



Министерство здравоохранения Российской Федерации

федеральное государственное бюджетное образовательное учреждение
высшего образования

«Рязанский государственный медицинский университет
имени академика И.П. Павлова»

Министерства здравоохранения Российской Федерации
ФГБОУ ВО РязГМУ Минздрава России

Утверждено решением ученого совета
Протокол №10 от 20.05.2025 г.

Комплект оценочных материалов по дисциплине	Научное письмо на английском языке
Образовательная программа	Основная профессиональная образовательная программа высшего образования - программа магистратуры по направлению подготовки 32.04.01. Общественное здравоохранение Профиль: Управление в здравоохранении
Квалификация	Магистр
Форма обучения	очная

Разработчик (и): кафедра иностранных языков с курсом русского языка

ФИО	Ученая степень, ученое звание	Место работы (организация)	Должность
Л.Ф. Ельцова	канд. филологич. наук, доцент	ФГБОУ ВО РязГМУ Минздрава России	зав. кафедрой
И.В. Полякова	канд.ист.наук	ФГБОУ ВО РязГМУ Минздрава России	доцент

Рецензент (ы):

ФИО	Ученая степень, ученое звание	Место работы (организация)	Должность
Карякина Е.С.	канд.пед.наук	ФГБОУ ВО РязГМУ Минздрава России	доцент кафедры иностраннх языков с курсом русского языка
Микова И.М.	канд.пед.наук, доцент	ФГБОУ ВО РязГМУ Минздрава России	доцент кафедры иностраннх языков с курсом русского языка

Одобрено учебно-методической комиссией по специальности Медико-профилактическое
дело

Протокол № 9 от 15.04.2025 г.

Одобрено учебно-методическим советом.

Протокол № 5 от 24.04.2025г.

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1. Паспорт комплекта оценочных материалов

1.1. Комплект оценочных материалов (далее – КОМ) предназначен для оценки планируемых результатов освоения рабочей программы дисциплины Научное письмо на английском языке.

1.2. КОМ включает задания для проведения текущего контроля и промежуточной аттестации.

Общее количество заданий и распределение заданий по типам и компетенциям

Код и наименование компетенции	Количество заданий закрытого типа	Количество заданий открытого типа
УК-4 Способность применять современные коммуникативные технологии, в том числе на иностранном языке, для академического и профессионального взаимодействия	20	20
Итого	20	20

2. Задания всех типов, позволяющие осуществлять оценку всех компетенций, установленных рабочей программой дисциплины **Научное письмо на английском языке**

Код и наименование компетенции	№ п/п	Задание с инструкцией																								
УК-4	1.	Прочитайте текст, содержащий информацию об основных характеристиках англоязычной аннотации, и установите соответствие. Текст задания: (contributors (1); conference(2); provide(3); academic(4); summary(5); research(6); surrogate(7); includes(8); varies(9); work(10); brief(11); multi-page(12)) What is an abstract? An abstract is a short (A) of completed research. Abstract are very common I (Б) writing. An abstract may be found in (В) programs, in article databases in the online catalog of the library, such as Medline, at the beginning of a (Г) paper, etc. Many journals require (Д), that is authors wishing to publish their articles in the journal to (Е) an abstract. A good abstract acts as a (Ж) for the work itself. A standard abstract (З) information about the purpose, the methods, and the scope of the research. It also includes the results and conclusions of the research and the recommendations of the author. The length (И) according to the discipline, but an informative abstract is rarely more than 10% of the length of the entire (1). Despite the fact that an abstract is quite (11), it is a self-contained and powerful statement describing a larger work. It usually requires as much work as the (12) paper following it. Запишите выбранные цифры под соответствующими буквами: <table><tr><td>А</td><td>Б</td><td>В</td><td>Г</td><td>Д</td><td>Е</td><td>Ж</td><td>З</td><td>И</td><td>К</td><td>Л</td><td>М</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	А	Б	В	Г	Д	Е	Ж	З	И	К	Л	М												
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2.	Прочитайте и установите соответствие определений и названий разделов англоязычной аннотации. Текст задания: <table><tr><th>Definition</th><th>Heading</th></tr><tr><td>A. An effect, result</td><td>1. Background</td></tr><tr><td>Б. Explanation of how something should be performed and what it means</td><td>2. Design</td></tr><tr><td>В. The people the researchers studied</td><td>3. Implication</td></tr><tr><td>Г. A plan in the mind, scheme</td><td>4. Interpretation</td></tr><tr><td>Д. The conditions that exist when something happens, and which help to explain it</td><td>5. Approach</td></tr><tr><td>Е. The time and location where the</td><td>6. Subjects</td></tr></table>	Definition	Heading	A. An effect, result	1. Background	Б. Explanation of how something should be performed and what it means	2. Design	В. The people the researchers studied	3. Implication	Г. A plan in the mind, scheme	4. Interpretation	Д. The conditions that exist when something happens, and which help to explain it	5. Approach	Е. The time and location where the	6. Subjects											
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3.	Прочитайте информацию из абстракта об основных аспектах научной статьи и установите последовательность «правил» составления англоязычной аннотации. Текст задания: A. Explain how you have approached the research question. What is your big new idea? Б. What is the key impact of your research? What conclusions did you draw and what are the implications? В. State the problem. What is the key research question? Г. Introduction. Describe what topic your paper covers. Provide the reader with a background to the study. Avoid unnecessary content. Д. Summarize why nobody else has adequately answered the research question yet. Emphasise the gap in the literature. You could use a phrase such as “Previous work has failed to address ...”. Е. In one sentence, describe how you went about doing the research? Provide an outline of the methods you used. Запишите соответствующую последовательность действий цифрами слева направо: <table><tr><td>А</td><td>Б</td><td>В</td><td>Г</td><td>Д</td><td>Е</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	А	Б	В	Г	Д	Е																
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4.	Прочитайте и установите соответствие названий разделов аннотации и текстов самих разделов. Текст задания: <table><tr><th>Heading</th><th>Abstract structural part</th></tr><tr><td>A. Background</td><td>1. Low sensitivity makes that Cyfra-21 and NSE are inappropriate tools for staging of operable lung cancer. An elevated Cyfra-21 level indicates a poor prognosis</td></tr><tr><td>Б. Methods</td><td>2. The aim of the present study was to evaluate whether tumor markers Cyfra-21 and NSE may contribute to staging and evaluation of prognosis in patients with operable lung cancer</td></tr><tr><td>В. Results</td><td>3. 432 operated patients were involved in the study. Pathologic staging was stage 1 in 195, stage 2 in 86 and stage 3 in 151. The relationship between the level of tumor markers and the postoperative pathologic staging was studied. Survival estimates</td></tr></table>	Heading	Abstract structural part	A. Background	1. Low sensitivity makes that Cyfra-21 and NSE are inappropriate tools for staging of operable lung cancer. An elevated Cyfra-21 level indicates a poor prognosis	Б. Methods	2. The aim of the present study was to evaluate whether tumor markers Cyfra-21 and NSE may contribute to staging and evaluation of prognosis in patients with operable lung cancer	В. Results	3. 432 operated patients were involved in the study. Pathologic staging was stage 1 in 195, stage 2 in 86 and stage 3 in 151. The relationship between the level of tumor markers and the postoperative pathologic staging was studied. Survival estimates														
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	were made with reference to the preoperative level of Cyfra-21, crossed with TNM stage and type of resection. Relative risk was estimated with the Cox proportional hazard model.
Г. Conclusion	4. Cyfra-21 was increased in 32% of patients, 69% of whom had squamous cell carcinoma (SCC). NSE was elevated in 57, 40% of whom had adenocarcinoma. Despite a low sensitivity, there was a correlation to tumor size and N-stage: sensitivity for both markers was highest in stages T3, T4 or N2. Relative risk for death in presence of elevated Cyfra-21 level was 1,4.

