus. Virus-like particle vaccines consist of viral protein(s) derived from the structural proteins of a virus. These proteins can self-assemble into particles that resemble the virus from which they were derived but lack viral nucleic acid, meaning that they are not infectious. Because of their highly repetitive, multivalent structure, virus-like particles are typically more immunogenic than subunit vaccines. The human papillomavirus and Hepatitis B virus vaccines are two virus-like particle-based vaccines currently in clinical use. A subunit vaccine presents an antigen to the immune system without introducing viral particles, whole or otherwise. One method of production involves isolation of a specific protein from a virus or bacterium (such as a bacterial toxin) and administering this by itself. A weakness of this technique is that isolated proteins may have a different three-dimensional structure than the protein in its normal context, and will induce antibodies that may not recognize the infectious organism. In addition, subunit vaccines often elicit weaker antibody responses than the other classes of vaccines. A number of other vaccine strategies are under experimental investigation. These include DNA vaccination and recombinant viral vectors. **9. Расскажите об А. Флеминге. Скажите, какими качествами должен обладать учёный.** **Правильный ответ.** Alexander Fleming was born in 1881. He did research work at one of the hospitals in London and became interested in bacterial action and antibacterial drugs. One day Fleming’s assistant

		brought him a plate on which some dangerous bacteria were being grown. “This plate cannot be used for the experiment,” said the assistant. “Some mould has formed on it and I’ll have to take another plate.” Fleming was ready to allow his assistant to do so. Then he looked at the plate and saw that the bacteria around the mould had disappeared. Fleming understood the importance of what had happened and immediately began to study the phenomenon. He placed some mould on other plates and grew more colonies. By means of numerous experiments on animals he determined that this new substance was not toxic to the tissues and stopped the growth of the most common pathogenic bacteria. Fleming called this substance penicillin. It is of the same family of moulds that often appear on dry bread. But many investigations had been carried out before a method of extracting pure penicillin was found. It was also very difficult for Fleming to interest biologists and mould experts in penicillin and to decide the problem of its production. In 1942 Fleming tried his own first experiment. A friend of his was very ill, dying. After several injections of penicillin the man was cured. It marked the beginning of penicillin treatment. Fleming received the Nobel Prize for his great discovery. But he said: “Everywhere I go people thank me for saving their lives. I do not know why they do it. I didn’t do anything. Nature makes penicillin. I only found it.” **10. Укажите все симптомы туберкулёза; дайте характеристику температуры при туберкулёзе.** **Правильный ответ.** Pulmonary tuberculosis is caused by mycobacterium tuberculosis, which produces characteristic tuberculous changes in the lung. This disease may also affect other organs: bones, joints, lymphatic glands, kidneys, etc. The causative agent of tuberculosis was discovered by Koch in 1882. In the early stage of tuberculosis the patient usually complains of a general malaise, fatigue, loss of appetite and bodyweight. Cough may be dry or productive, i. e. with sputum discharge. Coughing becomes worse at night and in the morning. In patients with cavities in the lungs coughing is accompanied by a considerable discharge of sputum. Sputum is mucopurulent. Its microscopic examination reveals a large number of pus corpuscles, erythrocytes, and tuberculous organisms. Blood in the sputum is sometimes the first sign of tuberculosis. If large blood vessels are involved the discharge of blood may become profuse. Fever is one of the permanent symptoms of pulmonary tuberculosis. In benign processes the body temperature is often subfebrile. In active forms it may range from 38° to 39°C. A considerable elevation of temperature is observed in pneumonic forms, when fever persists at a level of 38°C and higher for several months. Cold profuse perspiration at night is sometimes evidence of a severe form of tuberculosis. Loss of body weight is one of the typical signs of pulmonary tuberculosis. It is caused by tuberculous intoxication, a sharp increase in the metabolic rate and loss of appetite. Loss of body weight is particularly marked in progressive forms of the disease.

Приложение 3

Оценочное средство 3 – Ситуационные задачи

Ситуационная задача № 1.

