

**THE MINISTRY OF HEALTHCARE
OF THE REPUBLIC OF UZBEKISTAN
THE TASHKENT PHARMACEUTICAL
INSTITUTE**

**LANGUAGES CHAIR
TEACHING-METHODICAL COMPLEX
ON PRACTICAL ENGLISH LANGUAGE
FOR THE 4TH YEAR STUDENTS OF
PHARMACY FACULTY**

TASHKENT -2019

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LANGUAGES CHAIR

**“Confirm”
Vice-rector
on Educational Affairs
Z.A.Yuldashev -----
“-----”----- 2019**

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This teaching methodological - complex was prepared according to the teaching programme confirmed order № 137 on April __, 2019 of The Ministry of Higher and Secondary Special Education.

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University**

TMC is intended for the 4th year students of Industrial Pharmacy faculty of Bachelor degree in all directions for teaching Practical English.

TMC is discussed on the Academic Board of the Tashkent Pharmaceutical Institute on the “ ____ ” of _____ in 2019 Record № _____

**CONSTITUTIVE STRUCTURE
OF THE TEACHING –METHODOLOGICAL COMPLEX**

№	CONTENTS	pages
I.	INTRODUCTION.....	
II.	THEORETICAL MATERIALS.....	
III.	PRACTICAL LESSON MATERIALS.....	
IV.	CASE BANK.....	
V.	SELF-STUDY.....	
VI.	GLOSSARY.....	
VIII.	CURRICULUM.....	
IX.	SYLLUBUS.....	
X.	TEACHING METHODS.....	
XI.	TESTS.....	
XII.	EVALUATING CRITERIA	
XIII.	LIST OF LITERATURE	

LESSON PLAN ON “THE PRACTICAL ENGLISH”

Lesson plan on the Practical English for the 4th year students
of Industrial pharmacy faculties
(7th term of the academic year 2019 -2020)

No	Themes	Hours	Max ball
1	Introduction. Topic 1 Overview of drugs Text: Uzbekistan (Speaking)	2	-
2	Topic 2 Drugs and awareness Text: Tashkent (Speaking)	2	100
3	Topic 3 Drug dynamics and kinetics Text: Great Britain(Speaking)	2	100
4	Topic 4 Drug dynamics and kinetics (Effectiveness and Safety) Text: London (Speaking)	2	100
5	Topic 4 Drug administration, distribution and elimination (Absorption) Text: The USA (Speaking)	2	100
6	Topic 4 Drug administration, distribution and elimination (Metabolism) Text: Washington (Speaking)	2	100
7	Revision Preparation for International exams	2	100
8	Topic 5 Pharmacodynamics Text: Practice of pharmacy(Speaking)	2	100
9	Topic 6 Factors Affecting Drug Response	2	100

	Text: The Ancient cities of Middle Asia		
10	Topic 6 Factors Affecting Drug Response (Changes in Metabolism) Text: Avicenna (Speaking)	2	100
11	Revision Preparation for International exams	2	100
12	Topic 7 Drugs and Aging Text: Our Chemical Lab (Speaking)	2	100
13	Topic 8 Drugs That Pose Increased Risk To The Elderly Text: Forms of drugs (Revision)	2	100
14	Topic 9 Adverse drug reactions Text: Lake Baykal (Speaking)	2	100
15	Topic 9 Adverse drug reactions (Testing the Safety of New Drugs)	2	100
16	Revision	2	100
17	Final lesson	2	100
	Total:	34	

A head of the chair:

S.M.To`ychieva

This Teaching-Methodical Complex is intended for the 4th - year students of pharmacy direction of Bachelor degree of the Tashkent Pharmaceutical Institute and it is compiled in conformity with Standard Programme on Practical English. It answers up-to-date requirements of training specialists in Pharmacy.

The main goal of this TMC is to help teaching English. It consists of the Introduction, Working Programme, Syllabus, Interactive Educational Methods used in Moodle teaching, Theoretical Materials, Practical lesson materials, Case study samples, Self-study themes for the 4th - year students, Glossary, Appendix, Curreculum, Syllubus, Distributing materials, Tests, Evaluating criteria and List of Literature.

II. THEORETICAL MATERIALS

★ Simple Present Tense ★

A) Rewrite the sentences using the words in brackets:

1. - Kate does karate and judo (sometimes)
.....
2. - Freddy plays basketball at school. (usually)
.....
3. - The students correct the mistakes. (often)
.....
4. - Margaret talks to her aunt Alice. (twice a week)
.....
5. - Samuel has a bath. (never)
.....
6. Robert catches the bus (very often)
.....

B) Write the sentences negative or interrogative

1. - Lorenzo/ cycles/ to work/every day (?)
.....
2. - The shop closes at 7 o'clock. (-)
.....
3. - Hector eats vegetables. (?)
.....
4. - Hannah watches French films (?)
.....
5. You help your parents. (-)
.....
6. - Bob works at the pub. (?)
.....
7. - Tom makes his bed. (-)
.....
8. - My sister plays the drums. (?)
.....
9. - The clock strikes ten. (-)
.....

C) Choose the correct option:

1. - Timothy his homework at home.
a)do b)doing c)does
2. - Elsa emails to her friends.
a)send b)sending c)sends
3. - Brian like eating fish and chips.
a)do b)doesn't c)doing
4. - Gina and you my best friends.
a)is b)are c)isn't
5. - Richard good marks at school.
a)get b)getting c)gets
6. - Today it Monday
a)are b)is
7. - Paul in the sea.
a)swim b)swims
8. The doctor my teeth
a)check b)checks
9. - You many letters.
a)write b)writes
10. - Jennifer spiders.
a)hate b)hating c)hates

D) Write sentences using the verbs in the box

forget/tell/get/meet/wear/run/be/win

1. - Charles at eight thirty on Mondays.
2. - Martha her friends at the cinema.
3. - The businessman his best suit.
4. Simon always ... me the truth
5. - Roger the marathon.
6. - He never anything.
7. - Ice cream delicious.
8. - She the race.



Present Perfect Simple

The present perfect simple expresses an action that is still going on or that stopped recently, but has an influence on the present. It puts emphasis on the result.

Form of Present Perfect

	Positive	Negative	Question
I / you / we / they	I have spoken.	I have not spoken.	Have I spoken?
he / she / it	He has spoken.	He has not spoken.	Has he spoken?

For irregular verbs, use the participle form. For regular verbs, just add “ed”.

Exceptions in Spelling when Adding ‘ed’

Exceptions in spelling when adding <i>ed</i>	Example
after a final <i>e</i> only add <i>d</i>	love – loved
final consonant after a short, stressed vowel or <i>l</i> as final consonant after a vowel is doubled	admit – admitted travel – travelled
final <i>y</i> after a consonant becomes <i>i</i>	hurry – hurried



Amazing ADJECTIVES



angry
annoyed
anxious
arrogant
ashamed
bored
clumsy
confused
creepy
cruel
depressed
disgusting
embarrassed
envious
fierce
foolish
grumpy
hungry
jealous
lazy
lonely
mysterious
nervous
thoughtless

FEELINGS

adorable
aggressive
annoying
beautiful
clumsy
confident
considerate
excitable
firm
glamorous
grumpy
helpful
handsome
important
kind
moody
pretty
talented
thoughtful
thoughtless

PEOPLE

blaring
calm
deafening
gentle
loud
noisy
peaceful
relaxed
restful
silent
still
tranquil
quiet

NOISE



SIZE

big
fat
gigantic
great
high
huge
immense
large
little
mammoth
massive
miniature
petite
short
skinny
small
tall
tiny
wide

agreeable
amused
brave
charming
cheerful
courageous
delightful
determined
eager
energetic
enthusiastic
friendly
gentle
happy
helpful
jolly
lively
perfect
pleasant
proud
relieved
successful
thoughtful

FEELINGS

THE PRESENT PERFECT TENSE

HOW AND WHEN TO USE THE PRESENT PERFECT TENSE

STRUCTURE

Positive



Subject + have/has + Past participle Contraction

I	have	worked	I've worked
You	have	worked	You've worked
He/she/it	has	worked	He's/she's/it's worked
We	have	worked	We've worked
You	have	worked	You've worked
They	have	worked	They've worked

Negative



Subject + have/has + not + Past participle Contraction

I	have	not worked	I've not/I haven't
You	have	not worked	You've not/you haven't
He	has	not worked	He's not/he hasn't
She	has	not worked	She's not/she hasn't
It	has	not worked	It's not/it hasn't
We	have	not worked	We've not/we haven't
You	have	not worked	You've not/you haven't
They	have	not worked	They've not/they haven't

USES



QUESTIONS

Have I/you/we/you/they worked?

Has he/she/it worked?



EVER

Have you ever been to France?
No never.



YET

Have you finished reading the book yet?
Yes, I have.



HOW MANY

How many years have you worked for the company?
I have worked for the company for 10 years.



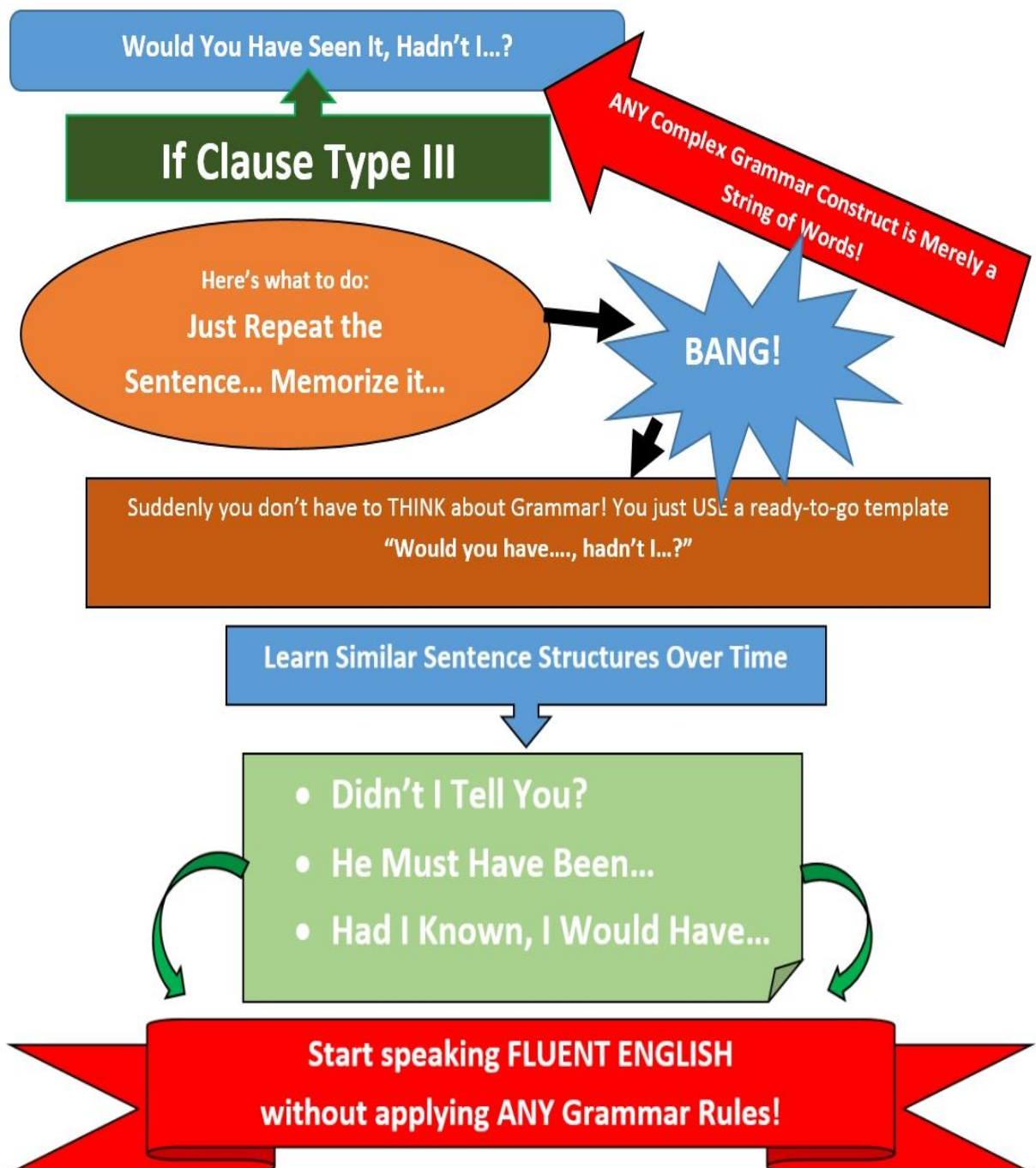
HOW LONG

How long have you been waiting for me?
I have been waiting for you since 10.30 am.

<http://talk2meenglish.blogspot.com>

Present Perfect - Negative Sentences

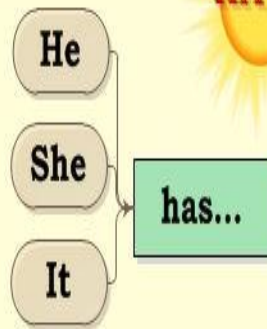
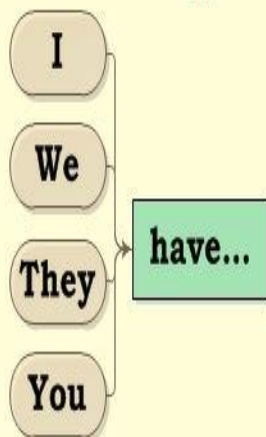
I	Have not = haven't	been abroad yet.
You	Have not = haven't	answered my question.
He	Has not = hasn't	been home for five years.
She	Has not = hasn't	found a new job.
It	Has not = hasn't	finished yet.
We	Have not = haven't	worked on a farm.
They	Have not = haven't	seen each other for ages.



Pronoun Chart

	Subject Pronouns	Object Pronouns	Possessive Adjectives	Possessive Pronouns	Reflexive Pronouns
1 st person	I	me	my	mine	myself
2 nd person	you	you	your	yours	yourself
3 rd person (male)	he	him	his	his	himself
3 rd person (female)	she	her	her	hers	herself
3 rd person	it	it	its	(not used)	itself
1 st person (plural)	we	us	our	ours	ourselves
2 nd person (plural)	you	you	your	yours	yourselves
3 rd person (plural)	they	them	their	theirs	themselves

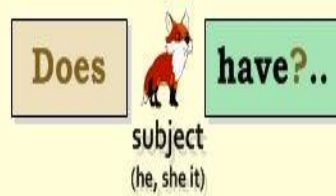
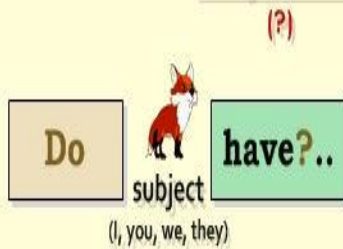
Present Simple
Affirmative Sentences
(+)



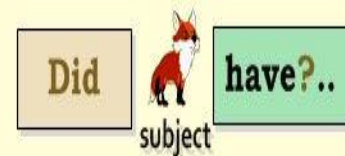
Past Simple
Affirmative Sentences
(+)



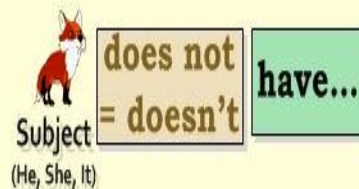
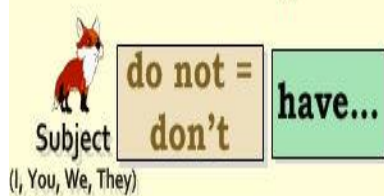
Present
Interrogative Sentences
(?)



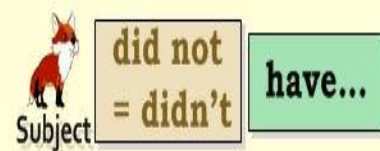
Past
Interrogative Sentences
(?)



Present
Negative Sentences
(-)



Past
Negative Sentences
(-)



Types of Nouns



COMMON

Used to name people, places or things in **GENERAL**. It refers to the class or type of person or thing (without being specific).

Examples: girl, city, animal, house, food

vs

PROPER

Used to name a **SPECIFIC** (or individual) person, place or thing. Proper nouns begin with a capital letter.

Examples: John, London, Pluto, France

COUNTABLE

Have a singular and a plural form and can be used with a number or a/an before it.

They are sometimes called Count Nouns

Examples: car, desk, cup, house, bike

vs

UNCOUNTABLE

Cannot be counted. They often refer to substances, liquids, and abstract ideas.

They are sometimes called Mass Nouns.

Examples: wood, milk, air, happiness

CONCRETE

Refer to people or things that exist physically and that at least one of the senses can detect.

Examples: dog, tree, apple, moon, sock

vs

ABSTRACT

Have no physical existence. They refer to ideas, emotions and concepts you cannot see, touch, hear, smell or taste.

Examples: love, time, fear, freedom

COMPOUND

Two or more words that create a noun. They can be written as one word, joined by a hyphen or written as separate words.