Запишите выбранные цифры под соответствующими буквами:

А	Б	В	Г

5. Прочитайте и установите соответствие существительных, часто используемых в научных текстах, и их определений.

Текст задания:

А. Aspect	1. a general and scientific law that explains how something works or why something happens
Б. Awareness	2. a particular part or feature of a situation, an idea idea, a problem, etc,; a way in which it may be considered
В. Case	3. a set of facts or arguments that support one side in a discussion
Г. Issue	4. a subject that you talk, write or learn about
Д. Pattern	5. a thing or person that is being discussed, described or dealt with
Е. Principle	6. an important topic that people are discussing or arguing about
Ж. Scope	7. knowing something; knowing that something exists and is important

З. Subject	8. the range of things that an activity deals with
И. Theme	9. the regular way in which something happens
К. Topic	10. the subject or main idea in a talk, piece of writing

Запишите выбранные цифры под соответствующими буквами:

А	Б	В	Г	Д	Е	Ж	З	И	К

6. Прочитайте и установите соответствие существительных для каждого предложения.

Текст задания:

А. In the test the undergraduates will have to select two from a choice of six essay theories/subjects/topics.

Б. Political principles / issues / topics were at the top of the agenda.

В. Darwin's topic / theory / model of evolution is accepted by majority of people.

Г. The metro map is rather a model / topic / principle that demonstrates how the stations relate to one another, which does not precisely show the distance between them.

Д. The President chose freedom of choice as the theme / model / topic of his inaugural speech.

Запишите выбранные цифры под соответствующими буквами:

А	Б	В	Г	Д

7. Прочитайте и установите соответствие глаголов из левой колонки с наиболее часто используемыми существительными из правой колонки.

Текст задания:

А. present	1. an experiment
Б. place	2. emphasis
В. offer	3. an explanation
Г. develop	4. an exploration
Д. conduct	5. data
Е. carry out	6. a method

Запишите выбранные цифры под соответствующими буквами:

А	Б	В	Г	Д	Е

8. **Прочитайте и установите соответствие названий разделов аннотации и групп устойчивых выражений, часто используемых в данных разделах.**

Текст задания:

- А. Постановка проблемы (background).
Б. Краткая характеристика основных публикаций по данной теме
В. Определение пробела в научных исследованиях (the gap in research knowledge).
Г. Цель исследования
Д. Результаты исследования.
Е. Выводы

1. This study has shown that ...
These findings suggest that ...
The following conclusions can be drawn from the present study.
The most obvious finding to emerge from this study is that ...
The results of this study indicate that ...
The results of this research support the idea that ...

2. A major current focus in ... is how to ...
Analysis of ... is vital for two important reasons: ...
It is generally accepted that ...
... are attracting widespread interest in fields such as ...
The importance of ... has been demonstrated by ...
... play an important role in the development of ...
Much research in recent years has focused on ...

3. Our investigation is aimed at establishing ...
The main purpose of this work was ...
In this paper we present ...
This paper focuses on ...
This paper introduces a scheme which solves these problems.

4. There remains a need for an efficient method that can ...
One process, however, that has been neglected in ... is that of ...
Unfortunately, these methods do not always guarantee...
5. In our study, smth. was obtained using...
In the majority of cases, ... analysis revealed a considerably higher percentage of smth.
Similar behavior was observed in all cases.
Further analysis showed that ...
Further statistical tests revealed ...
6. In the past, various attempts have been made to ...
Numerous publications on this research issue demonstrate that our study is timely.
Initial attempts were focused on identifying the cause of ...
Their study suggested a possible cause for ...

Запишите выбранные цифры под соответствующими буквами:

А	Б	В	Г	Д	Е

9. **Прочитайте и установите соответствие каждого предложения на русском языке и английской глагольной формы.**
Текст задания:

А. Вчера в 11 часов студент Ильин читал доклад	1. has been presented
Б. Доклад был прочитан к 12 часам вчера.	2. had presented
В. Доклад уже прочитан.	3. was presenting
Г. Вчера к 12 часам студент Ильин уже прочитал доклад.	4. had been presented
Д. Вчера был прочитан	5. was presented

доклад	
--------	--

Запишите выбранные цифры под соответствующими буквами:

А	Б	В	Г	Д

10. Прочитайте и установите соответствие следующих предложений и вспомогательных глаголов.

Текст задания:

А. ...he have to translate this article yesterday?

1. Was 2. Had 3. Did 4. Must

Б. The answer to the letter...been received yet.

1. have not 2. not have 3. is not 4. has not

В. ...the patient been operated on yesterday by 6 p.m.?

1. Was 2. Did 3. Has 4. Had

Г. ... she learning anatomy now?

1. Does 2. Has 3. Is 4. Must

Запишите выбранные цифры под соответствующими буквами:

А	Б	В	Г

11. Прочитайте и установите соответствие следующих предложений и форм глагола.

Текст задания:

А. Since what time..... Latin?

1. you have been studying

2. you are studying

3. have you been studying

4. have you been studied

Б. A lot of experiments..... now to find out the correlations between these parameters.

1. are performing

2. are being performed

3. has been performed

4. have being performing

В. He ...this experiment some days ago

1. Has carried out
2. had carried out
3. was carried out
4. carried out

Г. They think she... home soon.

1. will arriving
2. arrive
3. will arrive
4. will be arrived

Д. Every day new vaccines.... by investigators.

1. are been developed
2. are developing
3. are developed
4. develop

Е. They look much better now because they some vitamins and minerals.

1. are taken
2. have taking
3. are taking
4. taking

Запишите выбранные цифры под соответствующими буквами:

А	Б	В	Г	Д	Е

12.

**Прочитайте и установите соответствие следующих предложений и видовременных форм глагола.
Текст задания:**

A. I just (1. learnt / 2.have just learnt) that he (1. is going / 2. goes) to make a report at the conference.

Б. When I (1.was / 2.were) a first year student I (1. decided /2. Have decided) to specialize in immunology.

В. Yesterday he (1. said /2. has said) that he (1. passed /2. had passed) the exam in biology already.

Г. I knew that they (1. are going / 2. were going) to continue their research.
 Д. We hoped that we (1.would find /2. found) a way out of the situation.
 Е. Now he (1. is preparing / 2. prepares) for the exam which he is to take tomorrow.
 Ж. They promise that they (1. would be back /2. will be back) tomorrow.
 З. I was sure that I (1. hadn't seen /2. haven't seen) him before.
 И. They were very tired after their journey: it (1. had taken /2. took) twelve hours.
 К. The students are busy now: they (1. are doing / 2. do) their laboratory work.
 Запишите выбранные цифры под соответствующими буквами:

А	Б	В	Г	Д	Е	Ж	З	И	К

13. **Прочитайте и установите соответствие следующих предложений и видовременных форм глагола.**
Текст задания:

А. These drugs (1. are prescribed / 2. were prescribed) very seldom.
 Б. Basic sciences (1. are studied / 2. were studied) by medical students during the first two or three years.
 В. The functions of the human organism (1.was learnt / 2. are learnt) in classes in physiology.
 Г. A lot of people (1. are treated / 2. were treated) in this hospital.
 Д. Artificial limbs (1.were provided / 2. are provided) free of charge.
 Е. Can you see what (1.to write / 2. is written) on this prescription?
 Ж. He often (1. is asked / 2. asks) to give lectures.
 З. Children usually (1. are told / 2. were told) that they mustn't play with matches.