И		**ОЗНАКОМЬТЕСЬ С СИТУАЦИЕЙ И ДАЙТЕ РАЗВЕРНУТЫЕ ОТВЕТЫ НА ВОПРОСЫ**
У		A 51-year-old woman was first seen in the out-patient department in November, 2020 presenting complaints of gastric distress, some pain in the midepigastrium following meals and severe vomiting in the past few weeks. The pain was dull in character and was limited to the epigastrium. She noted a weight loss of approximately 12 pounds during the two months prior to entry. Only rarely did ingestion of food relieve her abdominal distress, but in the recent past vomiting seemed to give some relief. A gastrointestinal X-ray examination done in the out-patient department showed a constant defect in the second portion of the duodenum. There was no obstruction to the flow of barium, but irregularity and narrowing of the lumen were noted just proximal and distal to the constant filling defect. The members of the X-ray department considered that the most likely explanation was neoplasm of the duodenum.
В	1	Укажите из текста задачи английские эквиваленты следующего термина: ‘*желудочное расстройство*’ 1. gastric distress 2. gastrointestinal distress 3. abdominal distress 4. distress of abdomen
Э		Правильный ответ 1. gastric distress 3. abdominal distress
Р2	отлично	Дескрипторы полного ответа на вопрос: при выполнении данного задания не допущено ошибок. Количество правильных ответов для оценки «отлично»: 1. gastric distress 3. abdominal distress
Р1	Хорошо/удовлетворительно	Дескрипторы полного ответа на вопрос: при выполнении данного задания допущено не более 1 ошибки. Количество правильных ответов для оценки «хорошо»: 1. gastric distress 2. gastrointestinal distress Дескрипторы полного ответа на вопрос: при выполнении данного задания допущено 2 ошибки. Количество правильных ответов для оценки «удовлетворительно»: 2. gastrointestinal distress 3. abdominal distress 4. distress of abdomen
Р0	неудовлетворительно	Дескрипторы полного ответа на вопрос: при выполнении данного задания дан полностью неверный ответ.

		2. gastrointestinal distress 4. distress of abdomen
В	2	Определите из текста задачи жалобы пациента 1. A 51-year-old woman was first seen in the out-patient department in November, 2020 presenting complaints of gastric distress, some pain in the midepigastrium following meals and severe vomiting in the past few weeks. 2. The pain was dull in character. 3. The pain was dull in character and was limited to the epigastrium. 4. A 51-year-old woman was first seen in the out-patient department in November, 2020 presenting complaints of gastric distress, some pain in the midepigastrium.
Э		Правильный ответ на вопрос 1. A 51-year-old woman was first seen in the out-patient department in November, 2020 presenting complaints of gastric distress, some pain in the midepigastrium following meals and severe vomiting in the past few weeks. 3. The pain was dull in character and was limited to the epigastrium.
Р2	отлично	Дескрипторы полного ответа на вопрос: при выполнении данного задания не допущено ошибок. Количество правильных ответов для оценки «отлично»: 1. A 51-year-old woman was first seen in the out-patient department in November, 2020 presenting complaints of gastric distress, some pain in the midepigastrium following meals and severe vomiting in the past few weeks. 3. The pain was dull in character and was limited to the epigastrium.
Р1	хорошо/удовлетворительно	Дескрипторы полного ответа на вопрос: при выполнении данного задания допущено не более 1 ошибки. Количество правильных ответов для оценки «хорошо»: 1. A 51-year-old woman was first seen in the out-patient department in November, 2020 presenting complaints of gastric distress, some pain in the midepigastrium following meals and severe vomiting in the past few weeks. 4. A 51-year-old woman was first seen in the out-patient department in November, 2020 presenting complaints of gastric distress, some pain in the midepigastrium. Дескрипторы полного ответа на вопрос: при выполнении данного задания допущено 2 ошибки. Количество правильных ответов для оценки «удовлетворительно»: 2. The pain was dull in character. 3. The pain was dull in character and was limited to the epigastrium. 4. A 51-year-old woman was first seen in the out-patient department in November, 2020 presenting complaints of gastric distress, some pain in the midepigastrium.
Р0	неудовлетворительно	Дескрипторы полного ответа на вопрос: при выполнении данного задания дан полностью неверный