Examples: rainfall, son-in-law, credit card

© Woodward English

COLLECTIVE

Refer to a set or group of people, animals or things. They are often followed by **OF + PLURAL NOUN** (e.g. bunch of flowers)

Examples: team, pile, stack, flock, bunch

The numbers in English

0	ZERO	11	ELEVEN	20	TWENTY	21	TWENTY-ONE
1	ONE	12	TWELVE	30	THIRTY	32	THIRTY-TWO
2	TWO	13	THIRTEEN	40	<u>FORTY</u>	43	FORTY-THREE
3	THREE	14	FOURTEEN	50	FIFTY	54	FIFTY-FOUR
4	FOUR	15	FIFTEEN	60	SIXTY	65	SIXTY-FIVE
5	FIVE	16	SIXTEEN	70	SEVENTY	76	SEVENTY-SIX
6	SIX	17	SEVENTEEN	80	EIGHTY	87	EIGHTY-SEVEN
7	SEVEN	18	EIGHTEEN	90	NINETY	98	NINETY-EIGHT
8	EIGHT	19	NINETEEN			99	NINETY-NINE
9	NINE	20	TWENTY				
10	TEN						

100	ONE HUNDRED
1000	ONE THOUSAND
1000000	ONE MILLION

One hundred and twenty-four
A hundred and eighty-two

Have got

I have got	I've got	Have I got...?	I haven't got
You have got	You've got	Have you got...?	You haven't got
He has got She has got It has got	He's got She's got It's got	Has he got...? Has she got...? Has it got...?	He hasn't got She hasn't got It hasn't got
We have got You have got They have got	We've got You've got They've got	Have we got...? Have you got...? Have they got...?	We haven't got You haven't got They haven't got

Present Simple Tense

MULTIPLE CHOICE

<p>1) She _____ everything on a yard sale. a - sells b - selles c - sell</p> 	<p>2) Paul _____ of Daisy on Maths lesson. a - thinks b - thinkes c - think</p> 	<p>3) Tim _____ the table. a - sets b - settes c - set</p> 	<p>4) The baby _____ to reach its toes. a - try b - trys c - tries</p> 	<p>5) Mum _____ a fairy tale to her son. a - tell b - tells c - telles</p> 
<p>6) Tim and Kim never _____ a contest. a - wins b - win c - wines</p> 	<p>7) Bobby _____ a bath. a - haves b - has c - have</p> 	<p>8) The boys always _____. a - fights b - fight c - fightes</p> 	<p>9) Lindsay _____ a song on a school contest. a - singes b - sing c - sings</p> 	<p>10) Martha _____ fast. a - runs b - runes c - run</p> 
<p>11) Lindsey _____ herself in the mirror. a - looks b - look c - lookes</p> 	<p>12) Mindy _____ the flowers twice a week. a - water b - wateres c - waters</p> 	<p>13) Nina _____ happy. a - am b - is c - are</p> 	<p>14) The boy _____ in the bed. a - sleeps b - sleep c - sleepes</p> 	<p>15) The boy _____ with his car. a - plays b - playes c - play</p> 
<p>16) The telephone _____ twice the day. a - ringes b - ring c - rings</p> 	<p>17) Mindy _____ her books in the bag. a - puts b - putes c - put</p> 	<p>18) Greg often _____ a cold. a - catch b - catches c - catchs</p> 	<p>19) Martin _____ the homework. a - do b - dos c - does</p> 	<p>20) Mrs Maine _____ Paul. a - teach b - teaches c - teachs</p> 
<p>21) They _____ well. a - dances b - dance c - can dances</p> 	<p>22) Trina _____ tea for her doll and herself. a - make b - makes c - modes</p> 	<p>23) Tim _____ Martha. a - kiss b - kisses c - kises</p> 	<p>24) The students _____ learn at school. a - learn b - leames c - learns</p> 	<p>25) The alarm clock _____ Lyle up. a - wake b - wakes c - wokes</p> 
<p>26) John _____ people's hair. a - cuts b - cutes c - cut</p> 	<p>27) I _____ with my credit card in the shop. a - pay b - payes c - pays</p> 	<p>28) Bob _____ in the river. a - swim b - swims c - swimes</p> 	<p>29) Bruno _____ wonderful photos. a - tokes b - takes c - take</p> 	<p>30) Grandpa and granny _____ TV. a - watches b - watch c - watchs</p> 
<p>31) We _____ paintings in the museum. a - see b - sees c - sea</p> 	<p>32) This _____ a postcard for Santa Claus. a - am b - are c - is</p> 	<p>33) They _____ their grandpa. a - love b - loves c - likes</p> 	<p>34) Lisa _____ a letter to her penfriend. a - writes b - write c - writs</p> 	<p>35) Mr Kincaid _____ reading interesting books. a - liks b - like c - likes</p> 

36) She _____ up.
a - wash
b - washes
c - washs



37) Mark always _____.
a - cry
b - crys
c - cries

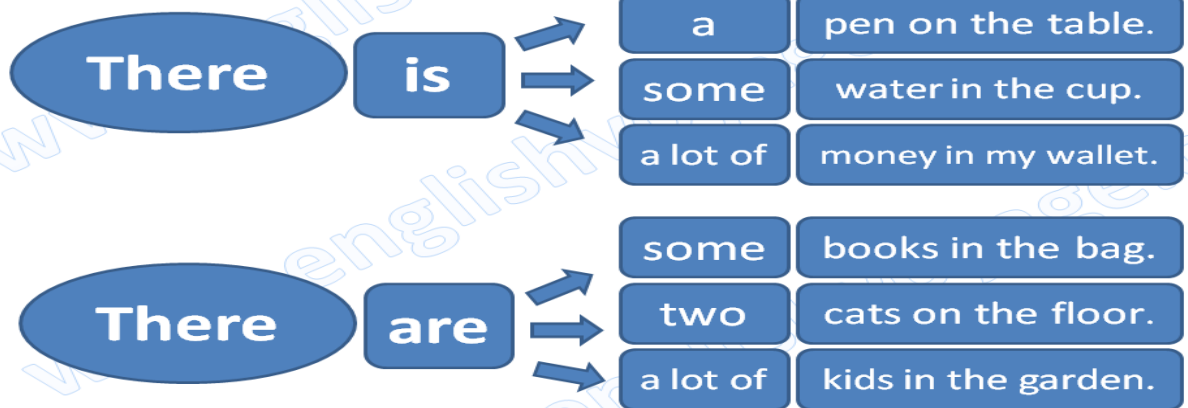


<http://www.phillipmartin.com/>

There is/there are (Present)



Affirmative form



'The' is used:

2. The **speaker and listener know** what is being talked about, even if it wasn't mentioned before.



Meaning: To say that something exists (or doesn't exist)

AFFIRMATIVE

There **is** + **singular noun**

There **is** a **book** on the desk.

There **are** + **plural noun**

There **are** **books** on the desk.

There **is** + **uncountable noun**

There **is** some **milk** in the fridge.

NEGATIVE

There **isn't** + **singular noun**

There **isn't** a **pen** on the table.

There **aren't** + **plural noun**

There **aren't** any **pens** here.

There **isn't** + **uncountable noun**

There **isn't** any **juice** in the fridge.

QUESTIONS

There **is** a cat on the chair.

There **are** cats on the sofa.

Is there a cat on the chair?

Are there cats on the sofa?

How many + **plural noun** + **are there** ... ?

How many **students** **are there** in your class?

How many **days** **are there** in February?

CONTRACTIONS

There's = There is

There's not = There is not

There isn't = There is not

There aren't = There are not

www.grammar.cl

www.woodwardenglish.com

www.vocabulary.cl

Form

Present Simple

© Liv Hambrett

S + verb + object ...

I/we/they/you + like + tea.
He/she/it + likes + tea.

S + don't/doesn't + verb + object ...

I + don't + like + tea.
She + doesn't + like + tea.

Do/Does + S + verb + object?

Do + you/we/they/I + like + tea?
Does + he/she/it + like + tea?

Use it
for ...

- * Facts.
- * Habitual actions.
- * Things that don't/won't change.
- * Describing yourself.

Signal
words

Adverbs of frequency, like:

- * Often
- * Usually
- * Sometimes
- * Never

BUT REMEMBER



*** The verb 'to be' is different ***

I + am (Australian.)

He/she/it + is (clever.)

you/we/they + are (nice.)

HELPFUL HINTS

PAST SIMPLE TENSE

We use the Past Simple to talk about a PAST and FINISHED action at a certain moment or a period in the past:

A week/ a month / a year ago

Last year / month / week

Yesterday....

In ... (past date)

RULES

In the AFFIRMATIVE FORM regular verbs add – ed or –d (if the verb ends in “e”):

Talk ----- talked

Like ----- liked

Irregular verbs need to be learned, they are in the list you can find in your grammar book:

Write ----- wrote

Go ----- went

RULES

In the NEGATIVE AND INTERROGATIVE FORMS we use the auxiliary verb “to do” at the past tense (DID), and the main verb goes in the base form (without “to”):

You didn't write a letter

Did you write a letter?

SHORT ANSWERS

Did she go to the cinema yesterday? Yes, she **did**
No, she **didn't**

III. PRACTICAL LESSON MATERIALS

PRACTICAL LESSON 1 OVERVIEW OF DRUGS(2 hours)

Text: Uzbekistan (Speaking)

1.1 OVERVIEW OF DRUGS

People in every civilization in recorded history have used drugs of plant and animal origin to prevent and treat disease. The quest for substances to combat sickness and to alter mood and consciousness is nearly as basic as the search for food and shelter. Many drugs obtained from plants and animals are still highly valued, but most drugs used in modern medicine are the products of advances in synthetic organic chemistry and biotechnology made since the end of the World War II.

What is a drug?

There are various definitions of what a drug is. For the purposes of this



resource, we consider a 'drug' to be any chemical substance, natural or synthetic, that changes a person's mental state and that may be used repeatedly by a person for that effect. The term 'drug' includes legal and illegal substances such as alcohol, caffeine, tobacco, petrol, kava, heroin, anabolic steroids, cannabis (marijuana), psychoactive pharmaceuticals and

inhalants (Commonwealth Department of Human Services and Health 1994:7). Some drugs have become accepted as a normal part of how we live. Most drugs are under some form of legal control.

Psychoactive drugs

The term 'psychoactive drug' is used to describe any chemical substance that affects mood, perception or consciousness as a result of changes in the functioning of the nervous system (brain and spinal cord).

Psychoactive drugs are divided into 3 groups:

Depressants: they slow down the central nervous system; for example: tranquillisers, alcohol, petrol, heroin and other opiates, cannabis (in low doses)

Stimulants: they excite the nervous system; for example: nicotine, amphetamines, cocaine and caffeine.

Hallucinogens: they distort how things are perceived; for example: mescaline, 'magic mushrooms', cannabis (in high doses)

Effects of using drugs

A drug can have psychological, emotional and physical effects and can change the behavior of the person taking the drug. These behavioral changes are not the same for everyone. The effect of any drug will depend on the drug: what effect it has on the central nervous system; the amount taken; how it is taken; how often; for how long; if it is taken with other drugs the person: age, weight, sex, tolerance, past experiences, mood, personality, the expectations and what the person wants to happen from using the drug the environment: what the community or society expects, allows and excuses as a result of using the drug; the place; the presence of other people; noise levels, and so forth

Why people use drugs

There are many reasons why people use drugs. Can you think of some reasons and list them? Compare them with the following most common reasons people give for using drugs:

for pleasure - they like the feeling the drug gives

because friends and family use them

because they like the 'taste'

to relieve tension and relax

to be part of a religious ceremony

because they are lonely

to relieve boredom

for pain relief

to help cope with problems and forget worries

because they have grown dependent on the drug

because they feel ill if they stop

to do things that they usually could not or would not do - it gives them courage.

1.2 NOTES:

Overview-noun: [countable usually singular] a short description of a subject or situation that gives the main ideas without all the details

combat - *verb*: combated , combating [transitive] formal to try to stop something bad from happening or getting worse

sickness -*noun*: [uncountable] the state of being sick, absence from work due to sickness

alter-verb: [intransitive, transitive] to change, or to make someone or something change: SYNchange

consciousness – *noun*: [uncountable] MEDICINE the condition of being awake and able to understand what is happening around you

illegal –*adjective*: not allowed by the law ;

psychoactive drugs – *adjective*: technical psychoactive drugs, chemicals etc. have an effect on the mind

perception -[uncountable] a natural ability to understand or notice things that are not easy to notice

spinal cord – *noun*: [countable] the thick string of nerves enclosed in your SPINE by which messages are sent to and from your brain

depressants-noun: [countable] MEDICINE a substance or drug that acts on your brain and makes your body's processes slower, and makes you feel very relaxed or sleepy

stimulants-noun: [countable] a drug or substance that makes you feel more active and full of energy

hallucinogens-noun: [countable] something that causes hallucinations

hallucination-noun: [countable, uncountable] something you see, feel, or hear that is not really there, or the experience of this, usually caused by a drug or mental illness

behavior- *noun*: [uncountable] 1 the things that a person or animal does

forth - *adverb*: literary beginning on that day or at that time

expectation - *noun*: [countable usually plural, uncountable] what you think or hope will happen

boredom-noun: [uncountable] the feeling you have when you are bored

tension – [uncountable] nervous feeling:a nervous, worried, or excited feeling that makes it impossible for you to relax

1.3 ACTIVITY “BINGO”

Materials: Worksheet

Dynamic: Whole class

Time: 15 minutes

Procedure:

Print out different bingo cards for each person plus a call sheet. Cut out the call sheet and put the squares into a hat or bowl. Hand out one bingo card to each student (each card should be different). The caller should pull out one image, describe it and show it to groupmates. The student will then place pennies, pebbles, fun foam pieces or something similar on the called image if it is on their card. You can also make your own markers. Once a predetermined pattern is made on a card, the student with that card calls out bingo.



earache



toothache



tummy ache



headache



cut



sore throat



cough



a cold



drink water



eat well



sleep well



do exercise



play



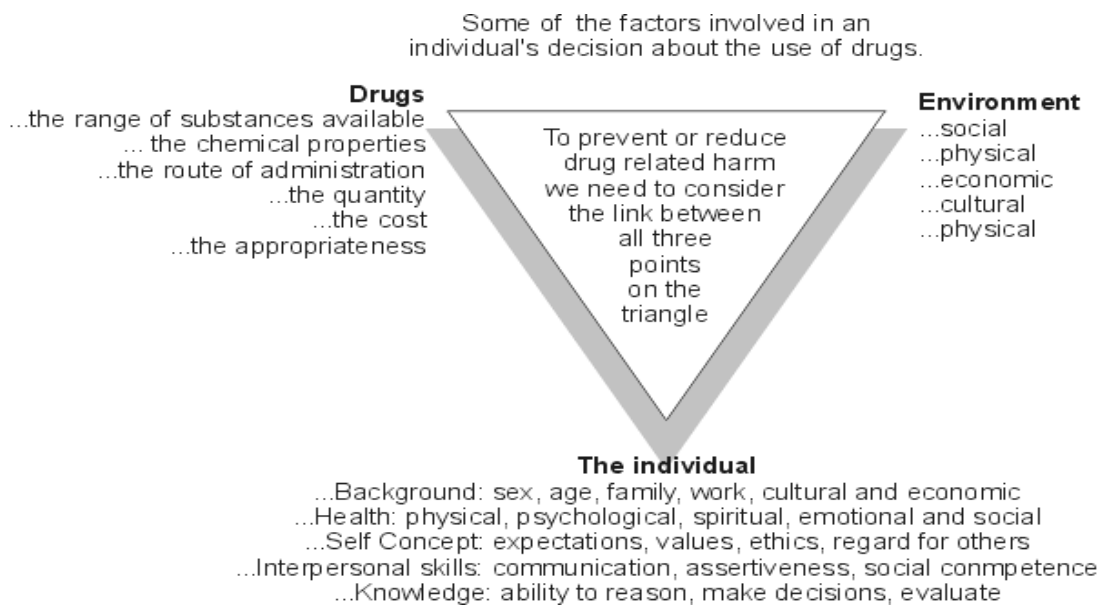
wash

PRACTICAL LESSON 2
DRUGS AND AWARENESS (2 hours)
Text: Tashkent (Speaking, revision)
2.1 DRUGS AND AWARENESS

Drugs are fascinating because they change our awareness. The basic reason people take drugs is to vary their conscious experience. Of course there are many ways to alter consciousness, such as listening to music, dancing, exercising, day dreaming and participating in religious rituals. The list is probably endless, and suggests that changing consciousness is something people like to do.

In remote Aboriginal communities and in town camps, life can be really tough, especially for young people. There is often little to do. People can feel caught between what their parents and elders say is important and the pressures and promises that western culture seems to offer. Community stress, boredom, frustration and peer pressure can draw people into drug using lifestyles.

The following diagram shows the three major influences on an individual's decisions about drug use. Addressing drug-related harm needs to consider the links between these different factors.



PRESCRIPTION AND NONPRESCRIPTION DRUGS

By law, drugs are divided into two categories: prescription drugs and nonprescription drugs. Prescription drugs—those considered safe for use only under medical supervision — may be dispensed only with a written prescription from a licensed professional (for example, a physician, dentist, or veterinarian). Nonprescription drugs — those considered safe for use without medical supervision — are sold over the counter without a prescription.

After many years of use under prescription regulation, drugs with excellent safety records may be approved by the Food and Drug Administration (FDA) for over-the-counter sale. The pain-relieving drug ibuprofen is one former prescription drug now available over the counter. Often, the amount of active ingredient in each (tablet, capsule, or caplet of a drug approved for over-the-counter sale is substantially lower than the amount in a dose of the drug available by prescription.

While the patent is in effect, the drug is a proprietary drug. A generic (nonproprietary) drug is not protected by patent. After the patent expires, the drug can be legally marketed under the generic name by any FDA-approved manufacturer or vendor, but the original holder of the copyright still controls the rights to the drug's trade name. Generic versions are usually sold at lower prices than the original drug.

Drug Names

Some understanding of how drugs are named can help in deciphering drug product labels. Every proprietary drug has at least three names— a chemical name, a generic (nonproprietary) name, and a trade (proprietary or brand) name.

The chemical name describes the atomic or molecular structure of the drug. Although the chemical name describes and identifies the product precisely, it's usually too complex and cumbersome for general use, except in the case of some simple, inorganic drugs such as sodium bicarbonate.

The generic name is assigned by an official body. The trade name is chosen by the pharmaceutical company that manufactures it. The company tries to choose a unique name that's short and easy to remember so doctors will prescribe it and consumers will look for it by name. For this reason, trade names sometimes link

the drug to its intended use, for example, Diabinese for diabetes and Flexeril for muscle cramps.

The FDA requires that generic versions of drugs have the same active ingredients as the original and that they be absorbed into the body at the same rate. The manufacturer of a generic version may or may not decide to give the drug its own trade name, depending on whether it thinks its "branded" version will sell better.

2.2 NOTES:

awareness - *noun*: [uncountable] knowledge or understanding of a particular subject or situation.

fascinating - *adjective*: extremely interesting.

ritual- *noun*: [countable, uncountable] something that you do regularly and in the same way each time.

frustration - *noun*: [countable, uncountable] the feeling of being annoyed, upset, or impatient, because you cannot control or change a situation, or achieve something

peer -to look very carefully or hard, especially because you cannot see something well.

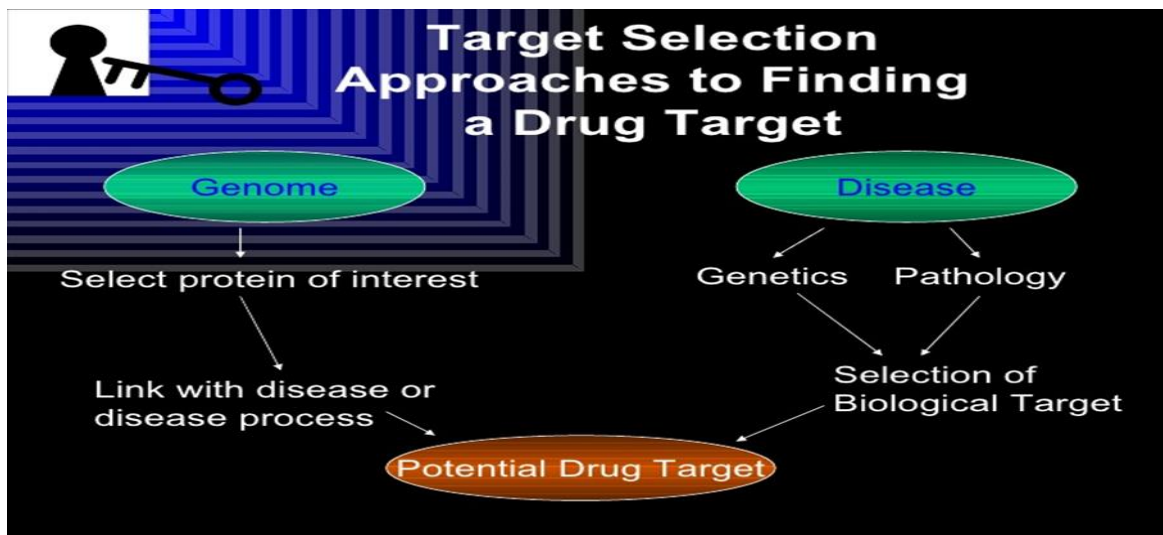
nonprescription-*adjective*: a nonprescription drug is one that you can buy in a store without a PRESCRIPTION (= written order) from a doctor SYN: over-the-counter.

Food and drug administration (FDA) decipher - *verb*: [transitive] to find the meaning of something that is difficult to read or understand.

proprietary - *adjective*: [no comparative, usually before noun::] a proprietary product is one that is only sold under a particular name by a particular company
a generic (nonproprietary) name, and a trade (proprietary or brand) name.

cramp-*noun*: [countable] a severe pain that you get in part of your body when a muscle becomes too tight, making it difficult for you to move that part of your body

cramps [plural] severe pains in the stomach, especially the ones that women get during MENSTRUATION



2.3 Match the term on the left with the definition on the right.¹

1. dosage form	A Medicine bought in a pharmacy and requiring a written note from the doctor.
2. feasibility study	B Future drugs, not yet on the market
3. over-the-counter drug	C The final form of the medicine e.g. tablet, powder, gel, spray, etc.
4. products in the pipeline	D An investigation to determine the advantages, practicality and profitability of a proposed project.
5. prescription drug	E A product which can be sold without the patient seeing a doctor.