Запишите выбранные цифры под соответствующими буквами:

А	Б	В	Г	Д	Е	Ж	З

14. **Прочитайте и установите соответствие следующих предложений и видовременных форм глагола.**
Текст задания:

А. I am writing in connection with the advertisement which **1.appeared / 2.has appeared** on 12 April.
 Б. I originally **1.studied/ 2.have studied** chemistry at university. I **1.graduated / 2.have been graduating** with a first-class degree.

В. I now **1.completed / 2.have now completed** a postgraduate degree in administration.
 Г. **1.I've been trying / 2.I've tried** to find a permanent job for a considerable time.
 Д. Indeed, **1.I have already worked / 2.I have already been working** for several companies on a temporary basis.
 Е. In my first job, **1.I was / 2.have been** responsible for marketing,
 Ж. **1.I've been applying / 2.have applied** for several posts this year but I **1. did not manage / 2.have not managed** to find what I'm looking for.
 З. The last job I **1.applied / 2.have applied** for required applicants to speak some Japanese.
 И. I **1.started learning / 2. have been learning** Spanish a few months ago I **1.did not obtain / 2.have not obtained** a qualification in it yet.
 К. I **1.did not apply / 2.have not applied** for a job with your company before.

Запишите выбранные цифры под соответствующими буквами:

А	Б	В	Г	Д	Е	Ж	З	И	К

15. **Прочитайте и установите последовательность данных слов.**
Текст задания:

А. 1.translated, 2.article, 3.this, 4.was, 5.German,6. from, 7.into, 8.English.
 Б. 1.was, 2.noise, 3.heard, 4.the, 5.clearly.
 В. 1.he, 2. in, 3.known, 4.town, 5.the best, 6. is, 7.psychiatrist, 8.our, 9. as.
 Г. 1.old, 2.was, 3.the, 4.man, 5.hospital, 6. to, 7.yesterday, 8.taken.
 Д. 1. members, 2. all, 3. family, 4. registered, 5. Dr. Smith's, 6. are, 7. on, 8. list, 9. of, 10. our, 11. the.
 Е. 1. film, 2. be, 3. tonight, 4. shown, 5. will, 6. the, 7. on TV.
 Ж. 1. must, 2. he, 3. a, 4. seen, 5. specialist, 6. by, 7. be.

Запишите соответствующую последовательность слов цифрами слева направо:

А	
Б	
В	
Г	
Д	
Е	

		Ж	
	16.	Прочитайте текст и установите соответствие названий частей текста и самих частей текста. Текст задания: 1. Hospital administration; 2. Becoming an Administrator; 3. General vs. Specific; 4. Administration Sizes; 5. Range of Duties; 6. Types of Administrators. A. Hospital administration is the management of the hospital as a business. The administration is made up of medical and health services managers -- sometimes called health care executives and health care administrators -- and their assistants. Administrations range in size, and the duties of the administrator vary with the size and complexity of the hospital. Б. Administrators are liaisons between hospital boards, other administrators and medical staff. They coordinate hospital activities and formulate its overall politics. Some administrators are in charge of hiring doctors and other staff, performing employee evaluations and directing staff meetings. They may also be responsible for the hospital's public relations and fundraising programs. Because administrators develop programs for teaching and research hospitals, they must keep up with the latest advances in medicine. B. Large hospitals have several administrators and assistant administrators managing different departments while one administrator is in charge overall. In smaller hospitals, one administrator may be in charge of several departments, or even of the entire hospital. In this case, for example, the administrator may review the budgets for these departments and give final approval to hiring recommendations. Г. Various types of health services managers have responsibility for different areas in a large hospital. For example, clinical managers direct specific departments and usually have experience in that particular area. Health information managers are specialists in charge of maintaining patient records. Finally, business managers govern the hospital's financial and business concerns. Д. Clinical managers and health information managers have more specific duties than a general overall administrator. A general administrator is typically in charge of all departments, including the budget and business side. On the other hand, clinical and health information managers work within a specific department and have duties such as implementing policies, managing personnel and writing reports for the overall administrator.	

E. Entry-level jobs in hospital administration generally require at least a bachelor's degree, but many positions require a master's. Suitable master's programs to prepare for the career include health services administration, long-term care administration, health sciences, public health, public administration or business administration. These degree programs should include an internship in a health care center. Graduate programs usually take two to three years. However, if you do not want to get a master's degree, physician's offices usually hire health care administrators with work experience.

Запишите выбранные цифры под соответствующими буквами:

А	Б	В	Г	Д	Е

17. **Прочитайте и установите соответствие следующих предложений и видовременных форм глагола.**

Текст задания:

- A. This drug (1. was prescribed /2. prescribed) to the patient a week ago.
 Б. Basic medical procedures (1. learn /2. were learnt) by the students during their practice in this hospital.
 B. Many people (1. are treated / 2. were treated) in this hospital last year.
 Г. The invalid (1.was provided / 2. provides) with an artificial limb some years ago.
 Д . When he (1. was asked / 2. asks) to help, he decided to come at once.

Запишите выбранные цифры под соответствующими буквами:

А	Б	В	Г	Д

18. **Прочитайте и установите соответствие следующих предложений и слов внутри этих предложений.**

Текст задания:

- A. The next lemma considers (1.some / 2.any) properties of axis trend functions in general.
 Б. Throughout our experiments, we did not see significant accuracy fluctuation due to (1.some / 2.any) of these types of queries.
 B. (1.Some / 2.Any) interrogations will need to be automated.
 Г. They need to find (1.some / 2.any) alternative path, and check it again against the database.

Д. At (1.some / 2.any) given stage, the particles outlined in red are participating in that stage; the particles outlined in black are inactive.
 Е. (1.Every / 2.Each) hour of real flight produces about 1 petabyte of such real data.
 Ж. Moreover, the data structure was static, that is, it had to be regenerated (1.every / 2.each) time a point was inserted into the database.

Запишите выбранные цифры под соответствующими буквами:

А	Б	В	Г	Д	Е	Ж

19. Прочитайте текст и установите соответствие.

Текст задания:

I am writing to ask if you could possibly revise my paper. **A.** I imagine that you must receive **(1) lots of / (2) a lot of / (3) many** requests such as mine. **Б.** But I really need your input as no one else has as (1) **much** / (2) **many** expertise as you do in this particular field. **В.** In reality, there is not (1) **many** / (2) **much** information to read, **Г.** it would be enough if you could just read (1) **a little** / (2) **little** of the Discussion (e.g. pages 12 and 13). **Д.** The problem is that there are (1) **a few** / (2) **few** studies in this field which makes comparisons with the literature almost impossible. **Е.** I realize that this is (1) **a lot** / (2) **lots** to ask, particularly as you have never even met me. **Ж.** But if you could spare (1) **little** / (2) **a little** of your time, I would be extremely grateful.