		ответ. 2. The pain was dull in character. 4. A 51-year-old woman was first seen in the out-patient department in November, 2020 presenting complaints of gastric distress, some pain in the midepigastrium.
В	3	Дайте перевод с английского языка на русский язык следующего предложения: ‘*Only rarely did ingestion of food relieve her abdominal distress, but in the recent past vomiting seemed to give some relief*’ 1. Лишь изредка приём пищи облегчал ее абдоминальное расстройство, но в недавнем прошлом рвота, казалось, приносила некоторое облегчение. 2. Лишь изредка приём пищи облегчал ее абдоминальное расстройство, но в недавнем прошлом рвота оказывала какое-то облегчение. 3. Лишь изредка приём пищи облегчал ее абдоминальное расстройство, но на днях рвота, казалось, приносила некоторое облегчение. 4. Лишь изредка приём пищи облегчал ее абдоминальное расстройство.
Э		Правильный ответ на вопрос 1. Лишь изредка приём пищи облегчал ее абдоминальное расстройство, но в недавнем прошлом рвота, казалось, приносила некоторое облегчение.
Р2	отлично	Дескрипторы полного ответа на вопрос: при выполнении данного задания не допущено ошибок. Количество правильных ответов для оценки «отлично»: 1. Лишь изредка приём пищи облегчал ее абдоминальное расстройство, но в недавнем прошлом рвота, казалось, приносила некоторое облегчение.
Р1	хорошо/удовлетворительно	Дескрипторы полного ответа на вопрос: при выполнении данного задания допущено не более 1 ошибки. Количество правильных ответов для оценки «хорошо»: 1. Лишь изредка приём пищи облегчал ее абдоминальное расстройство, но в недавнем прошлом рвота, казалось, приносила некоторое облегчение. 2. Лишь изредка приём пищи облегчал ее абдоминальное расстройство, но в недавнем прошлом рвота оказывала какое-то облегчение. Дескрипторы полного ответа на вопрос: при выполнении данного задания допущено 2 ошибки. Количество правильных ответов для оценки «удовлетворительно»: 1. Лишь изредка приём пищи облегчал ее абдоминальное расстройство, но в недавнем прошлом рвота, казалось, приносила некоторое облегчение. 2. Лишь изредка приём пищи облегчал ее абдоминальное расстройство, но в недавнем прошлом рвота оказывала какое-то облегчение. 3. Лишь изредка приём пищи облегчал ее абдоминальное расстройство, но на днях рвота, казалось, приносила некоторое облегчение.

Р0	неудовлетворительно	Дескрипторы полного ответа на вопрос: при выполнении данного задания дан полностью неверный ответ. 2. Лишь изредка приём пищи облегчал ее абдоминальное расстройство, но в недавнем прошлом рвота оказывала какое-то облегчение. 3. Лишь изредка приём пищи облегчал ее абдоминальное расстройство, но на днях рвота, казалось, приносила некоторое облегчение. 4. Лишь изредка приём пищи облегчал ее абдоминальное расстройство.
В	4	Опишите из текста задачи, что показало рентгенологическое исследование желудочно-кишечного тракта 1. A gastrointestinal X-ray examination done in the out-patient department showed a constant defect in the second portion of the duodenum. 2. A gastrointestinal X-ray examination done in the out-patient department showed a constant defect in the first portion of the duodenum. 3. A gastrointestinal X-ray examination done in the out-patient department showed a constant defect in some portion of the duodenum. 4. A gastrointestinal X-ray examination done in the out-patient department showed a constant defect in the duodenum.
Э		Правильный ответ на вопрос 1. A gastrointestinal X-ray examination done in the out-patient department showed a constant defect in the second portion of the duodenum.
Р2	отлично	Дескрипторы полного ответа на вопрос: при выполнении данного задания не допущено ошибок. Количество правильных ответов для оценки «отлично»: 1. A gastrointestinal X-ray examination done in the out-patient department showed a constant defect in the second portion of the duodenum.
Р1	хорошо/удовлетворительно	Дескрипторы полного ответа на вопрос: при выполнении данного задания допущено не более 1 ошибки. Количество правильных ответов для оценки «хорошо»: 1. A gastrointestinal X-ray examination done in the out-patient department showed a constant defect in the second portion of the duodenum. 2. A gastrointestinal X-ray examination done in the out-patient department showed a constant defect in the first portion of the duodenum. Дескрипторы полного ответа на вопрос: при выполнении данного задания допущено 2 ошибки. Количество правильных ответов для оценки «удовлетворительно»: 1. A gastrointestinal X-ray examination done in the out-patient department showed a constant defect in the second portion of the duodenum. 2. A gastrointestinal X-ray examination done in the out-patient