¹ English for the Pharmaceutical Industry. Michaela Bauchelet, Kathy Jaehnig, Gloria Matzig, Tanya Weindler Oxford. 2014y

2.4 ACTIVITY FOR DEVELOPING SPEAKING SKILLS:

"TWENTY QUESTIONS"

Materials: Small pictures

Dynamic: Whole class

Time: 10 minutes

Procedure: 1. Tape a small picture on the back of each student, staying within the same category, such as famous people or occupations.

2. The students circulate and ask each other yes/no questions to discover "who" or "what" they are. The responding students look at the picture on the back of the questioner before answering. Circulate around the class to help out if the students are not sure of an answer. Instruct the students that they can answer I don't know if they are unsure and you are not available to ask. In the example below, the first two questions can be answered with yes or no just by looking at the picture. The third question requires that the student know the identity of the person in the picture.

Examples: Am I a woman?

Do I have blond hair?

Am I a singer?

3. For a competition, the first student to discover his/her identity wins. If it is not a competition, set a time limit and try to have as many students discover their identities as possible. When students discover their identity, have them continue to participate by answering questions from those students who are still trying to guess their identity

2.5 POSITIVE SENTENCES IN PRESENT PERFECT SIMPLE

Write positive sentences in present perfect simple

The following people have just completed an action.

1. Bob / visit / his grandma
2. Jimmy / play / on the computer
3. Sue and Walter / wash / their car
4. Andrew / repair / his bike
5. Phil / help / Anne with maths
6. Brad and Louise / watch / a film
7. Tamara / talk to / her best friend
8. Bridgette / draw / a picture
9. Carol / read / a computer magazine
10. Tom and Alice / be / to a restaurant

2.6 ACTIVITY - WANT / NEED

Materials: Worksheet 7

Dynamic: Groups

Time: 20 minutes

Procedure: 1. Cut up Worksheet 7 into separate situations. Divide the class into groups of approximately four, and give each group a different situation card.

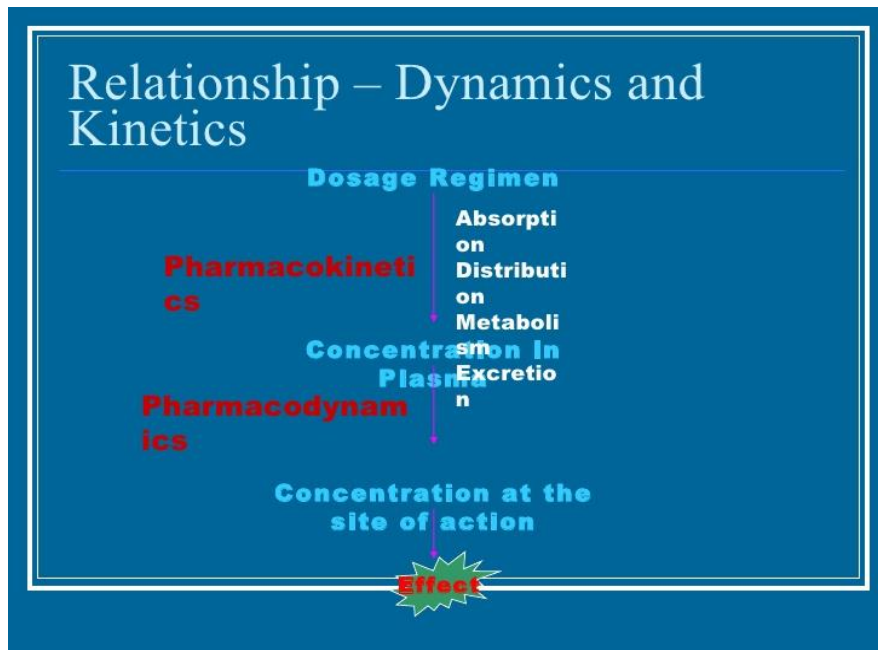
2. Instruct the groups to make a list of things they need and want for the situation on their card. You may want to limit them to five items each.

3. Each group reads its situation and tells what it needs and wants, and why.

NOTE: You may fill in the blanks on the worksheet before distributing to the class, or the class can name a popular singer and actor

PRACTICAL LESSON 3 DRUG DYNAMICS AND KINETICS

3.1 DRUG DYNAMICS AND KINETICS



Two primary medical considerations influence drug selection and use: pharmacodynamics (what the drug does to the body) and pharmacokinetics (what the body does to the drug). In addition to what the drug does (for example, relieve pain, lower blood

pressure, reduce plasma cholesterol level), pharmacodynamics describes where (the site) and how (the mechanism) a drug acts on the body. Although what a drug does is readily apparent, the precise site and mechanism of action may not be understood until years after the drug has proved its worth many times over. For example, opium and morphine have been used for centuries to relieve pain and distress, but the brain structures and brain chemistry involved in the pain relief and euphoria they produce were discovered only recently.

For a drug to work, it has to get to the place in the body where the problem lies, and that's why the science of pharmacokinetics is important. Enough of the drug has to stay at the site of action until the drug does its job, but not so much that it produces severe side effects or toxic reactions. Every doctor knows that selecting the right dose is a tricky balancing act.

Many drugs get to their site of action through the bloodstream. How much time these drugs need to work and how long their effects last often depend on how fast they get into the bloodstream, how much of them gets into the bloodstream, how

fast they leave the bloodstream, how efficiently they're broken down (metabolized) by the liver, and how quickly they're eliminated by the kidneys and intestines.

Drug Action

Much of the mystery surrounding drug action can be cleared up by recognizing that drugs affect only the rate at which biologic functions proceed; they do not change the basic nature of existing processes or create new functions. For example, drugs can speed up or slow down the biochemical reactions that cause muscles to contract, kidney cells to regulate the volume of water and salts retained or eliminated by the body, glands to secrete substances (such as mucus, gastric acid, or insulin), and nerves to transmit messages. How well the drug works generally depends on how well the targeted processes respond.

Drugs can alter the rate of existing biologic processes. For example, some antiepileptic drugs reduce seizures by sending the brain an order to slow down production of certain-brain chemicals. However, drugs can't restore systems already damaged beyond repair. This fundamental limitation of drug action underlies much of the current frustration in trying to treat tissue - destroying or degenerative diseases such as heart failure, arthritis, muscular dystrophy, multiple sclerosis.

Response to Drugs

Everyone responds to drugs differently. A large person generally needs more of a drug than a smaller person needs for the same effect. Newborn babies and elderly people metabolize drugs more slowly than children and young adults do. People with kidney or liver disease have a harder time getting rid of drugs once they've entered the body.

A standard or average dose is determined for every new drug on the basis of laboratory testing in animals and trials in humans. But the concept of an average dose is like "one size fits all" in clothing: It fits a range of individuals well enough, but it fits almost no one perfectly.

Adverse Reactions

Unwanted drug effects are called side effects or adverse reactions. If drugs had cruise control, they could automatically maintain a desired level of action. For example, they could maintain a normal blood pressure in someone with high blood pressure or a normal blood sugar level in someone with diabetes. However, most

drugs can't maintain a specific level of action. Rather, a drug may produce too strong an effect, causing low blood pressure in a person being treated for high blood pressure or a low blood sugar level in a person with diabetes. Nevertheless, with good communication between a patient and doctor, unwanted effects can often be reduced or avoided. The patient tells the doctor how the drug is affecting him, and the doctor adjusts the dosage.

A drug may affect several functions, even though it's targeted at only one. For example, antihistamines can help relieve allergy symptoms such as a stuffy nose, watery eyes, and sneezing. But because most antihistamines affect the nervous system, they can also cause sleepiness, confusion, blurred vision, dry mouth, constipation, and problems with urination. Whether a particular drug action is called a side effect or a desired effect depends on why the drug is being taken. For instance, antihistamines are the usual active ingredient in over-the-counter sleep aids. When they're taken for this purpose, their ability to produce sleepiness is a beneficial effect rather than an annoying side effect.

3.2 NOTES:

involve -*verb*: [transitive] to include something as a necessary part or result.

euphoria -*noun*: [uncountable] a feeling of extreme happiness and excitement.

bloodstream -*noun*: [singular] BIOLOGY blood as it flows around your body.

mystery -*noun*: plural mysteries [countable] something that is not understood or cannot be explained, or about which little is known.

surrounding - *adjective*: [only before noun::] near or around a particular place :

eliminated -*verb*: [transitive] 1 to completely get rid of something that is unnecessary or unwanted

antiepileptic

frustration -*noun*: [countable, uncountable] the feeling of being annoyed, upset, or impatient, because you cannot control or change a situation, or achieve something

response - [countable] a single reaction to a STIMULUS (= something that causes a reaction in living things) , for example the way your body reacts to a particular infection

be rid of somebody/something to be no longer affected by someone or something unpleasant, annoying, or unwanted

adverse -*adjective*: [only before noun] not good or favorable

reaction -[singular] a bad effect, such as illness, caused by food that you have eaten or a drug that you have taken.

unwanted – *adjective*: not wanted or needed.

cruise - *verb*: informal to do something well or successfully, without too much effort.

3.3 ACTIVITY FOR DEVELOPING VISUAL AND LISTENING SKILLS

“VIDEO RECALL”

Materials: Short video segment or commercial

Dynamic: Groups

Time: 15 minutes

Procedure: 1. Show the class a short video (2–3 minutes). This could be a short gment from a TV show or video, or a commercial.

2. Tell students to watch carefully and to concentrate on the activity, not on what is being said. They should not take notes.

3. Put students in groups and have them write as many sentences as they can to describe what they just saw. You can set a time limit.

The group that has the most correct sentences wins

3.4 PICTURES FOR DEVELOPING SPEAKING SKILLS

Present Perfect
(common experiences)



1
Have you ever been annoyed by flies?
When/Where/ Why?



2
Have you ever been hit on the head by something?
When/Where/ Why?/ How did you feel?



3
Have you ever dropped your phone?
When/Where/ Why?/What happened to it?



4
Have you ever had an electric shock?
When/Where/ Why?



5
Have you ever read news that made you angry?
What news made you angry?
When/ Why?



6
Have you ever had something stolen?
What was stolen?/When/ Where?



7
Have you ever seen someone using their phone while crossing the street?
When/Where/ What did you think?



8
Have you ever worn the wrong clothes?
When/Where/ Why?



9
Have you ever come home late?
When/ Why?/What happened?



10
Have you ever been caught in a storm?
When/Where/ Why?

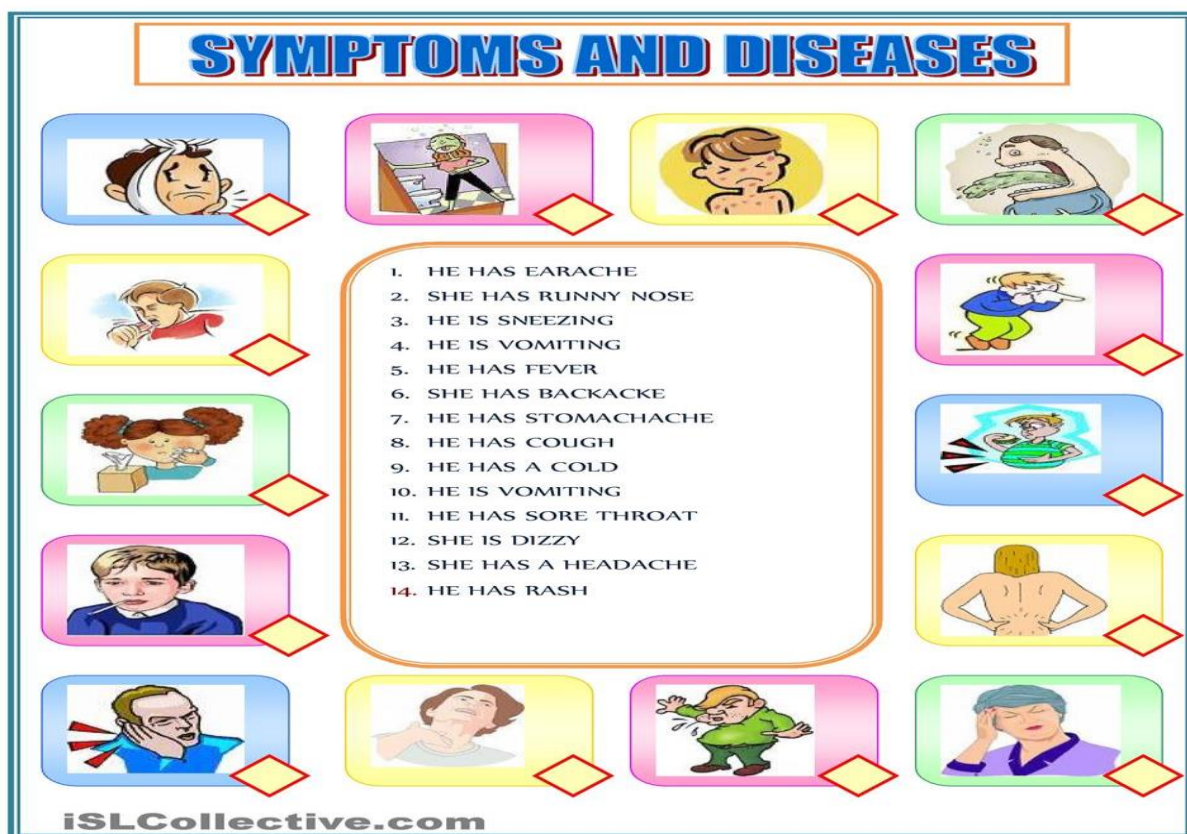


11
Have you ever been bitten by a dog?
When/Where/ Why? Were you hurt?



12
Have you ever had a car problem?
What kind problem? When/ Where/ Why?

3.5 WORKSHEET FOR DEVELOPING SPEKING SKILLS



3.6 ACTIVITY- HOW OFTEN? (Frequency adverbs)

Materials: Worksheet 6

Dynamic: Pairs

Time: 20 minutes

Procedure: 1. Divide the class into pairs. Give each student a copy of the worksheet, and have students interview each other, writing the answers on their worksheet. Have the pairs work together to do Part 2.

2. Share answers from Part 1 with the entire class. Check the answers for Part 2 and discuss any incorrect ones with the group

PRACTICAL LESSON 4

Drug dynamics and kinetics (Effectiveness and Safety)

Text: London (Speaking) (2 hours)

4.1 Effectiveness and Safety



The two goals of drug development are effectiveness (efficacy) and safety. Since all drugs can harm as well as help, safety is relative. The wider the margin of safety (therapeutic window)—the spread between the usual effective dose and a dose that produces severe or life-threatening side effects—the more useful the drug. If a drug's usual effective dose is also toxic, doctors aren't

willing to use the drug except in serious situations in which there's no safer alternative.

The best drugs are both effective and, for the most part, safe. Penicillin is such a drug. Except in people who are allergic to it, penicillin is virtually nontoxic, even in large doses. On the other hand, barbiturates, which were commonly used as sleep aids, can interfere with breathing, disturb the heart rhythm, and even cause death if taken in excess. Newer sleep aids such as triazolam and temazepam have better safety margins.

Some drugs must be used despite their having a very narrow margin of safety. For example, warfarin, which is taken to prevent blood clotting, can cause bleeding. People who take warfarin need frequent checkups to see whether the drug is having too much or too little effect on blood clotting.

Clozapine is another example. This drug often helps people with schizophrenia when all other drugs have failed. But clozapine has a serious side effect: it can decrease the production of white blood cells needed to protect against infection. Because of this risk, people who take clozapine must have their blood tested frequently for as long as they take the drug.

When people know what to expect from a drug, both good and bad, they and their doctors can better judge how well the drug is working and whether potentially serious problems are developing. Anyone taking a drug shouldn't hesitate to ask a

doctor, nurse, or pharmacist to explain the goals of treatment, the types of adverse drug reaction and other problems that may arise, and the extent to which they can participate in the treatment plan to help ensure the best outcome. People should also keep their health care practitioners well informed about medical history, current medications, and any other relevant information.

Drug Interactions

When two or more drugs are taken in the same general time period, they may interact in ways that are good or bad. Together they may be more effective in treating a problem, or they may increase the number or severity of adverse reactions. Drug interactions may occur between prescription and nonprescription (over-the-counter) drugs. If someone is receiving care from more than one doctor, each doctor needs to know all of the drugs being taken. Preferably, people should obtain all their prescription drugs from the same pharmacy, one that maintains a complete drug profile for each patient. The pharmacist can then check for the possibility of interactions. People should also consult their pharmacist when selecting over-the-counter drugs (for example, laxatives, antacids, and cough or cold remedies), particularly when they're also taking prescription drugs.

Although many people don't consider alcohol a drug, it affects body processes and is often responsible for drug interactions. Doctors or pharmacists can provide answers to questions about possible alcohol and drug interactions.

Drug interactions aren't always bad. For example, some drugs used for treating high blood pressure are prescribed in combination to reduce the side effects that could develop if a single drug were prescribed at a higher dose.

To assist health care practitioners in developing a safe and effective treatment plan, people must be sure that their doctor, nurse, or pharmacist has the following information:

- What medical problems they have
- What drugs (both prescription and nonprescription) they have taken in the previous few weeks
- Whether they are allergic to or have had an unusual reaction to any drug, food, or other substance
- Whether they have special diets or food restrictions

- Whether they are pregnant or plan to become pregnant or are breastfeeding
- Drug Abuse**

Through the ages, drugs have been enormously beneficial in relieving suffering and in preventing and treating diseases. However, to some people, the word *drug* means a substance that alters the brain's function in ways considered pleasurable. There has always been a dark side to the discovery and use of drugs, especially those that alleviate anxiety or alter mood and behavior in ways that satisfy people's emotional needs. Drug abuse—the excessive and persistent use of mindaltering substances without medical need—has accompanied the appropriate medical use of drugs throughout recorded history. Commonly abused drugs include alcohol, marijuana, cocaine, barbiturates, benzodiazepines, methaqualone, heroin and other narcotics, amphetamines, LSD (lysergic acid diethylamide), and PCP (phencyclidine).

4.2NOTES

maintain -*verb*: [transitive] to take care of something so that it stays in good condition.

target - *verb*: [transitive] to make something have an effect on a limited group or area.

stuffy - *adjective*: a stuffy room or building does not have enough fresh air in it
 over-the-counter -*adjective*: [only before noun::] over-the-counter drugs can be obtained without a PRESCRIPTION (= a written order from a doctor)

annoying - *adjective*: making you feel slightly angry :

safety -[uncountable] the state of not being dangerous or likely to cause harm or injury

life-threatening -*adjective*: a life-threatening situation or injury could cause a person to die

alternative-*adjective*: [only before noun::] an alternative idea, plan etc. is one that can be used instead of another one SYNalternate :

interfere-*verb*: [intransitive] to prevent something from succeeding or from happening in the way that is normal or planned :

clot -*verb*: [intransitive, transitive]if a liquid such as blood or milk clots or something clots it, it becomes thicker and more solid

schizophrenia - *noun*: [uncountable] MEDICINE a serious mental illness in which someone's thoughts and feelings are not based on what is really happening around them

hesitate - *verb*: [intransitive] to pause before saying or doing something because you are nervous or not sure :

outcome-*noun*: [countable] the final result of a meeting, process, series of events etc., especially when no one knows what it will be until it actually happens :

interactions -*noun*: [countable, uncountable] a process by which two or more things have an effect on each other, or an occasion when this happens :

profile-*noun*: [countable] a short description that gives important details about a person, a group of people, or a place :

antacid-*noun*: [countable] a substance that gets rid of the burning feeling in your stomach when you have eaten too much, drunk too much alcohol etc.

abuse-*noun*: [countable, uncountable] the use of something in a way that it should not be used

enormously - *adverb*: [only before adj.] extremely or very :

alleviate-*verb*: [transitive] to make something less bad, painful, severe, or difficult

anxiety - *noun*: [countable] something that makes you worry :

mind - *noun*: [countable, uncountable] your thoughts, or your ability to think, feel, and imagine things.

alter-*verb*: [intransitive, transitive] to change, or to make someone or something change YNchange.