Запишите выбранные цифры под соответствующими буквами:

А	Б	В	Г	Д	Е	Ж

20. Прочитайте текст и установите соответствие.

Текст задания:

- А. In the test the undergraduates will have to select two from a choice of six essay 1.theories/2. subjects/3.topics.
- Б. Political 1.principles / 2.issues / 3.topics were at the top of the agenda.
- В. Darwin's 1.topic / 2.theory / 3.model of evolution is accepted by majority of people.
- Г. The metro map is rather a 1.model / 2.topic / 3.principle that demonstrates how the stations relate to one another, which does not precisely show the distance between them.

Запишите выбранные цифры под соответствующими буквами:

		А	Б	В	Г	
		Задания открытого типа				
	1.	Переведите следующий текст с английского языка на русский язык: In May 2020, the Centers for Disease Control and Prevention (CDC) released considerations for the opening of elementary and high schools in the fall of the Covid-19 pandemic in the USA. It is hard to imagine a more important issue than the safety of our country's schoolchildren during a pandemic. As is often the case with an emerging infection, the data needed to make policy decisions about school reopening are incomplete. The many benefits of in-person learning for children are clear and include not only academic progress, but also positive effects on social and emotional skills and mental health. In addition, in-person learning for children allows parents to return to their work activities.				
	2.	Переведите следующий текст с английского языка на русский язык: During the Covid-19 response, the greatest challenge to public health in more than 100 years, science must guide public health decision making. As former CDC (Centers for Disease Control and Prevention) employees with more than 40 years' combined experience, which included playing leadership roles in the CDC responses to the 2009 H1N1 influenza epidemic and the Ebola and Zika emergencies, we recognize that these decisions made in the midst of a public health emergency are fraught with challenges and require careful consideration of the risks and benefits of various options. CDC scientists have the expertise, knowledge and experience to guide these public health decisions.				
	3.	Переведите следующий текст с английского языка на русский язык: The word 'science' probably brings to mind many different pictures: a fat textbook, white lab coats and microscopes, an astronomer peering through a telescope, a naturalist in the rainforest. Einstein's equations scribbled on a chalkboard, the launch of the space shuttle, bubbling beakers... All of those images reflect some aspects of science, but none of them provides a full picture because science has so many facets				
	4.	Переведите следующий текст с английского языка на русский язык: Science is complex and multi-faceted, but the most important characteristics of science are straightforward: Science focuses exclusively on the natural world, and does not deal with supernatural explanations. Science is a way of learning about what is in the natural world, how the natural world got to be the way it is. It is not simply a collection of facts; rather it is a path to understanding. Scientists work in many different ways but all science relies on testing ideas by figuring out what expectations are generated by an idea and making observations to find out whether those expectations hold true.				
	5.	Переведите следующий текст с английского языка на русский язык: During and after medical school, US doctors (and doctors emigrating to the US) take the US Medical Licensure Exam (USMLE) in three parts. During the 4th year of medical school they apply to their desired residency training programmes and learn their				

		assignment for the next 1–6 years at ‘Match Day’. Any candidates not selected participate in a mad scramble for unfilled posts. Few doctors start or end a programme at any time other than 1 July of each year and in most residency programmes a doctor remains in the same programme until completion, performing most training at the same hospital or complex of hospitals in one town.
	6.	Переведите следующий текст с английского языка на русский язык: A typical family doctor in the UK has surgeries 9–12 am and 1–5 pm and visits patients in hospital (if any) once or twice daily, usually before/after the day of surgeries. Appointments are 15 minutes long (plus urgent overbookings) and a nurse assistant prepares patients by assessing blood pressure, weight, or other vitals and preparation before hand. The surgery has two to three exam rooms per doctor and patients wait inside, undressed if appropriate, while the doctor rotates through the rooms. More serious discussions may occur in the doctor's office. There are almost no home visits. Insurance companies will not pay for a home visit unless the patient is chronically unable to leave the home.
	7.	Переведите следующий текст с английского языка на русский язык: Forty-five million (or about 20%) of Americans are uninsured. This means that if they attend a doctor's surgery they will be charged \$40–200 (or more) for the visit, will have to pay full price for any prescriptions, and if hospitalised will have large hospital bills. They are often billed at a higher rate than the insurance company will pay for the same type of care. This group overlaps with the very poor — some of this group would qualify for low income health insurance administered by each state (Medicaid) if they were aware and knew how to apply — and with those who are able to afford health insurance but opt not to purchase it. Affordability is relative: health insurance for a healthy family of four would cost about \$4000–6000 a year with no coverage of pregnancies, and those paying this much in rent or earning only \$20 000 a year, might feel that is too much to pay.
	8.	Переведите следующий текст с английского языка на русский язык: The health of the U.S. public continuously improved throughout the twentieth century. By every measure, Americans are now healthier, live longer, and enjoy lives that are less likely to be marked by injury, ill health, or premature death. During the past century, for example, infant mortality decreased, and the average life span rose from forty-five years to nearly eighty. Public health achievements include safer foods, fluoridation of drinking water, control of infectious diseases, fewer deaths from heart disease and stroke, motor vehicle safety, and safer workplaces. The public's health still has room to improve. Although the United States has one of the highest levels of per capita gross domestic product (GDP) in the world, Americans' health status is poor compared with the health status of populations that have similar levels of economic development.
	9.	Переведите следующий текст с английского языка на русский язык: Critics argue that population health should not necessarily be a primary social undertaking when compared with competing priorities for investment in transportation, energy, education, or national security. Although it is true that the political organs of government decide on national and state priorities, there are good reasons to give special attention to health. Every person understands, at least intuitively, why health is vital to well-being. If individuals have physical and

		mental health, they are better able to socialize, work, and engage in the activities of family and social life that bring meaning and happiness.
	10.	Переведите следующий текст с английского языка на русский язык: In Russia, medical care is provided free to all groups of the population, and is funded through social contributions to the national budget. The bulk of polyclinics and hospitals are state-owned. The system itself was created during the Soviet period and is similar to the current healthcare model in Great Britain. To take advantage of all the services of the state system today, you will need to have a compulsory medical insurance policy - they can be obtained at the nearest polyclinic practically as soon as you are born (children's and adult medical establishments are separate, but all of them are covered by the policy). Also, the country has a wide range of private medical institutions nowadays, ranging from ordinary polyclinics and dental practices to multidisciplinary medical centers that can perform operations of varying complexity.
	11.	Переведите следующий текст с английского языка на русский язык: Every Russian citizen and resident is entitled to free public healthcare under the Russian healthcare system via Obligatory Medical Insurance (OMI). OMI is financed by contributions from employers. Once you begin working in Russia, your employer will pay around 2–3% of your salary into a social tax, a percentage of which is paid into a national Russian healthcare fund. Once an employer pays this compulsory medical insurance, you have the right to free medical assistance from public Russian healthcare clinics. Unemployed foreign citizens with a residence permit may be entitled to an OMI policy under certain conditions; check via a medical insurance company which is subscribed to the Russian healthcare system.
	12.	Переведите следующий текст с английского языка на русский язык: Russia boasts some excellent doctors, although they can be hamstrung and frustrated by the system, with poor salaries and long working hours among the biggest issues. Facilities in state hospitals are often substandard and waiting times can be very long, although arranging to see a doctor under private medical insurance will be quicker; you can usually make an appointment by calling your clinic, and appointments are available both in the daytime and in the evening in some cases. Your family doctor in Russia should have your medical records already, and you're likely to get better customer service than you would in a state clinic. If you visit a state Russian healthcare clinic, you might need to show up first thing in the morning to try to get an appointment for the same day. If this fails, you might not be able to schedule an appointment for a different day, and this can be a highly time-consuming and frustrating experience if you have to return.
	13.	Переведите следующий текст с английского языка на русский To maximize impact, public health works at five levels. At the first level – base of the pyramids – are socioeconomic factors such as income, education, housing and race. Although these factors are not diseases, both public health efforts and health care can have some effect on them, for example, through health insurance coverage that reduces poverty or through prevention of teen pregnancy to reduce the perpetuation of poverty. Immediately above the socioeconomic factors