		department showed a constant defect in the first portion of the duodenum. 3. A gastrointestinal X-ray examination done in the out-patient department showed a constant defect in some portion of the duodenum.
P0	неудовлетворительно	Дескрипторы полного ответа на вопрос: при выполнении данного задания дан полностью неверный ответ. 2. A gastrointestinal X-ray examination done in the out-patient department showed a constant defect in the first portion of the duodenum. 3. A gastrointestinal X-ray examination done in the out-patient department showed a constant defect in some portion of the duodenum. 4. A gastrointestinal X-ray examination done in the out-patient department showed a constant defect in the duodenum.
В	5	Объясните на примере из текста задачи, почему сотрудники рентгенологического отделения посчитали, что наиболее вероятным объяснением результату рентгенологического исследования желудочно-кишечного тракта является новообразование двенадцатиперстной кишки 1. There was no obstruction to the flow of barium, but irregularity and narrowing of the lumen were noted just proximal and distal to the constant filling defect. 2. There was no obstruction to the flow of barium, but irregularity of the lumen was noted just proximal and distal to the constant filling defect. 3. There was no obstruction to the flow of barium, but narrowing of the lumen was noted just proximal and distal to the constant filling defect. 4. There was no obstruction to the flow of barium.
Э		Правильный ответ на вопрос 1. There was no obstruction to the flow of barium, but irregularity and narrowing of the lumen were noted just proximal and distal to the constant filling defect.
P2	отлично	Дескрипторы полного ответа на вопрос: при выполнении данного задания не допущено ошибок. Количество правильных ответов для оценки «отлично»: 1. There was no obstruction to the flow of barium, but irregularity and narrowing of the lumen were noted just proximal and distal to the constant filling defect.
P1	хорошо/удовлетворительно	Дескрипторы полного ответа на вопрос: при выполнении данного задания допущено не более 1 ошибки. Количество правильных ответов для оценки «хорошо»: 1. There was no obstruction to the flow of barium, but irregularity and narrowing of the lumen were noted just proximal and distal to the constant filling defect. 2. There was no obstruction to the flow of barium, but irregularity of the lumen was noted just proximal and distal to the constant filling defect.

		Дескрипторы полного ответа на вопрос: при выполнении данного задания допущено 2 ошибки. Количество правильных ответов для оценки «удовлетворительно»: 1. There was no obstruction to the flow of barium, but irregularity and narrowing of the lumen were noted just proximal and distal to the constant filling defect. 2. There was no obstruction to the flow of barium, but irregularity of the lumen was noted just proximal and distal to the constant filling defect. 3. There was no obstruction to the flow of barium, but narrowing of the lumen was noted just proximal and distal to the constant filling defect.
Р0	неудовлетворительно	Дескрипторы полного ответа на вопрос: при выполнении данного задания дан полностью неверный ответ. 2. There was no obstruction to the flow of barium, but irregularity of the lumen was noted just proximal and distal to the constant filling defect. 3. There was no obstruction to the flow of barium, but narrowing of the lumen was noted just proximal and distal to the constant filling defect. 4. There was no obstruction to the flow of barium.

Ситуационная задача № 2.

И		**ОЗНАКОМЬТЕСЬ С СИТУАЦИЕЙ И ДАЙТЕ РАЗВЕРНУТЫЕ ОТВЕТЫ НА ВОПРОСЫ**
У		A 62-year-old woman was first seen in the clinic on April 2018. On admission the following data of her history were obtained from her. For about one year she had experienced vague episodic upper abdominal pains. She said that on several occasions the pain had awakened her from a sound sleep and was relieved only by ingestion of food. Abdominal examination revealed moderate tenderness in the right hypochondric region. No abdominal masses were palpable. Routine laboratory examinations were within normal limits. Cholecystography revealed multiple calculi. The upper gastrointestinal roentgenologic examination was normal. The surgeon said operation was indispensable. As the patient refused to be operated on the surgeon sent her for a course of treatment at the out-patient department. She returned for cholecystomy in a month after having been treated in the operation was performed it was successful and the patient's postoperative course was uneventful.
В	1	Укажите из текста задачи английские эквиваленты следующих выражений: '*нечёткие эпизодические боли в верхней части живота*', '*умеренная болезненность в правом подреберье*' 1. vague episodic upper abdominal pains 2. episodic upper abdominal pains 3. moderate tenderness in the right hypochondric region