4.3 WORKSHEET

It's a speaking activity for medical English students. Students work in groups of 4 and discuss the dilemmas using the second conditional structure. In my experience students enjoy solving dilemmas. This activity is also introducing medical English vocabulary.

Medical dilemmas- KT resources

If your assistant forgot to organize the storage closet over and over, would you organize it yourself?
If a famous athlete asked to write in the medical report that he has a broken wrist but it was not true, what would you do?
If your friend's son suffered minor head trauma and had a concussion but asked you not to tell his parents, would you tell them?
If a person was suffering from serious breathing trouble and dehydration , would you admit her to hospital?
What would you do if you knew your colleague prescribed one of the patients the wrong antibiotic pills ?
What would you do if your patient was terrified and refused to get injections ?
What would you do if your patient told you that you prescribed the wrong medication ?
Would you be embarrassed to remind your staff about their personal hygiene ?

4.4 WORKSHEET

Patch Adams

Laughter as medicine.

1. Watch the movie clip **"To be a great doctor"** and answer the questions

a. Why is Pat angry?

.....

b. What does Pat's roommates say about studying medicine?

.....

c. What does Pat's roommate prefer to do instead of having a good time?

.....

d. What does Pat's roommate compare Pat with?

.....

2. Watch **"The children's ward"** and fill in the sentences with the missing information.

a. Patch visits a little in the children's ward.

b. He cuts a rubber extractor and makes himself a

c. The girl starts when she sees him.

d. Patch says he's got a

e. Patch grabs a little and starts hitting himself.

f. He puts cotton swabs behind his and pretends he's a

g. Patch starts around the room, crashing against the window.

h. Patch wants to sit on the bed, but to the floor.

i. He puts a on his head, like a

j. He puts a urinal on his as a and two on his as

k. A enters the room and Patch has to leave.



3. Watch **"Group Therapy"** and order the sentences

..... Some male nurses come and take the patients out of the room.

..... They're in a cramped place, so that Ruddy can participate.

..... Patch and the patients ask the catatonic man some funny questions.

..... Patch says the catatonic man has a brain and wants to participate.

..... Patch says the catatonic patient has a question.



iSLCollective.com Laughter is contagious.

PRACTICAL LESSON 5

5.1 DRUG ADMINISTRATION, DISTRIBUTION AND ELIMINATION (Absorption)

Text: The USA (Speaking) (2 hours)

Drug treatment requires getting a drug into the body (administration) so it can move into the bloodstream (absorption) and travel to the specific site where it is needed (distribution). The drug leaves the body (elimination) either in the urine or by conversion to another substance.

Administration Drugs can be taken by several routes. They can be taken by mouth (oral route) or by injection into a vein (intravenous), into a muscle (intramuscular), or beneath the skin (subcutaneous). They can be placed under the tongue (sublingual), inserted in the rectum (rectal), instilled in the eye (ocular), sprayed into the nose (nasal) or mouth (inhalation), or applied to the skin for a local (topical) or systemic (transdermal) effect. Each route has specific purposes, advantages, and disadvantages.

Oral Route Oral administration is the most convenient, usually the safest, the least expensive, and therefore the most common route. However, it has limitations. Many factors, including other drugs and food, affect how drugs are absorbed after they're taken orally. Thus, some drugs should be taken on an empty stomach while others should be taken with food; still others can't be taken orally at all.

Drugs administered orally are absorbed from the gastrointestinal tract. Absorption begins in the mouth and stomach but takes place mostly in the small intestine. To reach the general circulation, the drug must pass through first the intestinal wall and then the liver. The intestinal wall and liver chemically alter (metabolize) many drugs, decreasing the amount absorbed. In contrast, drugs injected intravenously reach the general circulation without passing through the intestinal wall and liver, so they have a quicker and more consistent response.

Some orally administered drugs irritate the gastrointestinal tract; for example, aspirin and most other nonsteroidal anti-inflammatory drugs can harm the lining of the stomach and small intestine and can cause ulcers. Other drugs are absorbed poorly or erratically in the gastrointestinal tract or are destroyed by the acidic environment and digestive enzymes in the stomach. Despite these limitations, the oral route is used much more frequently than other routes of drug

administration. Other routes are generally reserved for situations in which a person can't take anything by mouth, a drug must be administered rapidly or in a precise dose, or a drug is poorly and erratically absorbed.

Administration by injection (parenteral administration) includes the subcutaneous, intramuscular, and intravenous routes. With the **subcutaneous route**, a needle is inserted beneath the skin. After being injected subcutaneously, the drug moves into small blood vessels and is carried away by the bloodstream.

The subcutaneous route is used for many protein drugs, such as insulin, which would be digested in the gastrointestinal tract if taken by mouth. Drugs can be prepared in suspensions or in relatively insoluble complexes so that their absorption is prolonged for hours, days, or longer, and they don't need to be administered as often. The **intramuscular route** is preferred to the subcutaneous route when larger volumes of a drug are needed. Because the muscles lie deeper than the skin, a longer needle is used. With the **intravenous route**, a needle is inserted directly into a vein. An intravenous injection can be more difficult to administer than other parenteral injections, especially in people who are obese. Intravenous administration, whether in a single dose or a continuous infusion, is the best way to give drugs quickly and precisely.

Sublingual Route: Some drugs are placed under the tongue (given sublingually) so they can be absorbed directly into the small blood vessels that lie beneath the tongue. The sublingual route is especially good for nitroglycerin, which is used to relieve angina (chest pain), because absorption is rapid and the drug immediately enters the general circulation without first passing through the intestinal wall and liver. However, most drugs can't be given this way because absorption is often incomplete and erratic.

Rectal Route: Many drugs that are administered orally can also be administered rectally in suppository form. In this form, a drug is mixed with a waxy substance that dissolves after it's inserted into the rectum. With the rectum's thin lining and rich blood supply, the drug is readily absorbed. A suppository is prescribed when a person can't take a drug orally because of nausea, an inability to swallow, or a restriction on eating, as after surgery. Some drugs are irritating in suppository form; for such drugs, the parenteral route may have to be used.

Transdermal Route: Some drugs can be given by applying a patch to the skin. These drugs, sometimes mixed with a chemical that enhances penetration of the skin, pass through the skin to the bloodstream without injection. The transdermal route allows the drug to be delivered slowly and continuously over many hours or days, or even longer. However, some people develop irritation where the patch touches the skin. In addition, the transdermal route is limited by how quickly the drug can move through the skin. Only drugs to be given in relatively small daily doses can be delivered transdermally. Examples of such drugs include nitroglycerin (for angina), scopolamine (for motion sickness); nicotine (for smoking cessation), clonidine (for hypertension), and fentanyl (for pain relief);

Inhalation: Some drugs, such as gases used for anesthesia and aerosolized asthma drugs in metered-dose containers, are inhaled. These drugs travel through airways directly to the lungs, where they're absorbed into the bloodstream. Relatively few drugs are taken this way because inhalation must be carefully monitored to ensure that a person gets the right amount of drug within a specified time. Metered-dose systems are useful for drugs that act directly on the channels carrying air to the lungs. Because absorption into the bloodstream is highly variable with aerosol inhalation, this method is seldom used to administer drugs that act on tissues or organs other than the lungs.

Absorption Bioavailability refers to the rate and extent to which a drug is absorbed into the bloodstream. Bioavailability depends on a number of factors, including the way a drug product is designed and manufactured, its physical and chemical properties, and the physiology of the person taking the drug.

A drug product is the actual dosage form of a drug, such as a tablet, capsule, suppository, transdermal patch, or solution. It usually consists of the drug combined with other ingredients. For example, tablets are a mixture of drug and additives that function as diluents, stabilizers, disintegrants, and lubricants. The mixtures are granulated and compressed into tablet form. The type and amount of additives and the degree of compression affect how quickly the tablet dissolves. Drug manufacturers adjust these variables to optimize the rate and extent of the drug's absorption. If a tablet dissolves and releases the drug too quickly, it may produce a blood level of the active drug that provokes an excessive response. On the other hand, if the tablet doesn't dissolve and release the drug quickly enough,

much of the drug may pass into the feces without being absorbed. Laxatives and diarrhea, which speed up passage through the gastrointestinal tract, may reduce drug absorption. Therefore, food, other drugs, and gastrointestinal diseases can influence drug bioavailability. Consistency of bioavailability among drug products is desirable. Drug products that are chemically equivalent contain the same active drug but may have different inactive ingredients that can affect the rate and extent of absorption. The drug's effects, even at the same dose, may not be the same from one drug product to another. Drug products are bioequivalent when they not only contain the same active ingredient but also produce virtually the same blood levels over time. Bioequivalence thereby ensures therapeutic equivalence, and bioequivalent products are interchangeable. Some drug products are specially formulated to release their active ingredients slowly—usually over 12 hours or more. These controlled-release dosage forms slow or delay the rate at which a drug is dissolved. For example, drug particles in a capsule may be coated with a polymer (a chemical substance) of varying thicknesses designed to dissolve at different times in the gastrointestinal tract. Some tablets and capsules have protective (enteric) coatings that are intended to prevent irritants, such as aspirin, from harming the stomach lining or from decomposing in the acidic environment of the stomach. These dosage forms are coated with a material that doesn't begin to dissolve until it comes in contact with the less acidic environment or digestive enzymes of the small intestine. Such protective coatings don't always dissolve properly though, and many people, especially the elderly, pass such products intact in their feces. Many other properties of solid dosage forms (tablets or capsules) affect absorption after oral administration. Capsules consist of drugs and other substances within a gelatin shell. The gelatin swells and releases its contents when it becomes wet. The shell usually erodes quickly. The size of the drug particles and other substances affects how fast the drug dissolves and is absorbed. Drugs from capsules filled with liquids tend to be absorbed more quickly than those from capsules filled with solids.

5.2 NOTES:

elimination - *noun*: [uncountable] the removal or destruction of something that is unnecessary or unwanted

process of elimination - a way of discovering the cause of something, a right answer, or the truth by carefully examining each possibility until only the correct one is left

beneath- under something or covered by it SYNunder

subcutaneous-*adjective*: BIOLOGY beneath your skin

sublingual-*adjective*: under your tongue

disadvantage-*noun*: [countable, uncountable] something that is not favorable, or that causes problems ; OPPadvantage

oral- *adjective*: concerned with or involving the mouth

route -*noun*: [countable] a way of doing something or achieving a particular result

digestive - *adjective*: [only before noun::] BIOLOGY relating to the process of digestion

5.3 EXERCISE

Choose the correct verb form.

1 I saw/was seeing a very good programme on TV last night.

2 While I shopped /was shopping this morning, I lost/ was losing my money. I don't know how.

3 Last week the police stopped /were stopping Karim in his car because he drove /was driving at over eighty miles an hour.

4 How did you cut/were you cutting your finger?

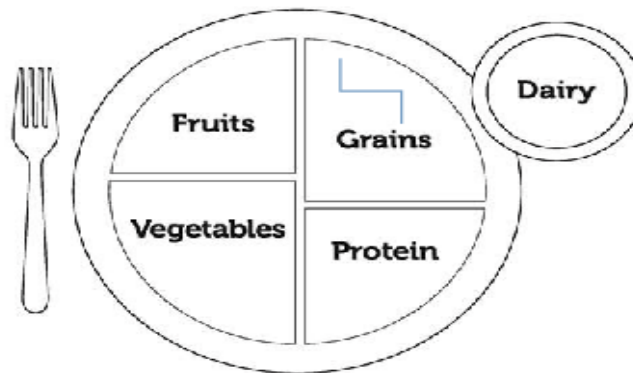
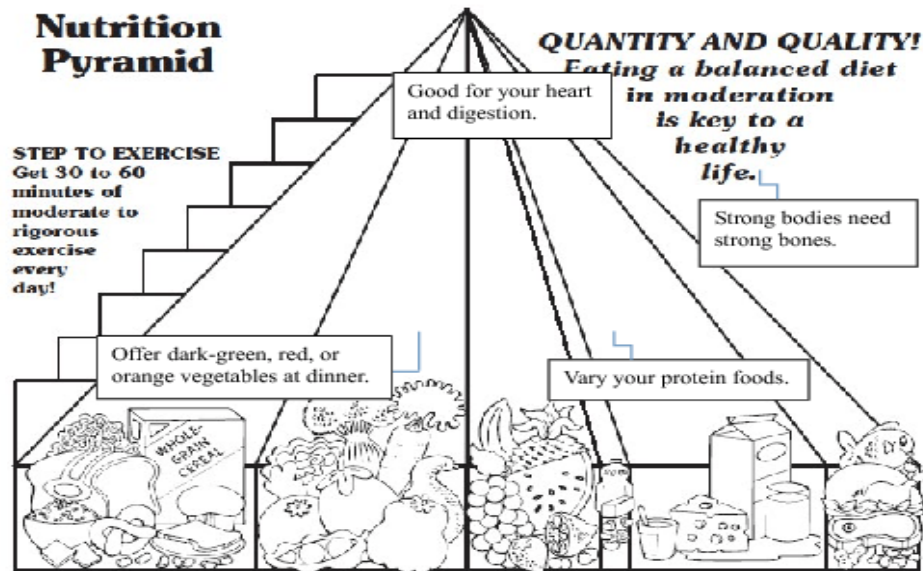
5 I cooked/was cooking and I dropped/was dropping the knife.

6 When I arrived /was arriving at the party, everyone had/ was having a good time.

7 Did you have /Wereyou having ag ood time last night?

5.4ACTIVITY FOR DEVELOPING SPEAKING SKILLS

This worksheet requires students to fill up the parts of the food pyramid and extract information from the pictures to write a 50 word email about good nutrition and living a healthy lifestyle.



5.5 ACTIVITY WORKSHEET

FOR DEVELOPING STUDENTS' SPEAKING AND WRITING SKILLS

Top 10 Superfoods

A superfood is not just ordinary food, it is food that for some reason is especially good for your health, nature's own medicine!

1. Honey

Honey is natural and much better for you than sugar because it contains many vitamins, it can even heal wounds if you put some kinds of honey on your skin.



2. Blueberries

Blueberries contain anti-oxidants which reduce toxins in your body and help your memory.

3. Dark Chocolate

If your chocolate has 70% or more cocoa, eating a little dark chocolate can be very good for you and can actually reduce blood pressure.



4. Pistachio Nuts

Pistachios are the least fattening nut, also proven to reduce cholesterol levels in the body.

5. Egg Whites

The healthier part of the egg, the egg white can help you maintain strong bones, muscles, nails, and hair.

6. Broccoli

It's a rich source of vitamin A, vitamin C, and bone-building vitamin K, and has plenty of fiber to fill you up and help control your weight.



7. Sweet potatoes

Orange vegetables can be especially good for you because they contain so many vitamins. Sweet potatoes make a great alternative to ordinary potatoes because they contain healthier potassium instead of sodium.

8. Almonds

These nuts are high in protein and in Vitamin E, and calcium. You can also make them into healthy almond milk.



9. Salmon

This fish is a super food because of its omega-3 fatty acid content. Studies show that omega-3 fatty acids help protect heart health.



10. Goji Berries

Goji Berries have been used in Chinese medicine for centuries. They are high in vitamins B, C & E, and support a healthy immune



system, liver and heart.

Questions 1–5. Write the correct numbers.

1. Which superfood can be made into milk?
2. Which superfood can heal wounds?
3. Which superfood can reduce blood pressure?
4. Which **two** superfoods can protect your heart?
5. Which superfood is good for your bones?

Questions 6–12. True, false or not given?

6. Sweet potatoes are better for your health than ordinary potatoes.
7. Omega 3 fatty acids are good for your liver.
8. Eating any kind of chocolate is good for your health.
9. Honey is better for your health than sugar.
10. Broccoli can help you if you are on a diet.
11. Egg white is very high in protein.
12. Blueberries do not help reduce toxins in your body.

Discussion

- ❖ Do you eat any superfoods in this list? If so, which ones?
- ❖ Would you like try any superfoods from this list or add them to your diet?
- ❖ Do you think superfoods really work to make you healthier?
- ❖ Do you know of any other superfoods?
- ❖ If you take vitamins, would you ever give up taking vitamins and eat superfoods instead?

PRACTICAL LESSON 6

DRUG ADMINISTRATION, DISTRIBUTION AND ELIMINATION

Text: Washington (Revision) (2 hours)

6.1 Absorption, Metabolism

Bioavailability refers to the rate and extent to which a drug is absorbed into the bloodstream. Bioavailability depends on a number of factors, including the way a drug product is designed and manufactured, its physical and chemical properties, and the physiology of the person taking the drug.

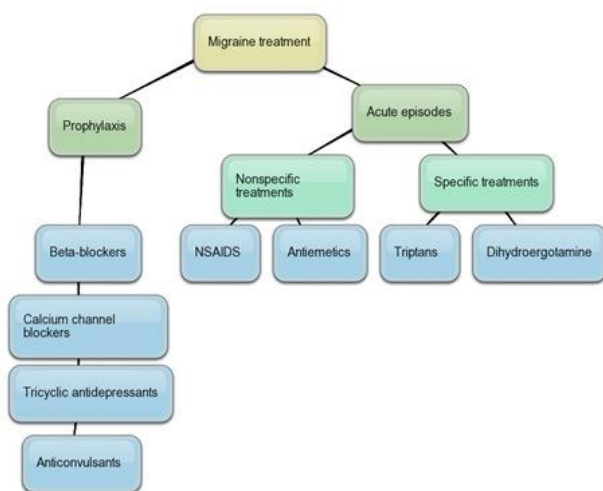
A drug product is the actual dosage form of a drug, such as a tablet, capsule, suppository, transdermal patch, or solution. It usually consists of the drug combined with other ingredients. For example, tablets are a mixture of drug and additives that function as diluents, stabilizers, disintegrants, and lubricants. The mixtures are granulated and compressed into tablet form. The type and amount of additives and the degree of compression affect how quickly the tablet dissolves. Drug manufacturers adjust these variables to optimize the rate and extent of the drug's absorption.

If a tablet dissolves and releases the drug too quickly, it may produce a blood level of the active drug that provokes an excessive response. On the other hand, if the tablet doesn't dissolve and release the drug quickly enough, much of

the drug may pass into the feces without being absorbed. Laxatives and diarrhea, which speed up passage through the gastrointestinal tract, may reduce drug absorption. Therefore, food, other drugs, and gastrointestinal diseases can influence drug bioavailability.

Consistency of bioavailability among drug products is desirable. Drug products that are chemically equivalent contain the same active drug but may

have different inactive ingredients that can affect the rate and extent of absorption.