		are traditional public health interventions that change the context to make default decisions the healthy choices (e.g., by providing clean drinking water). At the next level are long-lasting protective interventions, such as immunizations, that require only intermittent action by the health care system. Next are clinical interventions requiring long-term, daily care such as blood-pressure control. The last level includes counseling and education, such as exhorting people to eat healthy food and be physically active. Each level is important, but interventions at the pyramid's base generally improve health for more people at lower unit cost than those at the top.
	14.	Переведите следующий текст с английского языка на русский язык: From a public health perspective, an effective clinical system has five essential characteristics: consistency, patient-centeredness, team-based care, registry-based information systems and continuous improvement in treatments and delivery. These core features can help clinical systems address infectious-disease threats through standardization of care, interventions that increase patient adherence, team-based approaches to care (including hospital stewardship programs), rigorous monitoring of outcomes and continuous improvement in detection, treatment and prevention. Standardization and team-based care can increase vaccination rates and reduce prescription of unnecessary or overly broad-spectrum antibiotics. Registry-based approaches have the potential to increase the proportion of patients with HIV infection who are effectively treated from the current rate of 40 per cent or less in the United States. Coordination among health care facilities and public health departments can substantially reduce the spread of drug resistance.
	15.	Переведите следующий текст с английского языка на русский язык: Recent decades have seen substantial progress in addressing some infectious diseases globally. Rates of death from the acquired immunodeficiency syndrome, tuberculosis, and malaria have decreased substantially. Tropical diseases such as filariasis are being controlled. Polio and guinea worm disease are nearly eradicated. Vaccination programs prevent more than 2 million deaths each year among children under five years of age, although at least another 1.5 million deaths could be averted if current programs were expanded and new vaccines developed.
	16.	Переведите следующий текст с английского языка на русский язык: The lack of health insurance coverage has a profound impact on the U.S. economy. The Center for American Progress estimated in 2009 that the lack of health insurance in the U.S. cost society between \$124 billion and \$248 billion per year. While the low end of the estimate represents just the cost of the shorter lifespans of those without insurance, the high end represents both the cost of shortened lifespans and the loss of productivity due to the reduced health of the uninsured. Health insurance coverage is uneven and often minorities and the poor are underserved. Forty million workers, nearly two out of every five, do not have access to paid sick leave. Experts suggest that the economic pressure to go to work even when sick can prolong pandemics, reduce productivity, and drive up health care costs.
	17.	Переведите следующий текст с английского языка на русский язык: High qualification and a sufficient level of competence of health professionals are the most important factors designed to improve the quality of medical care. Modern healthcare requires competent specialists who possess the

		necessary knowledge, skills and abilities and who are able to substantiate their actions and decisions from the standpoint of evidence-based medicine. Only constant, continuous professional development of a health professional provides the basis for high efficiency of his/ her daily work. In contrast to developed countries where health workers are required to have their knowledge certified annually and use modern guidance in the workplace daily, Russian doctors have a refresher course every 5 years, and often lack access to modern sources of information in the workplace. However, about 15% of doctors do not take even these courses within the time frame. The situation is compounded by the fact that refresher training often has a formal nature and contents of educational programs do not meet the needs of practical health care.																
18.	Прочитайте и дайте развёрнутый ответ на следующий вопрос: What do you know about writing a good paragraph?																	
19.	Прочитайте и дайте развёрнутые ответы на следующие вопросы: 1. Why is paraphrasing an important academic skill? 2. What do we usually paraphrase? 3. How can you paraphrase? 4. Why should one be careful when choosing a suitable synonym?																	
20.	Прочитайте и дайте развёрнутые ответы на следующие вопросы: 1. Why is the skill of writing good summaries important in academic life? 2. What should one do to write a good summary?																	
	Практические задания																	
1.	Подберите несколько структурированных аннотаций из англоязычных медицинских журналов (Lancet, BMJ ...). Проанализируйте их структуру и ответьте на вопрос: Каковы основные разделы англоязычной аннотации?																	
2.	Структурированные аннотации в разных медицинских журналах могут иметь разные названия подразделов. Изучите как можно больше аннотаций из разных медицинских журналов и выпишите синонимичные названия их подразделов <table><tr><th>Abstract component</th><th>Synonymic heading(s)</th></tr><tr><td>Objective</td><td></td></tr><tr><td>Findings</td><td>Results</td></tr><tr><td>Introduction</td><td>Background, Problem statement</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>		Abstract component	Synonymic heading(s)	Objective		Findings	Results	Introduction	Background, Problem statement								
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3.	Подберите как можно больше структурированных аннотаций из англоязычных медицинских журналов и выпишите устойчивые выражения, часто используемые в следующих разделах: - Постановка проблемы (background). - Цель исследования (the aim of the research)																	

		- Результаты исследования (results) - Выводы (conclusion)
	4.	Закончите высказывания, используя слова в скобках и страдательную форму глагола в подходящем по смыслу времени: 1. Why aren't you going to the party? – (I, not, to invite). 2. Can you show me the result of your research? – I'm afraid, I can't. (The research, not, to finish, yet) 3. I want to have my prescription. - Wait a minute. (The prescription, not, to write, yet) 4. The briefing is over. (All questions, to answer) 5. I can't recognize our hospital. - Surely you can't. (It to reconstruct, recently)
	5.	Составьте общие и специальные вопросы к следующим предложениям: 1. The results of the blood test were given to the doctor yesterday. 2. The delegation from the USA was shown our new laboratory. 3. The new properties of this element have been discovered recently. 4. The interview with Academician N has been published in today's newspaper. 5. The hospital is surrounded by a large park. 6. He has been treated for cancer since last autumn.
	6.	Составьте описательную аннотацию к данной научной статье: The similarities between UK and American medicine are greater than the differences but not quite as interesting. This article will describe the US medical education system, some of the differences between UK general practice and US family medicine, US health insurance and doctors' compensation, and discuss some of the shortcomings and advantages when compared to the UK system. American children finish high school at 17 or 18 years old. They get a diploma rather than A and O levels. Only those planning on further education take national exams and most of these are general rather than subject specific. Those who become doctors complete a 4-year general programme to get a Bachelor of Arts or Sciences (BA or BS) prior to attending medical school, which is a further 4 years including 2 years of classroom sciences and 2 years of ward-based training in most of the specialties. They graduate with the Doctor of Medicine (MD) degree at 25 or more years old. During and after medical school, US doctors (and doctors emigrating to the US) take the US Medical Licensure Exam (USMLE) in three parts. During the 4th year of medical school they apply to their desired residency training programmes and learn their assignment for the next 1–6 years at 'Match Day'. Any candidates not selected participate in a mad