		4. moderate tenderness in the left hypochondric region
Э		Правильный ответ 1. vague episodic upper abdominal pains 3. moderate tenderness in the right hypochondric region
Р2	отлично	Дескрипторы полного ответа на вопрос: при выполнении данного задания не допущено ошибок. Количество правильных ответов для оценки «отлично»: 1. vague episodic upper abdominal pains 3. moderate tenderness in the right hypochondric region
Р1	Хорошо/удовлетворительно	Дескрипторы полного ответа на вопрос: при выполнении данного задания допущено не более 1 ошибки. Количество правильных ответов для оценки «хорошо»: 1. vague episodic upper abdominal pains 2. episodic upper abdominal pains Дескрипторы полного ответа на вопрос: при выполнении данного задания допущено 2 ошибки. Количество правильных ответов для оценки «удовлетворительно»: 2. episodic upper abdominal pains 3. moderate tenderness in the right hypochondric region 4. moderate tenderness in the left hypochondric region
Р0	неудовлетворительно	Дескрипторы полного ответа на вопрос: при выполнении данного задания дан полностью неверный ответ. 2. episodic upper abdominal pains 4. moderate tenderness in the left hypochondric region
В	2	Определите из текста задачи (несколькими предложениями) анамнез пациента, т.е. какие были получены данные истории болезни пациента врачом 1. For about one year she had experienced episodic upper abdominal pains. 2. For about one year she had experienced vague episodic upper abdominal pains. 3. She said that on several occasions the pain had awakened her at night and was relieved only by ingestion of food. 4. She said that on several occasions the pain had awakened her from a sound sleep and was relieved only by ingestion of food.
Э		Правильный ответ на вопрос 2. For about one year she had experienced vague episodic upper abdominal pains. 4. She said that on several occasions the pain had awakened her from a sound sleep and was relieved only by ingestion of food.
Р2	отлично	Дескрипторы полного ответа на вопрос: при выполнении данного задания не допущено ошибок. Количество правильных ответов для оценки «отлично»: 2. For about one year she had experienced vague episodic upper abdominal pains. 4. She said that on several occasions the pain had awakened her from a sound sleep and was relieved only by ingestion of

		food.
Р1	хорошо/удовлетворительно	Дескрипторы полного ответа на вопрос: при выполнении данного задания допущено не более 1 ошибки. Количество правильных ответов для оценки «хорошо»: 1. For about one year she had experienced episodic upper abdominal pains. 2. For about one year she had experienced vague episodic upper abdominal pains. Дескрипторы полного ответа на вопрос: при выполнении данного задания допущено 2 ошибки. Количество правильных ответов для оценки «удовлетворительно»: 1. For about one year she had experienced episodic upper abdominal pains. 2. For about one year she had experienced vague episodic upper abdominal pains. 3. She said that on several occasions the pain had awakened her at night and was relieved only by ingestion of food.
Р0	неудовлетворительно	Дескрипторы полного ответа на вопрос: при выполнении данного задания дан полностью неверный ответ. 1. For about one year she had experienced episodic upper abdominal pains. 3. She said that on several occasions the pain had awakened her at night and was relieved only by ingestion of food.
В	3	Дайте перевод с английского языка на русский язык следующего предложения: ‘*She returned for cholecystomy in a month after having been treated in the operation was performed it was successful and the patient’s postoperative course was uneventful*’ 1. Она вернулась на холецистомию через месяц после лечения, операция прошла успешно, и послеоперационное восстановление пациента протекало без осложнений. 2. Она вернулась на холецистомию через месяц после лечения, послеоперационное восстановление пациента протекало без осложнений. 3. Она вернулась на холецистомию через полмесяца после лечения, операция прошла успешно, и послеоперационное восстановление пациента протекало без осложнений. 4. Она вернулась на холецистомию через месяц после лечения, операция прошла успешно.
Э		Правильный ответ на вопрос 1. Она вернулась на холецистомию через месяц после лечения, операция прошла успешно, и послеоперационное восстановление пациента протекало без осложнений.
Р2	отлично	Дескрипторы полного ответа на вопрос: при выполнении данного задания не допущено ошибок. Количество правильных ответов для оценки «отлично»:

		1. Она вернулась на холецистомию через месяц после лечения, операция прошла успешно, и послеоперационное восстановление пациента протекало без осложнений.
Р1	хорошо/удовлетворительно	Дескрипторы полного ответа на вопрос: при выполнении данного задания допущено не более 1 ошибки. Количество правильных ответов для оценки «хорошо»: 1. Она вернулась на холецистомию через месяц после лечения, операция прошла успешно, и послеоперационное восстановление пациента протекало без осложнений. 2. Она вернулась на холецистомию через месяц после лечения, послеоперационное восстановление пациента протекало без осложнений. Дескрипторы полного ответа на вопрос: при выполнении данного задания допущено 2 ошибки. Количество правильных ответов для оценки «удовлетворительно»: 1. Она вернулась на холецистомию через месяц после лечения, операция прошла успешно, и послеоперационное восстановление пациента протекало без осложнений. 2. Она вернулась на холецистомию через месяц после лечения, послеоперационное восстановление пациента протекало без осложнений. 3. Она вернулась на холецистомию через полмесяца после лечения, операция прошла успешно, и послеоперационное восстановление пациента протекало без осложнений.
Р0	неудовлетворительно	Дескрипторы полного ответа на вопрос: при выполнении данного задания дан полностью неверный ответ. 2. Она вернулась на холецистомию через месяц после лечения, послеоперационное восстановление пациента протекало без осложнений. 3. Она вернулась на холецистомию через полмесяца после лечения, операция прошла успешно, и послеоперационное восстановление пациента протекало без осложнений. 4. Она вернулась на холецистомию через месяц после лечения, операция прошла успешно.
В	4	Опишите из текста задачи (несколькими предложениями), результаты лабораторных исследований и рентгенологического обследования пациента 1. Routine laboratory examinations were within normal limits. 2. Routine laboratory examinations were abnormal. 3. Cholecystography revealed multiple calculi. The upper gastrointestinal roentgenologic examination was normal. 4. Cholecystography revealed multiple calculi. The upper gastrointestinal roentgenologic examination was abnormal.
Э		Правильный ответ на вопрос

		1. Routine laboratory examinations were within normal limits. 3. Cholecystography revealed multiple calculi. The upper gastrointestinal roentgenologic examination was normal.
P2	отлично	Дескрипторы полного ответа на вопрос: при выполнении данного задания не допущено ошибок. 1. Routine laboratory examinations were within normal limits. 3. Cholecystography revealed multiple calculi. The upper gastrointestinal roentgenologic examination was normal.
P1	хорошо/удовлетворительно	Дескрипторы полного ответа на вопрос: при выполнении данного задания допущено не более 1 ошибки. Количество правильных ответов для оценки «хорошо»: 1. Routine laboratory examinations were within normal limits. 2. Routine laboratory examinations were abnormal. Дескрипторы полного ответа на вопрос: при выполнении данного задания допущено 2 ошибки. Количество правильных ответов для оценки «удовлетворительно»: 2. Routine laboratory examinations were abnormal. 3. Cholecystography revealed multiple calculi. The upper gastrointestinal roentgenologic examination was normal. 4. Cholecystography revealed multiple calculi. The upper gastrointestinal roentgenologic examination was abnormal.
P0	неудовлетворительно	Дескрипторы полного ответа на вопрос: при выполнении данного задания дан полностью неверный ответ. 2. Routine laboratory examinations were abnormal. 4. Cholecystography revealed multiple calculi. The upper gastrointestinal roentgenologic examination was abnormal.
B	5	Объясните на примере из текста задачи, почему послеоперационное восстановление пациента протекало без осложнений 1. She returned for cholecystomy in a month after having been treated in the operation was performed it was successful and the patient’s postoperative course was uneventful. 2. The surgeon said operation was indispensable. 3. Abdominal examination revealed moderate tenderness in the right hypochondric region. 4. She returned for cholecystomy in a month after having been treated in the operation was performed it was successful.
Э		Правильный ответ на вопрос 1. She returned for cholecystomy in a month after having been treated in the operation was performed it was successful and the patient’s postoperative course was uneventful.
P2	отлично	Дескрипторы полного ответа на вопрос: при выполнении данного задания не допущено ошибок. Количество правильных ответов для оценки «отлично»: 1. She returned for cholecystomy in a month after having been treated in the operation was performed it was successful

		and the patient’s postoperative course was uneventful.
P1	хорошо/удовлетворительно	Дескрипторы полного ответа на вопрос: при выполнении данного задания допущено не более 1 ошибки. Количество правильных ответов для оценки «хорошо»: 1. She returned for cholecystomy in a month after having been treated in the operation was performed it was successful and the patient’s postoperative course was uneventful. 2. The surgeon said operation was indispensable. Дескрипторы полного ответа на вопрос: при выполнении данного задания допущено 2 ошибки. Количество правильных ответов для оценки «удовлетворительно»: 1. She returned for cholecystomy in a month after having been treated in the operation was performed it was successful and the patient’s postoperative course was uneventful. 2. The surgeon said operation was indispensable. 3. Abdominal examination revealed moderate tenderness in the right hypochondric region.
P0	неудовлетворительно	Дескрипторы полного ответа на вопрос: при выполнении данного задания дан полностью неверный ответ. 2. The surgeon said operation was indispensable. 3. Abdominal examination revealed moderate tenderness in the right hypochondric region. 4. She returned for cholecystomy in a month after having been treated in the operation was performed it was successful.