The drug's effects, even at the same dose, may not be the same from one drug product to another. Drug products are bioequivalent when they not only contain the same active ingredient but also produce virtually the same blood levels over time. Bioequivalence thereby ensures therapeutic equivalence, and bioequivalent products are interchangeable.

Some drug products are specially formulated to release their active ingredients slowly—usually over 12 hours or more. These controlled-release dosage forms slow or delay the rate at which a drug is dissolved. For example, drug particles in a capsule may be coated with a polymer (a chemical substance) of varying thicknesses designed to dissolve at different times in the gastrointestinal tract. Some tablets and capsules have protective (enteric) coatings that are intended to prevent irritants, such as aspirin, from harming the stomach lining or from decomposing in the acidic environment of the stomach. These dosage forms are coated with a material that doesn't begin to dissolve until it comes in contact with the less acidic environment or digestive enzymes of the small intestine. Such protective coatings don't always dissolve properly though, and many people, especially the elderly, pass such products intact in their feces. Many other properties of solid dosage forms (tablets or capsules) affect absorption after oral administration. Capsules consist of drugs and other substances within a gelatin shell. The gelatin swells and releases its contents when it becomes wet. The shell usually erodes quickly. The size of the drug particles and other substances affects how fast the drug dissolves and is absorbed. Drugs from capsules filled with liquids tend to be absorbed more quickly than those from capsules filled with solids. **Distribution** After a drug is absorbed into the blood stream, it rapidly circulates through the body, as blood has an average circulation time of 1 minute. However, the drug may move slowly from the bloodstream into the body's tissues. Drugs penetrate different tissues at different speeds, depending on their ability to cross membranes. For example, the anesthetic thiopental rapidly enters the brain, but the antibiotic penicillin does not. In general, fat-soluble drugs can cross cell membranes more quickly than water-soluble drugs can. Once absorbed, most drugs don't spread out evenly through the body. Some drugs tend to stay within the watery tissues of the blood and muscle while others concentrate in specific tissues such as the thyroid gland, liver, and kidneys. Some drugs bind tightly to blood

proteins, leaving the bloodstream very slowly, while others escape from the bloodstream quickly into other tissues. Some tissues build up such high levels of a drug that they serve as reservoirs of extra drug, thereby prolonging the drug's distribution. In fact, some drugs, such as those that accumulate in fatty tissues, leave these tissues slowly and consequently circulate in the bloodstream for days after a person has stopped taking the drug. Distribution of a given drug may also vary among different persons. For instance, people with large body frames, who have greater amounts of tissue and circulating blood, may require larger amounts of a drug. Obese people may store large amounts of drugs that concentrate in fat, while very thin people may store relatively little. This distribution is also seen in older people, because the proportion of body fat increases with age.

All drugs are either metabolized or excreted intact. **Metabolism** is the process by which a drug is chemically altered by the body. The liver is the principal, but not the only, site of drug metabolism. The products of metabolism, metabolites, may be inactive, or they may have similar or different degrees of therapeutic activity or toxicity than the original drug. Some drugs, called prodrugs, are administered in an inactive form; their metabolites are active and achieve the desired effects. These active metabolites are either excreted (mainly in the urine or feces) or converted further to other metabolites, which are ultimately excreted. The liver has enzymes that facilitate chemical reactions such as oxidation, reduction, and hydrolysis of drugs. It has other enzymes that attach substances to the drug, producing reactions called conjugations. The conjugates (drug molecules with the attached substances) are excreted in the urine.

Because metabolic enzyme systems are only partially developed at birth, newborns have difficulty metabolizing many drugs; therefore they require less drug in proportion to body weight than adults do. On the other hand, young children (2 to 12 years of age) require more drug in proportion to body weight than adults do. Like newborns, the elderly also have reduced enzymatic activity and aren't able to metabolize drugs as well as younger adults and children do. Consequently, newborns and the elderly often need smaller, and children larger, doses per pound of **body** weight.

Excretion refers to the processes by which the body eliminates a drug. The kidneys are the major organs of excretion. They are particularly effective in eliminating water-soluble drugs and their metabolites.

The kidneys filter drugs from the bloodstream and excrete them into the urine. Many factors can affect the kidneys' ability to excrete drugs. A drug or metabolite must be soluble in water and not bound too tightly to plasma proteins. The acidity of the urine affects the rate at which some acidic and alkaline drugs are excreted. The kidneys' ability to excrete drugs also depends on urine flow, blood flow through the kidneys, and the condition of the kidneys.

As people age, kidney function decreases. The kidney of an 85-year-old person is only about half as efficient in excreting drugs as that of a 35-year-old. Many diseases—especially high blood pressure, diabetes, and recurring kidney infections—and exposure to high levels of toxic chemicals can impair the kidneys' ability to excrete drugs.

If the kidneys aren't functioning normally, a doctor may adjust the dosage of a drug that's eliminated primarily through the kidneys. The normal decrease in kidney function with age can help the doctor determine an appropriate dosage based solely on a person's age. However, a more accurate way to determine an appropriate dosage is to assess kidney function with a blood test (measuring the amount of creatinine in serum), either alone or in combination with a urine test (measuring the amount of creatinine in urine collected for 12 to 24 hours).

The liver excretes some drugs through bile. These drugs enter the gastrointestinal tract and end up in the feces if they aren't reabsorbed into the bloodstream or decomposed. Also, small amounts of some drugs are excreted in saliva, sweat, breast milk, and even exhaled air. The administration of a drug eliminated primarily by metabolism in the liver may need to be adjusted for a person with liver disease. There are no simple measures of liver function (for drug metabolism) comparable to those for kidney function.

6.2 NOTES

absorption-noun: [uncountable] a process in which a material or object takes in liquid, gas, or heat

additives-noun: [countable] a substance, especially a chemical, that is added to something such as food, to preserve it, give it color, improve it etc.

intact - *adjective*: [not before noun::] not broken, damaged, spoiled, or badly affected

feces- *noun*: [plural] formal solid waste material from the BOWEL s

distribution-*noun*: [uncountable] the process of giving something such as food, medicine, or information to each person in a group

penetrate - *verb*: [intransitive, transitive] to enter something or pass through it, especially when this is difficult

metabolism - *noun*: [countable, uncountable] BIOLOGY the physical and chemical processes that take place in an ORGANISM to produce energy from food

consequently-*adverb*: as a result

partially - *adverb*: not completely SYNpartly.

blood -*noun*: [uncountable] BIOLOGY the red liquid that your heart pumps around your body

exposure - *noun*: [countable, uncountable] the state of being put into a harmful or bad situation or position without having any protection against what may happen

excrete - *verb*: [intransitive, transitive] BIOLOGY to get rid of waste material from your body through your BOWEL s , your skin etc.

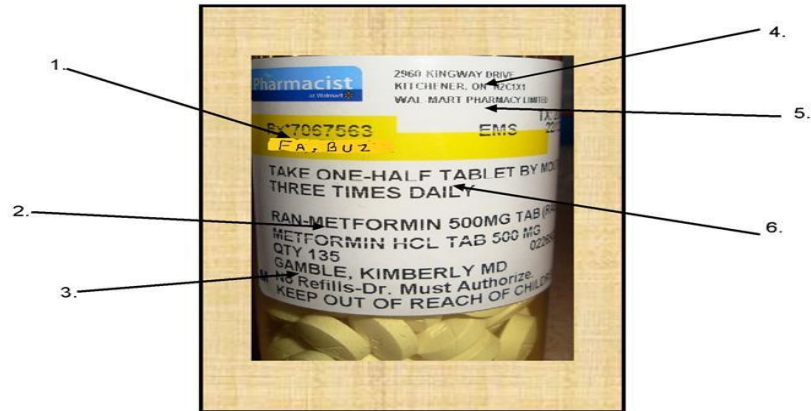
determine -*verb*: [transitive] to find out the facts about something SYNestablish.

appropriate - *adjective*: correct or right for a particular time, situation, or purpose. OPPinappropriate

exhaled air - *verb*: [intransitive, transitive] to breathe air, smoke etc. out of your mouth or nose ; OPPinhale

accumulate- *verb*: [intransitive] to gradually increase in numbers or amount until there is a large quantity in one place

READING A PRESCRIBED MEDICINE



1. Who is this medicine for?

2. What is the name of the medicine?

3. What is the name of the doctor?

4. What is the address of the pharmacy?

5. What is the name of the pharmacy?

6. How should this medicine be taken?

6.3 ACTIVITY FOR SMALL GROUPS

Materials: Worksheet 1

Dynamic: Small groups

Time: 20 minutes

Procedure: Taboo is an interesting game. This worksheet contains some cards. Cut the cards and put your students into small groups. Each group challenge the other group by describing the given word, but they cannot use two given words! The other group should guess the word.

Flu Fever Pain	Headache Head Pain
Backache Back Pain	Stomach ache Pain Stomach
Toothache Tooth Pain	Heart Chest Blood
Sick Ill Unwell	Ill Unwell Pain
Pain Ill Ache	Earache Pain Ear

6.4 WORKSHEET FOR DEVELOPING STUDENTS' READING AND WRITING SKILLS

Blood is an important fluid that keeps us alive. We cannot live without it. The heart pumps blood to all parts of the body and brings them oxygen and food. At the same time blood carries all the substances we don't need away from us. Blood fights infections, keeps our body temperature the same and carries chemicals that control body functions. Finally, blood has substances that repair broken blood vessels so that we don't bleed to death.

Blood is a mixture of fluid and solid matter. Plasma is the liquid part of our blood. It makes up about 50 – 60 % of it. Plasma consists mostly of water but many other substances are in it. It contains dissolved food, chemicals that control our growth and do other jobs, proteins, minerals and waste products.

Red blood cells look like flat round discs. They contain haemoglobin, a protein that carries oxygen to the body and gives blood its red colour. Each drop of blood has about 300 million of these red cells.

White blood cells, also called leukocytes, fight infections and harmful substances that invade the body. Most of these cells are round and colourless. They have different sizes and shapes. White blood cells are not as numerous as red ones. For every 700 red blood cells there is only one white blood cell.

Platelets are tiny bodies that are much smaller than red blood cells. They stick to the edges of a cut and form blood clots to stop bleeding. The blood of a normal adult has about 2 trillion platelets.

Find these words in the text above:

'lu:kə(ʊ)sAItz

'pleItlItz

'kEmIk(ə)l

'flu:Id

'tEmp(ə)rətʃə

hi:mə'gləʊbIn

Fill in the table:

Blood				
Plasma		Fluid		
Water				
		300 million/drop		2 trillion

6.5 WORKSHEET

FOR DEVELOPING STUDENTS' READING AND WRITING SKILLS

AT THE DOCTOR'S



Doctor: Come (1) ..., please.

Patient: Thank you. Doctor, I decided to make (2)... because yesterday I had a (3)... headache and rash all over my body after taking pills for stomach (4)....

Doctor: Did I write out (5)... for taking the pills?

Patient: Yes, here it is.

Doctor: These pills are very (6)... They can trigger such symptoms as dizziness, nausea and even rash. Let me check you (7) ... I'll measure your blood (8)... but firstly put (9)... into your armpit.

(After a while)

Doctor: Your temperature is in the normal range but your blood pressure is very (10)... Did you read the medicine label before taking those pills?

Patient: No, I thought your prescription and recommendations were enough to take them (11)...

Doctor: What (12)... did you take at once?

Patient: I took two pills.

Doctor: So everything should have been all right then. You told me you had no allergies. What's wrong then?

Patient: Just a few days ago I was sneezing all day long but I went (13)... taking the pills.

Doctor: As far as these pills are concerned, they mustn't be taken if you have any allergies. So taking them caused terrible side (14)...



- | | | | |
|-------------------|---------------|------------------|------------------|
| 1 A on | B in | C back | D round |
| 2 A a meeting | B a reception | C an event | D an appointment |
| 3 A awful | B bad | C splitting | D worse |
| 4 A upset | B problem | C disease | D pain |
| 5 A a recipe | B a receipt | C a prescription | D a bill |
| 6 A bad | B strong | C hard | D overdue |
| 7 A off | B up | C in | D out |
| 8 A level | B rate | C press | D pressure |
| 9 A a stethoscope | B a medicine | C a thermometer | D drops |
| 10 A low | B little | C less | D least |
| 11 A cautiously | B correctly | C carefully | D carelessly |
| 12 A number | B quantity | C dose | D amount |
| 13 A by | B further | C on | D up |
| 14 A affects | B effects | C results | D outcomes |



PRACTICAL LESSON 7
Revision (Preparation for International exams)
TASKS FOR THE 5th YEAR STUDENTS

Variant-1

1.Translate the topic into Uzbek, Russia

COUGH REMEDIES

Coughing is a natural reflex to lung irritation; it rids the lungs of excess secretions or mucus. If a person is congested and can cough up phlegm, suppression of such a productive cough is unwise.

Single-ingredient cough suppressants are hard to find. Expectorants are often added to cough suppressants in cold and cough remedies. Combining a drug that makes phlegm easier to cough up with a drug that suppresses coughing seems senseless to some *experts*. *Guaifenesin*, the only approved expectorant on the market, is supposed to help loosen lung secretions and make them easier to cough up. Products with guaifenesin include Anti-Tuss, Naldecon Senior EX, *Organidin* NR, Robitussin, Triaminic Expectorant, and others. The drug's actual benefit, however, has been hard to establish.

2.Speak on the topic:

TASKS FOR THE 5th YEAR STUDENTS

Variant-2

1.Translate the topic into Uzbek, Russia

DIET AIDS

Nonprescription diet aids are supposed to suppress hunger and make a low-calorie diet easier to follow. Two ingredients are approved for this purpose: phenylpropanolamine, which also acts as a decongestant in many cold and allergy remedies, and benzocaine, a local anesthetic that's supposed to numb the taste buds. Benzocaine's most logical form is gum, candy, or lozenges that are held in the mouth before a meal.

In one study, phenylpropanolamine helped dieters lose more weight than did an identical-appearing placebo. However, the difference in weight lost was unimpressive—about 5 pounds. Phenylpropanolamine's effectiveness has been proved for only about 3 to 4 months. Phenylpropanolamine is likely to be most helpful when it's part of a program that includes exercise and modified eating habits.

The dose of phenylpropanolamine in diet aids is higher than the dose generally found in cold or allergy remedies. Adverse effects such as nervousness, insomnia, dizziness, restlessness, headache, and nausea may occur if more than the recommended dose is taken. In rare cases, people experience adverse effects with the usual dose.

2.Speak on the topic:

TASKS FOR THE 5th YEAR STUDENTS

Variant-3

1.Translate the topic into Uzbek, Russia

MOTION SICKNESS DRUGS

The drugs used to prevent motion sickness are antihistamines. They are occasionally prescribed but are also available over the counter. Motion sickness drugs are most likely to be effective if taken 30 to 60 minutes before a trip.

Motion sickness drugs often make a person drowsy and less alert. In fact, one motion sickness drug, diphenhydramine, is the active ingredient in most OTC sleep aids. Anyone who drives a car, boat, or other vehicle, or who performs an activity that requires close attention shouldn't take these drugs. Motion sickness drugs shouldn't be taken with alcohol, sleep aids, or tranquilizers since the effects may add up unexpectedly. Adverse effects are more common in the elderly.

Other adverse effects, such as blurred vision confusion, headache, stomachache, constipation, palpitations, or difficulty with urination, are less common. Babies and very young children may become agitated and shouldn't be given these drugs except under a doctor's supervision. Too high a dose in a young child could lead to hallucinations or even convulsions, which might prove fatal.

People with narrow-angle glaucoma, an enlarged prostate gland, or constipation should take motion sickness drugs only if a doctor recommends or approves their use.

2.Speak on the topic:

TASKS FOR THE 5th YEAR STUDENTS

Variant-4

1.Translate the topic into Uzbek, Russia

SLEEP AIDS

Over-the-counter sleep aids are intended to ease an occasional sleepless night, not chronic insomnia, which could signal a serious underlying problem. Taking an OTC sleep aid for more than a week to 10 days isn't recommended.

Two ingredients, the antihistamines diphenhydramine and doxylamine, are used as OTC sleep aids. These drugs tend to make people drowsy or groggy and can interfere with concentration or coordination. Not everyone reacts that way, though. Asians seem to be less sensitive to the sedative effects of diphenhydramine than are people from Western countries.

Some people react in the opposite way (a paradoxical reaction) and find that diphenhydramine or doxylamine makes them feel nervous, restless, and agitated. Older people, those with brain damage, and young children are apparently more susceptible to this response than others. Some people also occasionally experience adverse effects such as dry mouth, constipation, blurred vision, and ringing in the ears. Elderly people, pregnant women, and breastfeeding women should probably avoid these drugs unless directed to use them by a doctor. People with narrow-angle glaucoma, angina, arrhythmias, or an enlarged prostate gland should consult a doctor before using an antihistamine sleeping or any other purpose.

2.Speak on the topic:

PRACTICAL LESSON 8

8.1 PHARMACODYNAMICS

Text: Practice of pharmacy (Revision)

Pharmacodynamics describes the many ways drugs affect the body. After being swallowed, injected, or absorbed through the skin, most drugs enter the bloodstream, circulate throughout the body, and interact with a number of target sites. However, depending on its properties or route of administration, a drug may act in only a specific area of the body (for example, the action of antacids is largely confined to the stomach). Interaction with the target site usually produces the desired therapeutic effect, whereas interaction with other cells, tissues, or organs may result in side effects (adverse drug reactions).

Some drugs are relatively nonselective; they act on many different tissues or organs. For example, atropine, a drug given to relax muscles in the gastrointestinal tract, may also relax muscles of the eye and the respiratory tract as well as decrease sweat and mucous gland secretion. Other drugs are highly selective and affect mainly a single organ or system. For example, digitalis, a drug given to people with heart failure, acts primarily on the heart to increase its pumping efficiency. Sleep aids target certain nerve cells of the brain. Nonsteroidal anti-inflammatory drugs such as aspirin and ibuprofen are relatively selective because they act wherever inflammation is present.

How do drugs know where to exert their effects? The answer lies in how they interact with cells or substances such as enzymes.

Receptors

Many drugs attach (bind) to cells by means of receptors on the cell surface. Most cells have many surface receptors, which allow the activity of the cell to be influenced by chemicals such as drugs or hormones located outside the cell. A receptor has a specific configuration, which allows only a drug that fits precisely to attach to it – like a key fits in its lock. A drug's selectivity can often be explained by how selectively it attaches to receptors. Some drugs attach to only one type of receptor; others are like a master key and can attach to several types of receptors throughout the body.

Nature probably didn't create receptors so that drugs would someday be able to attach to them. Receptors have natural (physiologic) purposes, but drugs take advantage of them. For example, morphine and related pain-relieving drugs attach to the same receptors in the brain that endorphins (naturally produced chemical substances that alter sensory perception and reaction) attach to.

A class of drugs called **agonists** activates or stimulates their receptors, triggering a response that either increases or decreases the cell's function. For example, the agonist carbachol attaches to receptors in the respiratory tract called cholinergic receptors, causing smooth muscle cells to contract, producing bronchoconstriction (narrowing of the airways). Another agonist, albuterol, attaches to other receptors in the respiratory tract called adrenergic receptors, causing smooth muscle cells to relax, producing bronchodilation (widening of the airways). Another class of drugs called Antagonists blocks the access or binding of agonists to their receptors. Antagonists are used primarily to block or diminish cell responses to agonists (usually neurotransmitters) normally present in the body. For example, the cholinergic receptor antagonist ipratropium blocks the bronchoconstrictor effect of acetylcholine, the natural transmitter of cholinergic nerve impulses.