	scramble for unfilled posts. Few doctors start or end a programme at any time other than 1 July of each year and in most residency programmes a doctor remains in the same programme until completion, performing most training at the same hospital or complex of hospitals in one town. Prior to any 'registration' — called licensure and offered by the individual states so requirements vary — doctors must complete a minimum of 2 years of postgraduate (residency) training (except those already licensed under older laws). Residency length varies from 3 years — PGY-1, 2, and 3 — for family medicine, internal (general) medicine, or paediatrics, up to 5–6 years for general surgery. Sub-specialties such as transplantation surgery may involve 6 years general surgery, a 2- to 3-year chest surgery fellowship followed by 3 or more years of transplant surgery fellowship. Medical subspecialty training such as nephrology or gastroenterology is obtained through fellowships following internal medicine or paediatric residencies. Doctors take exams after finishing their residency to become accredited by the board of their specialty. Some of these exams are multiple choice questions, while others include oral examinations or evaluation of patient charts or operative notes. In some specialties the final board exams cannot be taken until the doctor has completed a certain number and variety of surgical procedures. In most specialties doctors repeat the exams every few years — every 6–7 years for family medicine. Family medicine is the closest thing to general practice in the US. The 3-year residency is usually performed with no moving, the same classmates, patients, hospital (except for away rotations), and consultants. The trainers are the hospital's consultants and dedicated family medicine doctors with a practice attached to the training hospital who are also family medicine hospital consultants (qualified to care for inpatients and deliver babies). Training includes 10 months with adult inpatients, including 3 months in an intensive care unit (ICU) or coronary care unit, 7 months with paediatrics inpatients including neonatal ICU, and 4 months in obstetrics and gynaecology. These courses are not in consecutive 6 month blocks but in 1- or 2-month rotations spread throughout the 3 years so the resident has training with increasing responsibility. They also complete between 0.5 to 2 months each of surgery, outpatient cardiology, dermatology, orthopaedics, psychiatry and other specialties. During the 3 years the trainee conducts family medicine surgeries at the training programme's group practice close to (or in) the hospital with a panel of families (number increasing each year) assigned to them (but seeing the other doctors in practice when the trainee is not available). For the 1st year, this is one (half-day) surgery per week; the 2nd year three surgeries per week; and in the final year one half-day surgery every weekday. The trainee is precepted during these surgeries by rotating members of the family medicine teaching staff. There are 7 hours a week of protected teaching time; attendance is mandatory and patient care is never allowed to prevent attendance. Some residency programmes are at hospitals or medical centres with other residency programmes, and in this case some residents complete group training, whereas other residents are on their own at a smaller hospital with (usually) a lower intensity ICU experience. The residents perform at least 50 normal vaginal deliveries and are qualified to deliver babies when they finish, but must maintain this skill to obtain permission to deliver babies at any given hospital where they eventually work. While many family medicine doctors give up delivering babies, most of them (although this number is dropping) provide
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	hospital care to their patients when needed. There is a move to concentrate this work in hired hospitalists (sometimes not family medicine doctors) or by having one doctor in turn from a group practice do all the hospital care for a week or 2 weeks. A typical family doctor has surgeries 9–12 am and 1–5 pm and visits patients in hospital (if any) once or twice daily, usually before/after the day of surgeries. Appointments are 15 minutes long (plus urgent overbookings) and a nurse assistant prepares patients by assessing blood pressure, weight, or other vitals and preparation before hand. The surgery has two to three exam rooms per doctor and patients wait inside, undressed if appropriate, while the doctor rotates through the rooms. More serious discussions may occur in the doctor's office. There are almost no home visits. Insurance companies will not pay for a home visit unless the patient is chronically unable to leave the home. Those who are severely ill — in UK practice ‘too ill to come into the surgery’ — are thought to need evaluation at the emergency room (ER) since they may need admission or acute tests. They can be seen by an emergency medicine doctor or, by arrangement, their family doctor (after office hours) or the doctor on call for their doctor. Family doctors cover out-of-hours in many ways. They are deemed to have a responsibility to their patients but the availability of ER care keeps this from being a medicolegal responsibility. Some doctors even delegate out-of-hours care to freestanding urgent care centres. Doctors with admitting privileges at a hospital have a duty to the hospital to cover their patients' hospital care. This frequently means they have to admit those deemed needing care by ER staff, and rotate coverage of admissions for patients with no doctor (or no doctor with hospital admitting privileges). In ERs with doctors on duty the ER doctor may admit initially, but the family doctor assumes care in the morning. ‘On call’ also means fielding patient telephone calls. Coverage is usually shared with other doctors either in the same group or across groups and only rarely are singlehanded doctors personally available to their patients 24 hours a day, 7 days a week. Doctors earn money for the specific work they do and there is a great deal of documentation for each consultation or hospital care encounter and some thinking involved in deciding the level of care provided and the diagnosis treated (to ensure it is covered by the insurer). Errors are penalised by underpayment or fines if overcharging is detected. This data, either paper or electronic, is used by the (multiple) insurance companies to pay the doctors. While this is private practice, unless the insurer is the government (Medicare or Medicaid), the insurance companies pressure doctors to accept lower fees if they wish to be permitted to have the insurer's covered patients attend at their surgery and the fees are lower than the doctors would prefer to charge, and, relatively, it is not as lucrative as UK private practice. US medical economics is in flux in comparison to the NHS. It still has economic features of a purely capitalist driven system — some specialties get much better pay — but the only truly private practice (paid for by the patient) is infertility and cosmetic surgery care. Waiting times are much less than in the NHS for most procedures and consultants if the patient has insurance accepted by the consultant or will pay cash ahead of time, but there is still a slight wait (a few weeks for non-urgent appointments in most areas) to see consultants — presumably because medicine in the US is no longer so lucrative that there is a relative surplus of specialists (due to insurance companies' downward pressure on fees). For patients without insurance, or whose lower paying insurance coverage is not accepted by the consultant, the wait may be years until a consultant, if any,
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		providing charity procedures or appointments has an opening in that schedule. Forty-five million (or about 20%) of Americans are uninsured. This means that if they attend a doctor's surgery they will be charged \$40–200 (or more) for the visit, will have to pay full price for any prescriptions, and if hospitalised will have large hospital bills. They are often billed at a higher rate than the insurance company will pay for the same type of care. This group overlaps with the very poor — some of this group would qualify for low income health insurance administered by each state (Medicaid) if they were aware and knew how to apply — and with those who are able to afford health insurance but opt not to purchase it. Affordability is relative: health insurance for a healthy family of four would cost about \$4000–6000 a year with no coverage of pregnancies, and those paying this much in rent or earning only \$20 000 a year, might feel that is too much to pay. Personally, at my income level, I would ensure that my children and I had health coverage to avoid losing my entire retirement savings with one illness or injury. Medical bills are the leading cause of personal bankruptcy in the US and it is a common sight at petrol stations to see a donation box marked 'Help Jimmy get his liver transplant' and for churches to hold fundraisers to pay for surgery for one of their parishioners. There are some stark and shocking differences between the UK and American healthcare systems. In the US, 45 million uninsured people play an ugly lottery where a sudden illness or injury may cost them a small or large fortune that they will have to pay off through bankruptcy or discharge over the rest of their lives. In the UK, the time from a patient determining with their GP that a treatment or procedure is the right one for the patient's problem may be followed by months of waiting for the consultant's/specialist's appointment and agreement and then more months until actually undergoing the needed procedure. Bed shortages, cancelled appointments or shifts, and any inability on the patient's part to attend a consultation or surgery date can further lengthen this delay. If a scarce radiological procedure is required prior to the surgery this can double the wait. There are many other less concerning differences that it may be helpful or interesting to the UK and American medical community to compare and consider, but my ultimate conclusion is that the capitalist effect on American medical care of less government control and much more money, directed as patients and/or their insurers choose, in order to improve the care provided, leaves those Americans able to afford American medical care better off than the NHS patient. The NHS providing care for all may have a line for certain treatments but everyone in Britain is able to get into that line and no one is excluded from needed medical care. Therefore, the care provided by the NHS is much better than that received by the many Americans outside the health insurance system.
	7.	Преобразуйте два простых предложения в одно сложное: a) People realize they are not alone. People have a feeling of belonging to a group. b) A person loses his or her job. A whole part of their identity is at risk. c) The Internet gained importance in our lives. We gave up the desire to mask our real identity online. d) Think twice before sharing content online. Any content shared online can impact your online identity. e) Some philosophers claim that your body is not the same you were born with. Blood cells, skin and skeleton are constantly changing.
	8.	Прочитайте текст и сформулируйте его главную мысль (topic sentence): A reductive argument that “war is good for medicine” would minimize the horrific human cost of combat. Yet multiple