Agonists and antagonists are used as different but complementary approaches to the treatment of asthma. The adrenergic receptor agonist albuterol, which relaxes bronchiolar smooth muscle, may be used together with the cholinergic receptor antagonist ipratropium, which blocks the bronchoconstrictor effect of acetylcholine.

A widely used group of antagonists is the beta-blockers such as propranolol. These antagonists block or diminish the cardiovascular excitatory response to the stress hormones adrenaline and noradrenaline; they're used to treat high blood pressure, angina, and certain abnormal cardiac rhythms. Antagonists are most effective when the local concentration of an agonist is high. They work in much the same way that a roadblock affects a major highway. More vehicles are stopped by a roadblock during the 5:00P.M rush hour than at 3:00 A.M. Similarly, beta-blockers, in doses that have little effect on normal heart function, may protect the heart against sudden surges of stress hormones.

Enzymes: In addition to cell receptors, other important targets for drug action are enzymes, which help transport vital chemicals, regulate the rate of chemical reactions, or serve other transport, regulatory or structural functions. While drugs targeted at receptors are classified as agonists or antagonists, drugs targeted at enzymes are classified as inhibitors or activators (inducers). For example, the drug lovastatin, used to treat some people who have high blood cholesterol levels, inhibits the enzyme HMG – CoA reductase, which is critical in the body's production of cholesterol.

Most interactions between drugs and receptors of drugs and enzymes are reversible- after awhile the drug disengages, and the receptor or enzyme resumes normal function. Sometimes an interaction is largely irreversible (as with omeprazole, a drug that inhibits an enzyme involved in the secretion of stomach acid), and the drug effect persists until the body manufactures more enzyme.

Two drug properties important to a drug's action are affinity and intrinsic activity. Affinity is the mutual attraction or strength of the bond between a drug and its target, whether it's a receptor or an enzyme. Intrinsic activity is a measure of the drug's ability to produce a pharmacological effect when bound to its receptor.

Drugs that activate receptors (agonists) have both properties; they must bind effectively (have an affinity) to their receptors, and the drug – receptor complex must be capable of producing a response in the target system (have an intrinsic activity). In contrast, drug that block receptors (antagonists) bind effectively (have an affinity to them) but have little or no intrinsic activity – their function is to prevent agonist molecules from interacting with their receptors.

Potency refers to the amount of drug (usually expressed in milligrams) needed to produce an effect, such as relief of pain or reduction of blood pressure. For example, if 15 milligrams of drug B relieves pain as effectively as 10 milligrams of drug A, then drug B is twice as potent as drug A. Greater potency does not necessarily mean that one drug is better than another. Doctors consider many factors when judging the relative merits of drugs, such as their side effect profile, potential toxicity, duration of effectiveness (and, consequently, number of doses needed each day), and cost.

Efficacy refers to the potential maximum therapeutic response that a drug can produce. For example, the diuretic furosemide eliminates much more salt and water through the urine than does the diuretic chlorothiazide. Thus furosemide has a greater efficacy, or therapeutic effectiveness, than chlorothiazide. As with potency, efficacy is only one factor that doctors consider when selecting the most appropriate drug for an individual patient.

Tolerance

Repeated or prolonged administration of some drugs results in tolerance – a diminished pharmacologic response. Tolerance occurs when the body adapts to the continued presence of the drug. Two mechanisms are usually responsible for tolerance: 1. Drug metabolism speeds up (most often because activity of the liver's drug-metabolizing enzymes increases), and 2. The number of receptors or their affinity for the drug decreases. The term resistance is used to describe the situation in which a person no longer responds well to an antibiotic, antiviral, or cancer chemotherapeutic drug. Depending on the degree of tolerance or resistance that develops, a doctor may increase the dose or select an alternative drug.

Drug Design and Development

Many of the drugs in current use were discovered by experimental trial and observation in animal and human subjects. Newer approaches to drug development are based on a determination of the abnormal biochemical and cellular changes caused by disease and the design of compounds that may specifically prevent or correct these abnormalities. When a new compound shows promise, it's usually modified many times to optimize its selectivity, potency, receptor affinity, and therapeutic efficacy. Other factors, such as whether the compound is absorbed through the intestinal wall and whether it's stable in body tissues and fluids, are also considered in drug development. Ideally, a drug should be effective when taken orally (for the convenience of self-administration); well absorbed from the gastrointestinal tract, and reasonably stable in body tissues and fluids so that one dose a day is adequate. The drug should be highly selective for its target site, so that it has little or no effect on other body systems (minimal or no side effects). Further, the drug should have a high potency and a high degree of therapeutic efficacy, so that it's effective at low doses even for conditions that are difficult to treat.

No drugs are perfectly effective and completely safe. Therefore, doctors assess potential drug benefits and risks with every therapeutic situation that requires prescription drug treatment. However, sometimes conditions are treated without a doctor's supervision; for example, people treat themselves with over-the-counter drugs for minor pain, insomnia, and coughs and colds. In such cases, they should read the information provided in the drug package insert and follow the directions for drug use explicitly.

8.2 NOTES:

selectivity - *noun*: [uncountable] careful about what you choose to do, buy, allow etc.

pumping - *verb*: [intransitive] if your heart pumps, you can feel it beating quickly because you are excited, frightened etc., or because you have been exercising

inflammation - *noun*: [countable, uncountable] MEDICINE swelling and soreness on or in part of your body, which is often red and feels hot

receptor

attach - *verb*: [transitive] to connect one object to another

endorphin - *noun*: [uncountable, plural] a chemical produced by the brain, that reduces the feeling of pain and can affect emotions

agonist

triggering - *verb*: [transitive] to suddenly make someone have a particular feeling, memory, or reaction.

precisely - *adverb*: exactly

cholinergic

diminish - *verb*: [intransitive, transitive] to become smaller or less important, or to make something do this

roadblock - *noun*: [countable] something that stops the progress of a plan

reversible - *adjective*: if something that has changed is reversible, the thing that was changed can be changed back to the way it was before ; OPP irreversible

disengage - *verb*: [transitive] to separate someone or something from someone or something else that was holding them or connected to them

persist - *verb*: [intransitive] to continue doing something in a determined way, even though you do not immediately get the result that you want

affinity - *noun*: [countable usually singular, uncountable] a strong feeling that you like something, or that you like and understand someone because you share the same ideas or interests

intrinsic - *adjective*: being part of the nature or character of someone or something

capable -*adjective*: skillful and effective and able to do things well

potency and efficacy

relief -*noun*: [uncountable] the reduction of pain or unhappy feelings

potent - *adjective*: a potent drug, medicine, food etc. has a powerful effect on your body or mind

merit - *noun*: [countable usually plural] one of the good features of something such as a plan or system.

judge/decide/accept something on its (own) merits - to judge something only by how good it is, without considering anything else

tolerance

adapt - *verb*: [transitive] to change something so that it can be used in a different way or for a different purpose

affinity- *noun*: [countable, uncountable] a close similarity or relationship between two things because of qualities or features that they both have

approach- *verb*: [transitive] to begin to deal with a difficult situation in a particular way or with a particular attitude

adequate - *adjective*: enough in quantity or of a good enough quality for a particular purpose SYN sufficient

benefit -*verb*: [intransitive] to be helped by something.2 [transitive] to bring advantages to someone or improve their lives in some way

minor -*adjective*: small and not very important or serious, especially when compared with other things; OPP major

pain -*noun*: [countable, uncountable] the feeling you have when part of your body hurts

insomnia - *noun*: [uncountable] the condition of not being able to sleep

cough-*verb*: [intransitive] to push air out of your throat with a sudden rough sound, especially because you are sick

cold -*noun*: [countable] MEDICINE a common illness that makes it difficult to breathe through your nose and often makes your throat hurt

explicitly - *adjective*: very clear and direct in what you say

8.3 TRANSLATE THE SENTENCES²

1. There is a great difference in ionic concentration between the inside and the outside of cell.
2. On the under, and sometimes on the upper surface of a leaf there are thousands of tiny pores.
3. There is a close relationship between the vegetative processes and the reproductive phase of small herbaceous plants.
4. In a woody stem, such as the trunk of a tree, there are three distinct zones: the bark, the wood, and the pith.
5. There was a lot of important research last year.
6. There were several vacant spaces in Mendeleev's periodic table.

I. *General Lab Safety Rules*

1. Work in the lab when the teacher is present.
2. Walk! Do not run in the lab.
3. Do not eat, drink beverages, or chew gum in the lab.
4. Never taste chemicals.
5. Avoid contact with chemicals. Wear safety glasses whenever necessary.

8.4 ACTIVITY "ROLE PLAY"

Students will play the role of a parent and child. The child has to describe an illness and its symptoms to avoid going to school, and the parent has to try to catch the child lying. There is a built-in class assessment--the role play has to address several questions which the class must be able to answer when the role play is complete. I usually have the students start by answering the questions first and building their dialogue around the answers, and it works very well!

²Марковина И.Ю., Громова Г.Е. Английский язык
Грамматический практикум для фармацевтов

Scenario 3: Strange Illness

a. **Location: At home**

Characters: Parent and Child

Student A: Parent	Student B: Sick child
Your child seems to be sick, although you can't see any symptoms. Your child needs to go to school today for an important reason. You don't believe that your child is actually sick. Catch your child lying about his/her illness.	You are feeling sick with some strange illness. You feel bad and you think you are showing crazy symptoms. Your parents are trying to force you to go to school. Tell them how you feel and why you can't go to school.

b. **Class Questions** → By the end of this role play, the class must be able to answer these questions:

- What is the name of the child?
- What are three symptoms the child is showing?
- Why does the child need to go to school today?
- How does the parent try to catch the child in a lie?
- Was the child truly lying about the illness? How do you know?

c. **Writing** → In your exercise book, write a dialogue based on your scenario. Use the expressions below to help you.

d. **Useful Expressions** that you can include in your dialogue.

English Expression	Notes or translation
Mom/Dad, I'm dying over here!	
You need to get up and get dressed!	
I'm serious, really, I'm super sick.	
I'm sicker than a dog.	
Your teacher won't forgive me if you miss school.	
You can't miss school.	
I have to miss school.	
It's urgent.	
It's unimportant.	
You can't honestly expect me to believe that.	
What are your symptoms?	

PRACTICAL LESSON 9

9.1 Factors Affecting Drug Response

Text: The Ancient cities of Middle Asia

Many drugs are inactivated by metabolic systems in the liver, such as the P-450 enzyme system. The drugs circulate through the body and pass through the liver, where enzymes work to inactivate the drugs or to change their structure so that the kidneys can filter them. Some drugs can alter this enzyme system, causing the inactivation of another drug to proceed more quickly or more slowly than usual. For example, because barbiturates such as phenobarbital increase the liver's enzyme activity, drugs such as warfarin become less effective when taken during the same period. Therefore, doctors may need to increase the doses of certain drugs to compensate for this effect. However, if phenobarbital is later stopped, the levels of other drugs may increase dramatically, leading to potentially serious side effects.

Chemicals in cigarette smoke can increase the activity of some liver enzymes. This is why smoking decreases the effectiveness of some analgesics (such as propoxyphene) and some drugs used for lung problems (such as theophylline).

The antiulcer drug cimetidine and the antibiotics ciprofloxacin and erythromycin are examples of drugs that may slow liver enzyme activity, prolonging the action of the drug theophylline. Erythromycin affects the metabolism of the antiallergy drugs terfenadine and astemizole, leading to a potentially serious buildup of these drugs.

Changes in Excretion

A drug may affect the rate at which the kidneys excrete another drug. For example, some drugs alter the urine's acidity; which in turn affects the excretion of other drugs. In large doses, vitamin C can do this.

- Consult your primary care doctor before taking any new drugs
- Keep a list of all drugs being taken and periodically discuss this list with the doctor

- Keep a list of all medical illnesses and periodically discuss this list with the doctor
- Select a pharmacist who provides comprehensive services and have all prescriptions filled with this pharmacist
- Learn about the purpose and actions of all prescribed drugs
- Learn about the drugs' possible side effects
- Learn how to take the drugs, what time of day they should be taken, and whether they can be taken at the same time as other drugs
- Review the use of nonprescription (over-the-counter) drugs with the pharmacist and discuss any medical conditions and prescription drugs being taken
- Follow the recommended instructions for taking drugs
- Report to the doctor or pharmacist any symptoms that might be related to the use of a drug

Drug-Disease Interactions

Most drugs circulate throughout the body; although they exert most of their effects on a specific organ or system, they also affect other organs and systems. A drug taken for a lung condition may affect the heart, and a drug taken to treat a cold may affect the eyes. Because drugs can affect medical conditions other than the disease being targeted, doctors should be made aware of all conditions before they prescribe a new drug. Diabetes, high or low blood pressure, glaucoma, an enlarged prostate, poor bladder control, and insomnia are particularly important.

Placebo: I Shall Please

In Latin, placebo means "I shall please." In 1785, the word placebo first appeared in a medical dictionary as "a commonplace method or medicine." Two editions later, the placebo had become "a make-believe medicine," allegedly inert and harmless. We now know that placebos can have profound effects, both good and bad.

Placebos are substances that are prescribed like drugs but contain no active chemicals.

A true placebo is made to look exactly like a real drug but is made up of an inactive chemical such as a starch or sugar. Placebos are used in research studies

for comparison with active drugs. In addition, a placebo may be prescribed under very limited circumstances to relieve symptoms if the doctor doesn't think that a drug with an active chemical is appropriate.

A placebo effect—a modification in symptoms after receiving a treatment with no proven effect—may occur with any type of therapy, including drugs, surgery, and psychotherapy.

Placebos can cause or be associated with a remarkable number of changes, both desirable and undesirable. Two factors tend to influence a placebo effect. One is the *anticipation* of results (usually optimistic) from taking a drug, sometimes called suggestibility, faith, hope, or optimism. The second factor, *spontaneous change*, is at times even more important. Sometimes people experience spontaneous improvement; they get better without any treatment. If spontaneous improvement occurs after a placebo is taken, the placebo may incorrectly be given credit for the result. Conversely, if a headache or rash develops spontaneously after taking a placebo, the placebo may incorrectly be blamed.

Studies to determine whether people with certain personality characteristics are more likely to respond to placebos have led to vastly different conclusions. Placebo reactivity is a matter of degree, since virtually everyone is influenced by suggestion under some circumstances. However, some people seem more susceptible than others. Some people who respond strongly to placebos show many of the characteristics of drug addiction: a tendency to need dose increases, a compulsive desire to take the drug, and the development of withdrawal symptoms when deprived of it.

Any drug can have a placebo effect—good or bad effects unrelated to the active chemical ingredients. To sort out a true drug effect from a placebo effect, investigators compare drugs with placebos in experimental trials. In such studies, half the participants are given the test drug and half are given an identical-looking placebo. Ideally, neither the participants nor the investigators know who received the drug and who received the placebo (the study is thus called a double-blind trial).

When the study is completed, all changes observed for the test drug are compared with those for the placebo. To estimate the test drug's true chemical effects, the placebo's effects are subtracted from the results found for the test drug. A test drug

must perform significantly better than the placebo to justify its use. For example, in studies of new drugs to relieve angina (chest pain from inadequate blood supply to the heart muscle), relief with a placebo commonly exceeds 50 percent. For this reason, demonstrating the effectiveness of new drugs is a significant challenge.

Use in Therapy

Every treatment has a placebo effect; making effects attributed to drugs vary from person to person and doctor to doctor. A person with a positive opinion of drugs, doctors, nurses, and hospitals is more likely to respond favorably to placebos or to have a placebo response to active drugs than is a person with a negative orientation—who may deny benefit or experience adverse effects.

A positive effect is more likely when both patient and doctor believe that the placebo will be beneficial. An active drug with no known therapeutic effect for the disorder being treated (for example, vitamin B₁₂ for arthritis) may provide relief, or a mildly active drug (for example, a mild pain reliever) may have an enhanced effect.

Doctors generally avoid deliberate, secret placebo use (as opposed to use in research trials) because deception may hurt the doctor-patient relationship. Also, the doctor may misinterpret the patient's response, mistakenly believing that the patient's symptoms aren't based on bodily illness or are exaggerated. When other doctors or nurses are involved (as in a group practice or hospital setting), their attitudes and behaviors toward the patient may be adversely affected, and the potential for discovery of the deception is increased.

However, doctors have a simple, direct way to prescribe placebos. For instance, if a patient with chronic pain is becoming too dependent on a potentially addictive analgesic, the doctor may suggest a trial of placebos. In essence, the patient and doctor agree on an experiment to see if the risky drug is really needed.

Although doctors rarely prescribe placebos, most doctors see patients who are *totally convinced* that use of some substance either prevents or relieves their illnesses, even with no scientific evidence to support this belief. For example, people who perceive benefit from taking vitamin B₁₂ or other vitamins as a tonic often feel ill and can become upset if denied their medication. Some people who are told that their weak pain relievers are strong often get excellent pain relief and are convinced that the drugs are stronger than anything they used before. Because of

cultural beliefs or psychologic attitudes, some people seem to require and benefit from either a scientifically un- proven medication or a particular dosage form (for example, an injection when a tablet should suffice). Doctors generally are troubled in these situations because they view these effects as unscientific and, considering the potential disadvantages to the doctor-patient relationship, are uncomfortable recommending or prescribing these drugs. However, most doctors realize that some patients are so dependent on placebos that depriving them may do more harm than good (assuming that the placebo used has a high margin of safety).

9.2NOTES

placebo - *noun*: [countable] a substance given to a patient instead of medicine, without telling them it is not real, either because they are not really sick or because it is part of a test on a drug

undesirable - *adjective*: something or someone that is undesirable is not welcome or wanted because they may be bad or harmful.

spontaneous - *adjective*: happening or done without being planned or organized.

vastly – *adverb*: very much

withdrawal - *adverb*: [uncountable] the period after you have given up a drug that you were dependent on, and the mental and physical effects that this process involves.

upset -*adjective*: [not before noun:] unhappy and worried because something bad or disappointing has happened.

9.3 Write your partner's answers in complete sentences.

1. What is something you have done more than once today?
2. What is something you have done more than five times in your life?
3. What is something you have never done, but would like to try?
4. What is something you have done only since coming to this school?
5. Who have you just spoken to?
6. What is something you had thought about the opposite sex before you talked to many of them?
7. Who is someone you wish you had seen before you left home to come here?
8. What is something you had already done before you entered high school?
9. Where had you traveled before you came to this school?
10. Where had you learned English before you came to this school?

9.4 WORKSHEET FOR STUDENTS

Reading Medicine Boxes Nurofen Tablets



200mg
95 tablets
Easy to swallow

Fast, effective relief from:
headaches, migraine, arthritis, flu.

Dosage:
Adults, the elderly and children 12 years and older:
Swallow 2 tablets with water, then, if necessary take
1 or 2 tablets every 4 hours.

Do not take if you:

- have or have ever had a stomach ulcer
- are pregnant
- are under 12 years old.

Warning:

- Do not exceed the stated dose.
- Keep all medicine out of the reach and sight of children.

**Consult your doctor if you are asthmatic, have
stomach, bowel, kidney, heart or liver disorders.**

For short term use only.

Read the enclosed leaflet before you can take the tablets.

EXP: 12 / 2014

iSLCollective.com

Practical lesson 10
(2hours)
10.1 Factors Affecting Drug Response
Changes in Metabolism
Text: Avicenna (Revision)

The speed with which drugs move in and out of the body varies widely among different people. Many factors can affect a drug's absorption, distribution, metabolism, excretion, and ultimate effect. Among other reasons, people respond to drugs differently because of genetic differences, because they may be taking two or more drugs that interact with each other, or because they have diseases that influence the drug's effects.

Genetics

Genetic (inherited) differences among individual people affect drug kinetics, the rate at which drugs move through the body. The study of genetic differences in the response to drugs is called pharmacogenetics.

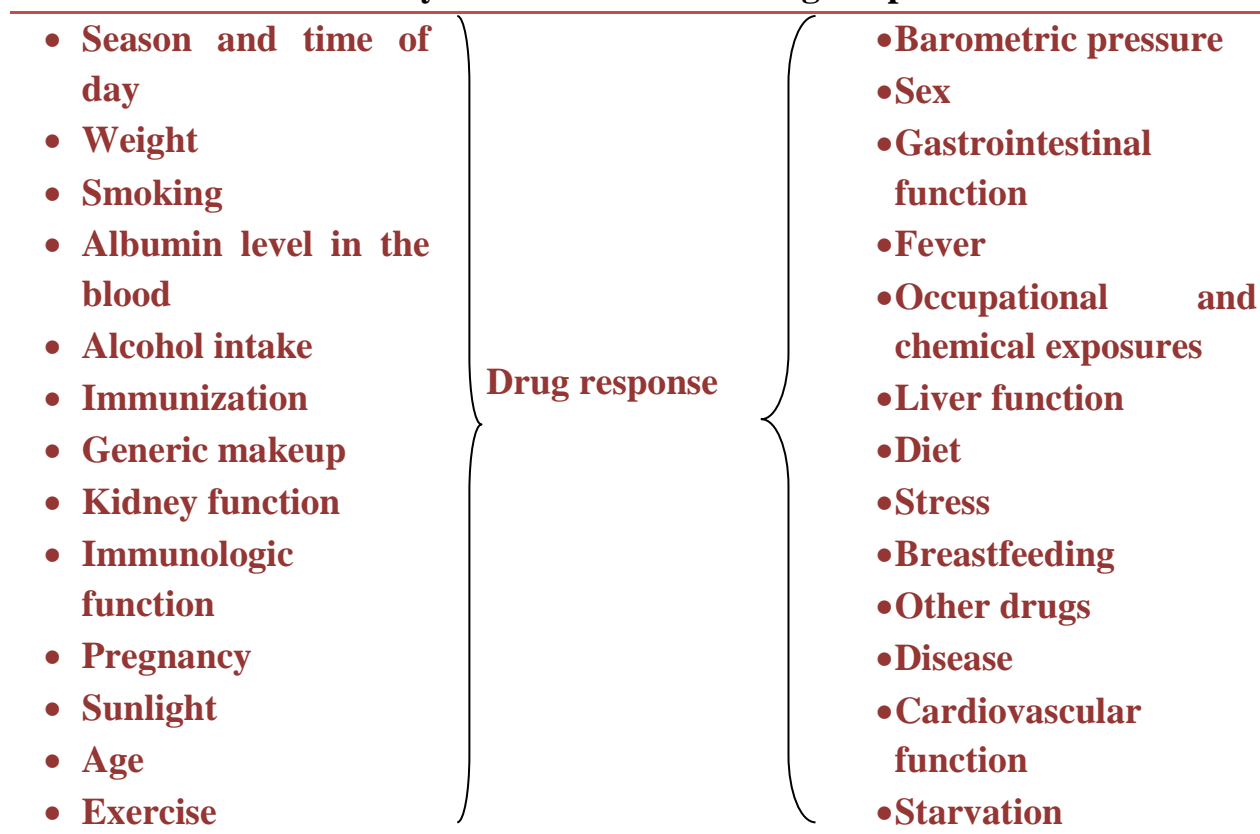
Because of their genetic makeup, some people metabolize drugs slowly; a drug may accumulate in the body and cause toxicity. Other people have a genetic makeup that causes them to metabolize drugs quickly; a drug may be metabolized so quickly that drug levels in the blood never become high enough for the drug to be effective. Sometimes genetic differences affect drug metabolism in other ways. For example, at usual dose levels, a drug may be metabolized at normal speed; but in some people, if a drug is given at a high dose or with another drug that uses the same system to metabolize it, the system may be overwhelmed and the drug may reach toxic levels.

To make sure a person gets enough drugs for a therapeutic effect with little toxicity, doctors must individualize therapy: They must select the right drug; consider the age, sex, size, diet, race, and ethnic origin of the person; and adjust the dose carefully. The presence of disease, use of other drugs, and limited knowledge about interactions of these factors complicate this process.

Genetic differences in the way drugs affect the body (pharmacodynamics) are much less common than differences in the way the body affects drugs (pharmacokinetics). Even so, genetic differences are particularly important in certain ethnic groups and races.

Certain anesthetics cause a very high fever (a condition called malignant hyperthermia) in about 1 in 20,000 people. Malignant hyperthermia stems from a genetic defect in muscles that makes them overly sensitive to some anesthetics. Muscles stiffen, the heart races, and blood pressure falls. Although malignant hyperthermia isn't common, it is life threatening.

Many Factors Influence Drug Response



Drug Interactions

Drug interactions are changes in a drug's effects because of another drug taken at the same time (drug-drug interactions) or because of food consumed (drug-food interactions).

Although combined drug effects are sometimes beneficial, drug interactions are most often unwanted and harmful. Drug interactions may intensify or diminish a drug's effects or worsen its side effects. Most drug-drug interactions involve prescription drugs, but some involve nonprescription (over-the-counter) drugs — most commonly, aspirin, antacids, and decongestants.

The risk of developing a drug interaction depends on the number of drugs used, the tendency of particular drugs to interact, and the amount of drug taken. Many drug interactions are discovered during testing of drugs. Doctors, nurses, and pharmacists can reduce the incidence of serious problems by keeping informed about potential drug interactions. Reference books and computer software programs can help. The risk of a drug interaction increases when drug prescribing isn't coordinated with drug dispensing and counseling. People under the care of several doctors are at highest risk because each doctor may not know all of the drugs being taken. The risk of drug interactions can be reduced by using one pharmacy to fill all prescriptions.

Drugs can interact in many ways. A drug may duplicate or oppose another drug's effect or may alter the other drug's rate of absorption, metabolism, or excretion.

Duplicating Effects: Sometimes two drugs taken concurrently have similar effects, resulting in therapeutic duplication. A person may inadvertently take two drugs that have the same active ingredient. This occurs commonly with over-the-counter drugs. For example, diphenhydramine is an ingredient of many allergy and cold remedies; it's also the active ingredient of many sleep aids. Aspirin may be an ingredient of cold remedies and of products intended for pain relief.

More often, two similar but not identical drugs are taken concurrently. Sometimes doctors plan this to obtain greater effect. For example, doctors may prescribe two antihypertensive drugs for a person whose high blood pressure is difficult to control. When treating cancer, doctors sometimes give several drugs (combination chemotherapy) to produce a better effect. But problems can arise

when doctors inadvertently prescribe similar drugs. Side effects can become severe; for example, excessive sedation and dizziness can occur when a person takes two different sleep aids (or alcohol or another drug that has sedative effects).

Opposing Effects: Two drugs with opposing (antagonistic) actions can interact. For example, nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen, which are taken for pain, cause the body to retain salt and fluid; diuretics help rid the body of excess salt and fluid. If these drugs are taken together, the NSAID decreases (opposes or antagonizes) the diuretic's effectiveness. Some drugs taken to control high blood pressure and heart disease (for example, beta-blockers such as propranolol and atenolol) counteract certain drugs taken for asthma (for example; beta-adrenergic stimulant drugs such as albuterol).

Changes in Absorption: Drugs taken by mouth must be absorbed through the lining of either the stomach or the small intestine. Sometimes food or a drug can reduce another drug's absorption. For example, the antibiotic tetracycline isn't absorbed properly if taken within an hour of ingesting calcium or foods containing calcium, such as milk and other dairy products. Following specific directions—such as avoiding food for 1 hour before or several hours after taking a drug, or taking drugs at least 2 hours apart—is important.

10.2 NOTES:

excretion -*noun*: [uncountable] BIOLOGY the process of getting rid of waste material from your body

ultimate -*adjective*: [only before noun:] an ultimate aim, purpose etc. is the final and most important one. somebody's ultimate goal/aim/objective etc.

inherit - *verb*: [transitive] to get a quality, type of behavior, appearance etc. from one of your parents. 2 [transitive] to have a problem that was caused by mistakes that other people have made in the past inherit something from somebody

kinetics - *noun*: [uncountable] the science that studies the action or force of movement

overwhelm -*verb*: [transitive] [often passive] if an emotion, experience, or problem overwhelms you, it affects you so strongly that you cannot think clearly. 2. if a color, smell, taste etc. overwhelms another color, taste etc., it is much stronger and more noticeable :

malignant - *adjective*: a malignant TUMOR , disease etc. is one that develops quickly and cannot be easily controlled and is likely to cause death ; OPP benign.

Nonsteroidal anti-inflammatory drugs (NSAIDS)

counteract - *verb*: [transitive] to reduce or prevent the bad effect of something, by doing something that has the opposite effect :

intestine - *noun*: [countable usually plural] the long tube, consisting of two parts, that takes food from your stomach out of your body

10.3 ACTIVITY BALL TOSS³

MATERIALS: ANY SOFT BALL OR BEANBAG

DYNAMIC: WHOLE CLASS

TIME: 10 MINUTES

PROCEDURE:

1. Arrange students in a circle, either standing or at their desks.
2. Tell a new word and toss the ball to a student. The student who catches the ball say the meaning of the new word, say another new word then tosses the ball to another classmate while calling out another new word.

10.4 TRANSLATE THE SENTENCES

1. The first steps towards scientific explanation of the world were taken in ancient Greece.
2. The discovery of many elements is lost in antiquity.
3. Knowledge of the Sun has been drawn from many different areas of research.
4. More and more is continually being learned about plants.
5. In the early stages of the development of chemistry, considerable emphasis was placed on the origins of the various substances.
6. During the chemical reaction a number of bonds will be formed or broken.
7. Medicinal properties have been ascribed to iron from time immemorial.

³Communicative Activities for the Azar Grammar Series. Suzanne W. Woodward 1997y

10.5 EXERCISE

This is worksheet for practicing how to talk about illness and ask for help at the chemist's. It is designed for both elementary and pre-intermediate language learners, particularly adults. It contains three activities. Hope you find it useful!

How to Talk about Illness

Complete the sentences.

» I had to stand up for ten hours; now I've got ...*backache*..... .

1. She has always smoked a lot, and now she's got a bad
2. He's got a - look, it's 39 degrees.
3. I walked 20 kilometres today, and my feet
4. What's the ? You look terrible. ~ I don't feel
5. I ate too much lunch and now I've got
6. My little boy had four ice creams and now he feels
7. I've got a temperature and a terrible headache. I think I've got
8. I can't eat anything. I've got a sore

Write some advice to people using *should* and the word in brackets.

» I've got a cold. (chemist's) ... *You should go to the chemist's.* ..

- a) I've got backache. (lie)
.....
- b) My ear hurts. (pharmacy)
.....

Practical lesson 11
Revision (Preparation for International exams)

TASKS FOR THE 5th YEAR STUDENTS

Variant-1

1.Translate the topic into Uzbek, Russia

SPECIAL PRECAUTIONS

Common sense is a critical element of self-care. Certain people are more vulnerable than others to potential harm from drugs. The very young, the very old, and the very sick should be given drugs only with extreme care, which may include professional supervision. To avoid dangerous interactions, people should consult a pharmacist or doctor before combining prescription drugs and OTC drugs. OTC drugs aren't designed to treat serious illnesses and can actually make some conditions worse. An unanticipated reaction such as a rash or insomnia, should serve as a signal to stop taking the drug immediately and obtain medical advice.

2.Speak on the topic:

TASKS FOR THE 5th YEAR STUDENTS

Variant-2

1.Translate the topic into Uzbek, Russia

ABOUT CHILDREN'S DRUG

Children's bodies metabolize and react to drugs differently from the way adults' bodies do. A drug may be in wide use for many years before its hazards to children are discovered. For example, 5 years passed before researchers confirmed that the risk of Reye's syndrome was linked to the use of aspirin in children with chickenpox or influenza. Doctors and parents alike are often surprised to learn that most OTC drugs, even those with recommended pediatric dosages, haven't been thoroughly tested in children. The effectiveness of cough and cold remedies in particular is unproved, especially for children, so that using these drugs may be a waste of money and may unnecessarily expose children to toxicity.

Giving a child a correct drug dose can be tricky. Although children's doses are often expressed in terms of age ranges (for example, children age 2 to 6 or 6 to 12), age isn't the best criterion. Children can vary enormously in size within any age range, and experts don't agree on whether the best measurement for determining drug dose is weight, height, or total body surface. A recommended dose expressed in terms of the child's weight may be the easiest to interpret and administer.

2.Speak on the topic:

TASKS FOR THE 5th YEAR STUDENTS

Variant-3

1.Translate the topic into Uzbek, Russia

INSTRUCTION FOR USING CHILDREN'S DRUG

If the label doesn't give instructions on how much drug to give the child, a parent shouldn't guess. When in doubt, consult a pharmacist or doctor. Taking precautions may prevent a child from receiving a dangerous drug or a dangerously high dose of a potentially helpful one.

Many drugs for treating children come in liquid form. While the label should give clear guidelines about the dose, sometimes the adults in charge may give the wrong dose because they use an ordinary teaspoon. Kitchen spoons other than measuring spoons aren't accurate enough to measure liquid drugs. A cylindrical measuring spoon is far better for a child's dose, and an oral syringe is preferred for squirting a precise amount of drug into a baby's mouth. The cap should always be removed from the tip of an oral syringe before use. A child can choke if a cap is accidentally propelled into the windpipe.

Several children's drugs come in more than one form. Adults must read labels carefully every time a new children's drug is brought into the house.

2.Speak on the topic:

TASKS FOR THE 5th YEAR STUDENTS

Variant-4

1.Translate the topic into Uzbek, Russia

Guidelines for Choosing and Using Over-the-Counter Drugs

- Make sure that a self-diagnosis is as accurate as possible. Don't assume the problem is "something that's going around."
- Select products on the basis of rational planning and ingredients, not because they're labeled with a familiar brand name.
- Choose a product with the fewest appropriate ingredients. Remedies that attempt to relieve every possible symptom are likely to expose people to unnecessary drugs, pose additional risks, and cost more.
- When in doubt, check with a pharmacist or doctor for the most appropriate ingredient or product.
- Have a pharmacist check for potential interactions with other drugs being used.
- Read the label carefully to determine the proper dose and precautions. Find out what conditions would make the drug a poor choice.
- Ask the pharmacist to write down possible adverse effects.
- Do not exceed the recommended dose.
- Never take an OTC drug longer than the maximum time suggested on the label. Stop taking the drug if symptoms get worse.
 - Keep all drugs, including OTC drugs, out of the reach of children.

2.Speak on the topic:

TASKS FOR THE 5th YEAR STUDENTS

Variant-5

1.Translate the topic into Uzbek, Russia

ELDERLY PEOPLE

Aging changes the speed and ways in which the body handles drugs. The changes in liver and kidney function that occur naturally with aging can affect how drugs are metabolized or eliminated. Elderly people may be more vulnerable than younger ones to adverse effects or drug interactions. More and more prescription drug labels specify whether different doses are needed for the elderly, but such warnings are rarely printed on OTC drug labels.

Many OTC drugs are potentially hazardous for the elderly. The risk increases when drugs are taken regularly at the maximum dose. For example, an elderly person who suffers from arthritis may be inclined to use an analgesic or anti-inflammatory drug frequently, with potentially serious consequences. A bleeding ulcer is a life-threatening complication for an elderly person and can occur without warning symptoms.

2.Speak on the topic:

TASKS FOR THE 5th YEAR STUDENTS

Variant-6

1.Translate the topic into Uzbek, Russia

DRUG INTERACTIONS

Many people neglect to mention their use of OTC drugs to their doctor or pharmacist. Drugs taken intermittently, as for colds, constipation, or an occasional headache, are mentioned even less often. Health care practitioners may not think of asking about OTC drugs when prescribing or filling a prescription. Yet many OTC products have the potential to interact adversely with a wide range of drugs.

Some of these interactions can be serious. For example, as little as one aspirin tablet can reduce the effectiveness of enalapril (Vasotec) in the treatment of severe heart failure. This may also occur with other angiotensin converting enzyme (ACE) inhibitors. Taking aspirin with the anticoagulant warfarin (Coumadin) can increase the risk of abnormal bleeding. People with heart disease may not realize that taking an antacid containing aluminum or magnesium can reduce the absorption of digoxin (Lanoxin). Even taking a multiple vitamin and mineral supplement can interfere with the action of some prescription drugs. The antibiotic tetracycline may be ineffective if swallowed with calcium, magnesium, or iron.

2.Speak on the topic:

TASKS FOR THE 5th YEAR STUDENTS

Variant-7

1.Translate the topic into Uzbek, Russia

DRUG OVERLAP

Another potential problem is drug overlap. Unless people read the labels on everything they take, they can accidentally overdose themselves. For example, a person who takes a diet aid as well as a cold remedy, both containing phenylpropanolamine, may take double the dosage considered safe. Acetaminophen is commonly found in sinus medications. A person simultaneously taking a sinus medication and acetaminophen for a headache might exceed the recommended dose.

Chronic Conditions

A number of chronic conditions can become worse if an OTC drug is taken inappropriately. Antihistamines, which are found in OTC sleep aids, allergy medications, and cough and cold or influenza remedies, shouldn't be taken by anyone with asthma, emphysema, or chronic lung problems unless directed by a doctor. Taking an antihistamine can also complicate glaucoma and an enlarged prostate gland.

People with high blood pressure, heart disease, diabetes, hyperthyroidism, or an enlarged prostate gland should consult a doctor or pharmacist before taking OTC decongestants antihistamines, as their adverse effects can be dangerous in such conditions.

2.Speak on the topic:

TASKS FOR THE 5th YEAR STUDENTS

Variant-8

1.Translate the topic into Uzbek, Russia

DRUG OVERLAP

A person of any age-with a serious medical condition should consult a health care practitioner before purchasing OTC products. People with diabetes, for example, need help locating a cough syrup that doesn't contain sugar. Recovering alcoholics need to be vigilant about avoiding cold medicines containing alcohol; some products contain as much as 25 percent alcohol.

People with heart disease may need advice on treating a child or even an upset stomach with a product that won't interact with their prescription drugs.

Because OTC drugs are intended primarily for occasional use by people who are essentially healthy, a medical consultation is wise for anyone who is chronically ill or who plans to take the drug every day. Such use is beyond the normal boundaries of self-care and calls for the advice of an expert.

2.Speak on the topic:

PRACTICAL LESSON 12

12.1 Drugs And Aging

Text: Our Chemical Lab (Speaking)

Because elderly people are more likely to have chronic diseases, they take more medications than younger adults. On the average, an elderly person takes four or five prescription drugs and two over-the-counter drugs. Elderly people are more than twice as susceptible to adverse drug reactions as younger adults. Reactions are also likely to be more severe.

As people age, the amount of water in the body decreases. Since many drugs dissolve in water, and since less water is available to dilute them, these drugs reach higher levels of concentration in the elderly. Also, the kidneys are less able to *excrete drugs into the urine*, and the liver is less able to metabolize many drugs. For these reasons, many drugs tend to stay in an elderly person's body much longer than they would in a younger person's body. As a result, doctors often should prescribe smaller doses of many drugs for elderly people or perhaps fewer daily doses.