	scholars have highlighted how the urgency, aura of crisis, national attention, and material resources inherent in organized armed conflict have catalyzed developments in medicine and surgery. But the unprecedented scale and intensity of the Second World War created a particularly fertile environment for U.S. medical and surgical innovation. Moreover, whereas government involvement had generally dissipated after previous wars, World War II marked the commencement of a long-term, deeply integrated relationship between government and medicine that continues to shape the U.S. research agenda. The story of penicillin, one of the war's most successful and best-known medical developments, highlights the involvement of the federal government in translational research.¹ In 1928, British physician Alexander Fleming had noted by chance that the mold penicillium appeared to kill bacteria — a discovery that was publicized around the world but then lingered untapped for a decade. In 1941, the U.S. government, contacted by Oxford researchers Howard Florey and Norman Heatley and recognizing this drug's potential, sponsored a national effort to discover and implement a more efficient production system, an undertaking on the scale of the Manhattan Project. By D-Day in 1944, there was abundant penicillin for wounded soldiers, and by 1945, both service members overseas and civilians at home had ready access to the drug. The requisite scientists, laboratories, and production facilities would never have joined together in peacetime or through private industry alone. Other therapies, such as chloroquine and radioisotopes, have similar histories. In addition to providing massive resources to stimulate innovation, the government leveraged its hierarchical chain of command to deliver and use new technologies at unprecedented scales, as exemplified by the proliferation of blood transfusions.² The devastation of World War I had led to active investigation of shock, and research elucidated the crucial role of whole blood. Yet daunted by the logistics of supplying fresh blood to forces fighting across the Atlantic and Pacific Oceans, the U.S. military in World War II initially relied on substitutes such as albumin. Publicly declaring the situation unacceptable in a widely read 1943 New York Times article, Edward Churchill, the chief surgical consultant for the Mediterranean theater of operations, helped transition the military to blood-based resuscitation. This switch required a herculean logistical effort in the United States to collect, type, and transfer blood to far-flung military hospitals. By war's end, fresh whole blood was widely available to U.S. casualties. The ability to alter practice by fiat and the organization required for implementing such developments globally and rapidly similarly advanced the surgical management of colon injuries and psychiatric care for battle fatigue, among other examples. And such changes endured long after the war. Before the war, for instance, blood banks were uncommon and chiefly local affairs, serving the needs of individual institutions. The processes institutionalized in World War II, with the American Red Cross assuming a leadership role, ultimately led to a network of blood banks in a decentralized yet national system that effectively supplied communities throughout the country with needed blood. World War II also fundamentally transformed health care provision nationwide. By rewarding physicians' board certification with rank and pay, the military catalyzed medical specialization in post-war America. The war similarly stimulated the expansion of private health insurance. During a 4-year wage freeze, U.S. companies began attracting employees by offering health insurance — a previously rare benefit that brought coverage to millions of workers and their dependents and fundamentally reshaped the delivery of health care in this country.
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9.	Прочитайте текст и составьте его план: Coronaviruses typically cause common cold symptoms, but two betacoronaviruses — SARS-CoV-1 and Middle East respiratory syndrome coronavirus (MERS-CoV) — can cause severe pneumonia, respiratory failure, and death. In late 2019, infection with a novel betacoronavirus, subsequently named SARS-CoV-2, was reported in people who had been exposed to a seafood market in Wuhan, China, where live animals were sold. Since then, there has been rapid spread of the virus, leading to a global pandemic of Covid-19. Here, we discuss the presentation and management of Covid-19 in patients with mild or moderate illness, as well as prevention and control of the infection. Discussion of Covid-19 that occurs in children and during pregnancy and of severe disease is beyond the scope of this article. SARS-CoV-2 is primarily spread from person to person through respiratory droplets, which are typically released when an infected person coughs or sneezes. Because droplets usually fall within a few meters, the likelihood of transmission is decreased if people remain at least 2 m apart. Transmission is thought not to normally occur through the inhalation of aerosols (virions suspended in air), but there are concerns that the virus may be aerosolized during certain activities (e.g., singing)⁴ or procedures (e.g., intubation or the use of nebulizers) and that it may linger in aerosols for more than 3 hours.⁵ SARS-CoV-2 RNA has been detected in blood and stool, although fecal–oral spread has not been documented. SARS-CoV-2 may persist on cardboard, plastic, and stainless steel for days.^{5,6} As a result, contamination of inanimate surfaces may play a role in transmission. The median incubation period, from exposure to symptom onset, is approximately 4 to 5 days, and 97.5% of patients who are symptomatic will have symptoms within 11.5 days after infection.¹² Symptoms may include fever, cough, sore throat, malaise, and myalgias. Some patients have gastrointestinal symptoms, including anorexia, nausea, and diarrhea.^{13,14} Anosmia and ageusia have also been reported.^{15,16} In some series of hospitalized patients, shortness of breath developed a median of 5 to 8 days after initial symptom onset^{13,17}; its occurrence is suggestive of worsening disease.
10.	Прочитайте текст и сформулируйте его главную мысль (topic sentence): A new rule published in May 2019 by the Department of Health and Human Services (HHS) topples this delicate balance.² If it goes into effect, patient health and professional practice are likely to suffer. Although it bears the title “Protecting Statutory Conscience Rights in Health Care,” the rule goes well beyond merely enforcing existing statutes. Instead, the rule creates a wide-ranging right to refuse to provide health care services. Any entity carrying out a program funded by HHS is barred from requiring anyone to “assist in the performance” of “any health service or research activity” that is contrary to that person’s religious beliefs or moral convictions. As this language makes clear, a wide range of health care lies in the crosshairs. Although abortion is the primary target, HHS mentions refusal to treat ectopic pregnancy, to comply with advance directives, and to provide cancer care that might result in infertility. Recent lawsuits attest to providers’ objections to contraception, gender dysphoria treatment, and nondiscriminatory care of lesbian, gay, bisexual, and transgender (LGBT) patients³ — refusals that would also be protected under the new rule. But the rule extends more broadly still. “Assist in the performance” of abortion, sterilization, or other care means “to take an action that has a specific, reasonable, and articulable connection to furthering a procedure or part of a health service

		program or research activity undertaken by or with another person or entity.” Under this definition, HHS instructs, health care providers may refuse to refer patients or counsel them about the contested service. A nurse could refuse to measure the blood pressure of a woman who had just had an abortion. A physician assistant could withhold a referral for preexposure prophylaxis (PrEP) HIV medications. And they could do so with no repercussions from the health care facility — and to the detriment of the ethical care of patients. According to a nationwide study, the vast majority of physicians with religious objections accept the ethical compromise of agreeing to refer and counsel patients.⁴ The new rule, by contrast, invites the substantial minority who would prefer to withhold counseling and referral to do so, as well as to enter fields where they cannot meet the standard of care. Furthermore, the rule includes ancillary personnel who are not subject to professional ethical obligations to patients. Scheduling appointments, stocking supplies, and cleaning instruments all fall within its definition of assistance. A billing-office manager might decline to process insurance claims for patients who undergo abortions. Women might be denied food delivery after tubal ligations. These refusals could impede patients’ access to care and compromise the quality of the care they receive. Hospitals, physician groups, and health insurers will find themselves in a bind. Under existing federal law, health care facilities already accommodate employees with religious objections. By adjusting staffing, scheduling, and job duties, they deliver comprehensive health care and welcome a diverse and plural workforce. But as in other workplaces, antidiscrimination law requires reasonable accommodation. Under the federal Civil Rights Act of 1964, employers need not suffer undue hardships — for example, delays in patient care or a requirement for double staffing — in order to accommodate a religious objector.
	11.	Составьте summary данного текста: There are some stark and shocking differences between the UK and American healthcare systems. In the US, 45 million uninsured people play an ugly lottery where a sudden illness or injury may cost them a small or large fortune that they will have to pay off through bankruptcy or discharge over the rest of their lives. In the UK, the time from a patient determining with their GP that a treatment or procedure is the right one for the patient's problem may be followed by months of waiting for the consultant's/specialist's appointment and agreement and then more months until actually undergoing the needed procedure. Bed shortages, cancelled appointments or shifts, and any inability on the patient's part to attend a consultation or surgery date can further lengthen this delay. If a scarce radiological procedure is required prior to the surgery this can double the wait. There are many other less concerning differences that it may be helpful or interesting to the UK and American medical community to compare and consider, but my ultimate conclusion is that the capitalist effect on American medical care of less government control and much more money, directed as patients and/or their insurers choose, in order to improve the care provided, leaves those Americans able to afford American medical care better off than the NHS patient. The NHS providing care for all may have a line for certain treatments but everyone in Britain is able to get into that line and no one is excluded from needed medical care. Therefore, the care provided by the NHS is much better than that received by the many Americans outside the health insurance system.
	12.	Составьте summary данного текста:

		Health is considered a basic right for any human being. When millions of individuals have no access to health care, it goes against human rights' ethic to financially support medical research if it is not translatable into clinical practice. Time, minds, money and lives cannot be wasted while a few pursue glory and gratification. Barriers between scientists and clinicians are rooted first in a decade of specialized education through two languages, so at the end they cannot communicate. Second, they lack a common value system: views, questions and rewards are different. Last, the sources of passion and intensity of emotions do not match: doctors deal with life and death, scientists don't. These barriers jeopardize the translation of discoveries into practice. The decision by Pharma giant Pfizer to pull out of research into Alzheimer's is a painful lesson [46]. The justification for that choice was that "more than 99% of trials for Alzheimer's drugs have failed in the past 15 years"; this mainly happens at phase III. All this is a clear sign that basic-fragmented research is too costly to be feasible any longer. Probably others private research institutions will follow because a positive financial result is at their core. Not less important is the waste of tax-payers money.
	13.	Заполните пропуски предложениями в следующих предложениях: 1. She took the drug ... a long time that resulted ...harmful side effects. 2. The symptoms ... oxygen deficiency are panting, palpitation, dizziness. 3. Alcohol costs a lot ... money, which might be used ... better purposes.
	14.	Заполните пропуски предложениями в следующих предложениях: 1. Is the transplantation ... a heart, kidney or liver the only way how ... treat worn or injured organs? 2. The work ... obtaining and studying new vitamin preparations is carried the vitamin laboratory the Institute Biochemistry. 3. The effectiveness laser... operations heavily bleeding organs is already common knowledge.
	15.	Расположите слова в нужном порядке, чтобы получились предложения в Present Perfect. Смысл должен быть такой же, что и в предложении в скобках. 1. I / lose / my passport. (I can't find my passport now). 2. Where is Mike? – He / go / to the laboratory. (He is in the laboratory now). 3. We / buy / a new computer. (We have a new computer now). 4. Can I take the journal? You / finish with it? (Do you know what is in the journal?) 5. Students /come/ to the university. (They are at the university now.) 6. They /have/ lunch at a Japanese restaurant. (They are very glad with Japanese cuisine.)
	16.	Заполните пропуски подходящими по смыслу словами: a. In Canada, the measles, mumps, rubella (MMR) immunization program for infants was introduced in _____.

		b. Routine infant immunization programs have resulted in sustained high rates of immunity in the general _____. c. Measles elimination strategies since the mid-1990s have indirectly resulted in a reduction in the proportion of the susceptible population with the use of _____-containing vaccines for the two-dose routine program and measles elimination catch-up campaigns. d. The effectiveness of immunization programs depends on _____ coverage to prevent outbreaks and maintain herd immunity. Maintaining high vaccination rates is crucial for _____ of vaccine-preventable diseases in Canada.
17.		Выберите правильный ответ: A. What is the translation for «moderate»? 1. умеренный 2. доступный 3. небольшой 4. средний 5. вторичный B. What is the translation for «лечение»? 1. treatment 2. duration 3. murmur 4. slight 5. onset C. Match the word. General _____. 1. malaise 2. fatigue 3. valves 4. systolic murmur 5. murmur D. Put the verb in the Passive voice. At the hospital the patients(to examine) every day. 1. are examined 2. is examined 3. examined 4. is examining are examining
18.		Заполните пропуски подходящими по смыслу словами: a. Smoking is when people breathe in _____. b. Tobacco is a _____ that can be harmful to our bodies. c. Smoking can make it hard to _____ and cause _____.

		d. It can also make our clothes and hair _____. e. Smoking is bad for our health and can cause diseases like _____ and _____ problems. f. It's important to stay away from smoking and to avoid being around _____. If you need help to stop smoking, you can talk to a _____ or someone you _____.
	19.	Заполните пропуски подходящими модальными глаголами (may, have to, ought to, must) в соответствии с контекстом. - You _____ be quiet in the library. It's a rule. - I'm not sure if I _____ attend the party tonight. I have other plans. - The doctor said I _____ avoid eating sugary foods for better health. - We _____ finish our homework before we can go out to play. - He _____ not have enough time to complete the project by the deadline. - You _____ turn off your cell phone during the flight. _____ I use your computer for a moment? Mine just crashed. They _____ arrive on time for the meeting. It's important.
	20.	Перепишите предложения используя подходящие модальные глаголы (may, must). - It is necessary to submit the report by tomorrow. - It is mandatory to wear a seatbelt while driving. - It is compulsory to attend all the meetings. - I am not sure if I will be able to come to the party. There is a chance of rain later this evening.