The elderly body is also more sensitive to the effects of many drugs. For example, elderly people tend to become sleepier and are more likely to become confused when using antianxiety drugs or sleep aids. Drugs that lower blood pressure by relaxing arteries and reducing stress on the heart tend to lower the pressure much more dramatically in the elderly than in the young. The brain, eyes, heart, blood vessels, bladder, and intestines become considerably more sensitive to the anticholinergic side effects of some commonly used drugs. Drugs with anticholinergic effects block the normal action of part of the nervous system called the cholinergic nervous system.

Certain drugs tend to cause adverse reactions more often and more intensely in the elderly and should be avoided by them. In almost all cases, safer substitutes are available.

Failure to follow a doctor's directions in taking a drug can be risky; however, noncompliance with medical directions is no more common among the elderly than among younger people. A Not taking a drug or taking too little or too much of a drug can cause problems. For example, an illness may result, or a doctor may

change the therapy, thinking that the drug hasn't worked. An elderly person who doesn't wish to follow a doctor's directions should discuss the matter with the doctor rather than act alone.

12.2 NOTES:

anxiety- a feeling of wanting to do something very much, but being worried that you will not succeed

bladder – *noun*: BIOLOGY an organ of the body, that holds URINE (waste liquid from the body) until it is passed out of the body

noncompliance – *noun*: failure or refusal to do what you are officially supposed to do

12.3 ACTIVITY⁴

WRITE YOUR OWN FORTUNES

MATERIALS: ONE SLIP OF PAPER PER STUDENT WITH THE NAME OF A CLASSMATE ON IT

DYNAMIC: WHOLE CLASS

TIME: 10 minutes

Procedure: 1. Distribute the slips of paper. Tell the students they are going to write a fortune for the student whose name is on their paper. The fortunes may be silly or serious, but must contain one of the future forms studied in class.

2. Collect the slips. Redistribute the fortunes to the students whose names are on the papers.

3. Invite students to share their fortunes with the class, but do not require them to do so. If the students know each other well, the fortunes may be too personal to share with the rest of the class.

4. Have students check their fortunes to see if one of the correct forms was used. If not, have them try to rewrite the prediction, using a correct future form.

NOTE: *This is a good follow-up activity to Activity 1: Fortune Cookies, but it can be done alone by doing steps 1 and 2 of Activity 1 first.*

12.4 ACTIVITY⁵

WHAT'S NEXT?

⁴ Communicative Activities for the Azar Grammar Series. Suzanne W. Woodward 1997

⁵ "Time saver games" Jane Myles 2012

MATERIALS: SEVERAL DIFFERENT PICTURES REPRESENTING SOME ACTIVITIES

DYNAMIC: SMALL GROUPS

TIME: 30 MINUTES

PROCEDURE: 1. Arrange students in groups of three or four, and give each group a picture. (Magazine advertisements are good for this activity.)

2. Tell the groups to look carefully at their pictures and decide what is happening or has happened. If various scenarios are possible, the group should settle on the most likely. Then, the students predict what they think will happen next to the people in the picture.

3. You may want each group to work together to write a short paragraph describing what they think will happen. Another way to close this activity is for each group to show its picture, describe the scene, and then give its predictions.

12.5 EXERCISE Fill in the blanks with a participial adjective form of one of the verbs in the list. Some of the words will be used more than once.

confuse	embarrass	frighten	shock
depress	excite	humiliate	surround
disgust	fascinate		interest

A Walk in the Cloudsis an_____ movie starring Keanu Reeves. The movie takes place after World War II in the wine country of California. The characters are_____ by beautiful scenery.

Keanu's character is married to a woman he met before he went overseas.

They don't really know each other, nor are they_____ in the

same things. He is a traveling salesman, and on his first trip after returning

home he meets a_____ woman on the train. Every time he runs

into her, he gets into trouble. She is_____ to have caused him so

many problems, but he notices that she is very_____, and

finally she tells him that she is pregnant and unmarried. This is an especially_____ position to be in because her parents are very strict and will be_____ by this news. She is very _____and doesn't know what to do. Keanu's character offers to pose as her husband, who will then have a fight with her and leave the _____woman. Her family, however, will believe she is married and that the husband is a_____ person. They will feel sorry for her. Before the two can carry out this some what_____ plan, they start to really fall in love. Watch the movie to find out the _____ending!

Practical lesson 13

(2 hours)

13.1 DRUGS THAT POSE INCREASED RISK TO THE ELDERLY

Text: Forms of drugs (Revision)

Analgesics

Propoxyphene offers no more pain relief than acetaminophen and has narcotic side effects. It may cause constipation, drowsiness, confusion, and (rarely) slowed breathing. Like other narcotics (opioids), it may be addictive.

Of all the nonsteroidal anti-inflammatory drugs, *indomethacin* most affects the brain. It sometimes causes confusion or dizziness. When injected, *meperidine* is a strong analgesic, but when taken orally, it's not very effective for pain and often causes confusion.

Pentazocine is a narcotic analgesic that is more likely to cause confusion and hallucinations than are other narcotics.

Anticlotting drugs

Dipyridamole can cause light-headedness upon standing (orthostatic hypotension) in the elderly. For most people, it offers little advantage over aspirin in preventing blood clots.

Ticlopidine is no more effective than aspirin for most people in preventing blood clots and is considerably more toxic. It may be useful as an alternative for people who can't take aspirin.

Antiulcer drugs Typical doses of some histamine blockers (especially *cimetidine*, but also to some extent *ranitidine*, *nizatidine*, and *famotidine*) may cause adverse effects, especially confusion.

Antidepressants Because of its strong anticholinergic and sedating properties, *amitriptyline* usually isn't the best antidepressant for the elderly. *Doxepin* is also strongly anticholinergic.

Antinausea drugs (antiemetics)

Trimethobenzamide is one of the least effective drugs for nausea and can cause adverse effects, including abnormal movements of the arms, legs, and body.

Antihistamines All nonprescription and many prescription antihistamines have potent anticholinergic effects. The drugs include *chlorpheniramine*,

diphenhydramine, hydroxyzine, cyproheptadine, promethazine, tripeleennamine, dexchlorpheniramine, and combination cold remedies. Although sometimes helpful for allergic reactions and seasonal allergies, antihistamines are generally not appropriate for a runny nose and other symptoms of a viral infection. When antihistamines are needed, those without anticholinergic effects (terfenadine, loratadine, and astemizole) are preferable. Cough and cold remedies that don't include antihistamines are generally safer for the elderly.

Antihypertensives *Methyldopa*, alone or in combination with other drugs, may slow the heartbeat and worsen depression. *Reserpine* is risky, as it can induce depression, impotence, sedation, and dizziness upon standing.

Antipsychotics Although antipsychotics such as **chlorpromazine, haloperidol, thioridazine,** and **thiothixene** are effective in treating psychotic disorders, their effectiveness in treating behavioral disturbances associated with dementia (such as agitation, wandering, repeated questioning, throwing, and hitting) hasn't been established. These drugs are often toxic, producing sedation, movement disorders, and anticholinergic side effects. Elderly people should use antipsychotics in small doses, if at all. The need for treatment should be reassessed often, and the drugs should be discontinued as soon as possible.

Gastrointestinal antispasmodics Gastrointestinal antispasmodics, such as *dicyclomine, hyoscyamine, propantheline, belladonna alkaloids,* and *clidinium-chlordiazepoxide,* are given to treat stomach cramps and pain. They are highly anticholinergic, and their usefulness—especially at the low doses tolerated by the elderly—is questionable.

Antidiabetic drugs (hypoglycemics) *Chlorpropamide* has long-lasting effects, which are exaggerated in the elderly, and can cause prolonged low blood sugar levels (hypoglycemia). Because chlorpropamide causes the body to retain water/ it can also lower the level of sodium in the blood.

Iron supplements Doses of **ferrous sulfate** exceeding 325 milligrams daily don't greatly improve absorption and are likely to cause constipation.

Muscle relaxants and antispasmodics Most muscle relaxants and antispasmodics, such as *methocarbamol, carisoprodol, oxybutynin, chlorzoxazone, metaxalone,* and *cyclobenzaprine,* lead to anticholinergic side

effects, sedation, and weakness. The usefulness of all muscle relaxants and antispasmodics at the low doses tolerated by the elderly is questionable.

Sedatives, antianxiety drugs, and sleep aids

Meprobamate offers no advantages over benzodiazepines and has many disadvantages. *Chlordiazepoxide*, *diazepam*, and *flurazepam*—benzodiazepines used to treat anxiety and insomnia—have extremely long-lasting effects in the elderly (often more than 96 hours). These drugs, alone or in combination with others, can cause prolonged drowsiness and increase the risk of falls and fractures.

Diphenhydramine, an antihistamine, is the active ingredient in many over-the-counter sedatives. However, diphenhydramine has potent anticholinergic effects.

Barbiturates, such as *secobarbital* and *phenobarbital*, cause more adverse effects than other drugs used to treat anxiety and insomnia. They also interact with many other drugs. Generally, the elderly should avoid barbiturates except for the treatment of seizure disorders.

Anticholinergic: What Does It Mean?

Acetylcholine is one of the body's many neurotransmitters. A neurotransmitter is a chemical substance that nerve cells use to communicate with each other, with muscles, and with many glands. Drugs that block the action of the neurotransmitter acetylcholine are said to have anticholinergic effects. Most of these drugs aren't designed to block acetylcholine; their anticholinergic effects are side effects. Elderly people are particularly sensitive to drugs with anticholinergic effects because the amount of acetylcholine in the body decreases with age and because their bodies are less able to use what's there. Drugs that have anticholinergic effects can cause confusion, blurred vision, constipation, dry mouth, light-headedness, and difficulty with urination or loss of bladder control.

13.2 NOTES:

Addictive – *adjective*: a substance or drug that is addictive makes you unable to stop taking it

light-headedness – *noun*: [uncountable] unable to think clearly or move steadily because you are sick or have drunk alcohol SYN dizzy

13.3 Exercises

Context

Put in the conjunctions *as*, *as soon as*, *as if*, *before*, *that*, *the way (that)*, *when*, *which*.



CAUGHT BY THE HEEL!

Mr Boxell was just shutting his shoe shop at the end of the day
1 *when* a man in a well-cut suit walked in and asked for an
expensive pair of shoes. There was something about 2 the
man walked that made Mr Boxell suspicious. He felt 3 he had
seen him before somewhere, and then remembered that he had – on
TV! The man was a wanted criminal! The man tried on a few pairs of
shoes 4 he bought a pair 5 Mr Boxell strongly
recommended. 'They're a bit tight,' the man complained. 'They'll stretch,
sir,' Mr Boxell said. 6 Mr Boxell had expected, the man
limped into the shop next day to complain about the shoes. 7
he entered the shop, he was surrounded by police. Mr Boxell had
deliberately sold the man a pair of shoes 8 were a size too
small, knowing he would return them the next day!

13.4 EXERCISES

FOR DEVELOPING STUDENTS' SPEAKING AND READING SKILLS

1 READING

- a Look at the photos. Where do you think the places are?
b Read the article and complete each heading with a phrase.

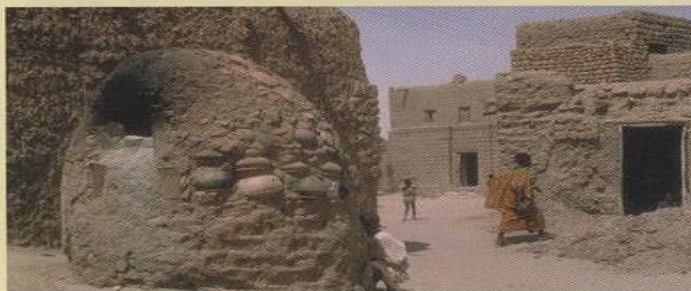
The coldest The highest The hottest

EXTREME LIVING

Welcome to the coldest, highest, and hottest places in the world!

country in the world

How do people live in **Mali**, West Africa, where the temperature is often 50°? John Baxter, a BBC journalist in Mali, says, 'People get up very early and they don't move very much in the afternoon. Surprisingly, they wear a lot of clothes (usually **cotton**) as this helps them not to get dehydrated. Houses are very hot and don't have air conditioning – the best place to sleep is on the **roof**!'



- c Read the article again. Answers these questions.

- 1 Where do people wear a lot of cotton clothes? Mali
- 2 Where is a good place to play golf? _____
- 3 Where do people sleep on the roof? _____
- 4 Where can you have a problem with your nose? _____
- 5 Where do you need to be careful in spring? _____
- 6 Where is a bad place to drink a lot of alcohol? _____

- d In pairs, guess the meaning of the **highlighted** words. Check with your teacher or a dictionary.

- e Choose five new words to learn from the article.



capital city in the world

La Paz in Bolivia is 4,090 metres above **sea level**. It can be difficult to **breathe** because there isn't much oxygen. Liz Tremlett, a travel agent who lives there, says, 'When people arrive at El Alto airport we sometimes need to give them oxygen.' It is also the worst place to be if you drink too much beer. The next day you feel terrible because you get more dehydrated. But La Paz is a very good place to play golf. At this **altitude**, when you **hit** a golf ball it goes further!

place in the world

Can you imagine living in a place which is four times colder than your **freezer**? This is **Yakutia** in Siberia, where in winter it is often -50° or lower. Valeria Usimenko, a housewife, says,



'After a few minutes outside your **nose** fills with ice. It **snows** a lot and there is always a lot of ice and snow on top of the houses. The most dangerous time is the spring – when the ice falls it can kill people! The winter is very boring because we can't go out much. A lot of babies are born here in the autumn!'

Adapted from a magazine

Practical lesson 14

14.1 ADVERSE DRUG REACTIONS (2 hours)

Text: Lake Baykal (Speaking)

A common misperception is that a drug's effects can be clearly divided into two categories: desired or therapeutic effects and undesired or side effects. Actually, most drugs produce several effects, but a doctor usually wants a patient to experience only one (or a few) of them; the other effects may be regarded as undesired. Although most people, including health care practitioners, use the term *side effect*, the term *adverse drug reaction* is more appropriate for effects that are undesired, unpleasant, noxious, or potentially harmful.

Not surprisingly, adverse drug reactions are common. About 10 percent of hospital admissions in the United States are estimated to be for treatment of adverse drug reactions. Some 15 to 30 percent of hospitalized patients have at least one adverse drug reaction. Although many of these reactions are relatively mild and disappear when the drug is stopped or the dose is changed, others are more serious and last longer.

Types of Adverse Reactions

Adverse drug reactions may be divided into two major types. The first type is reactions that represent an excess of the drug's known and desired pharmacologic or therapeutic effects. For example, a person taking a drug to reduce high blood pressure may feel dizzy or light-headed if the drug reduces the blood pressure too much. A person with diabetes may develop weakness, sweating, nausea, and palpitations if insulin or a hypoglycemic drug reduces the blood sugar excessively. This type of adverse drug reaction is usually predictable but sometimes unavoidable. An adverse reaction may occur if a drug dose is too high, if the person is unusually sensitive to the drug or if another drug slows the metabolism of the first drug and thus increases its blood levels.

The second major type is reactions resulting from mechanisms that aren't currently understood; this type of adverse drug reaction is largely unpredictable until doctors become aware of other people who have had similar reactions. Examples of such adverse reactions include skin rashes, jaundice (liver damage), anemia, a fall in

the white blood cell count, kidney damage, and nerve injury with possible visual or hearing impairment. These reactions typically develop in a very small number of people. Such people may have a drug allergy or hypersensitivity to the drug because of genetic differences in drug metabolism or in their body's response to drugs.

Some adverse drug reactions don't fit easily into one category or the other. These reactions are usually predictable, and the mechanisms involved are largely understood. For example, stomach irritation and bleeding often occur when people chronically use aspirin or other non-steroidal anti-inflammatory drugs such as ibuprofen, ketoprofen, and naproxen.

Severity of Adverse Reactions: No universal scale exists for describing or measuring the severity of an adverse drug reaction; the assessment is largely subjective. Since most drugs are taken orally, gastrointestinal disturbances—loss of appetite, nausea, a bloating sensation, and constipation or diarrhea—account for a high percentage of all reported reactions.

Doctors usually consider gastrointestinal disturbances as well as headaches, fatigue, vague muscle aches, malaise (a general feeling of illness or discomfort), and changes in sleep patterns to be **mild reactions** and of minor significance. But such reactions can be a real concern to the person who experiences them. In addition, a person who perceives a reduction in the quality of life may not cooperate with the prescribed drug plan, which may be a major problem if the goals of treatment are to be achieved.

Moderate reactions include those listed as mild if a person considers them to be distinctly annoying, distressing, or intolerable. Added to this list are such reactions as skin rashes (especially if they're extensive and persistent), visual disturbances (especially in people who wear corrective lenses), muscle tremor, difficulty with urination (common with many drugs in elderly men), any perceptible change in mood or mental function, and certain changes in blood components (such as fats or lipids).

Mild or moderate adverse drug reactions do not necessarily mean that a drug must be discontinued, especially if no suitable alternative is available. However, a doctor will likely reevaluate the dosage, frequency of administration (number of doses a day), timing of doses (before or after meals; in the morning or at bedtime),

and possible use of other agents that may relieve distress (for example, the doctor may recommend using a stool softener if a drug causes constipation).

Sometimes drugs cause **severe reactions** that are potentially life-threatening, although they are relatively rare. People who develop a severe reaction usually must stop using the drug and have the reaction treated. However, sometimes doctors must continue administering high-risk drugs (for example, chemotherapeutic drugs to cancer patients or immunosuppressant drugs to patients undergoing organ transplantation). They'll use every possible means to cope with the serious adverse reaction. For example, doctors may give antibiotics to patients with an impaired immune system to combat infection; they may give high- potency liquid antacids or H₂receptor blockers such as famotidine or ranitidine to prevent or heal stomach ulcers; they may infuse platelets to treat serious bleeding problems; or they may inject erythropoietin in patients with drug-induced anemia to stimulate red blood cell production.

hazard- hazard - *noun*: [countable] 1 something that may be dangerous, or that may cause accidents, problems etc. SYN danger.2 a risk that cannot be avoided

influenza - influenza - *noun*: [uncountable] *formal* the flu

flu *noun*: [uncountable] a common infectious disease that makes your throat sore, makes it difficult for you to breathe, gives you a fever, and makes you feel very tired SYN influenza :

chickenpox - *noun*: [uncountable]an infectious disease that causes ITCHY spots on the skin and a slight fever, and that usually affects children

14.2 ACTIVITY FOR DEVELOPING STUDENTS' SPEAKING SKILLS

Health/ Speaking Card

Health

- How often do you exercise or play a sport?
- What is your favourite sport?
- Are there any sports you don't like?
- What sports do you enjoy watching?
- Have you ever phoned in sick?

Health

- ❖ How often do you exercise or play a sport?
- ❖ What is your favourite sport?
- ❖ Are there any sports you don't like?
- ❖ What sports do you enjoy watching?
- ❖ Have you ever phoned in sick?

Health

- How often do you exercise or play a sport?
- What is your favourite sport?
- Are there any sports you don't like?
- What sports do you enjoy watching?
- Have you ever phoned in sick?

Practical lesson 15

15.1 ADVERSE DRUG REACTIONS (2 hours)

(Testing the Safety of New Drugs)

Before a new drug can be approved by the Food and Drug Administration (FDA) for marketing, it is subjected to rigorous study in animals and humans. Much of the testing is directed toward evaluating the drug's effectiveness (efficacy) and relative safety. Studies are conducted first in animals to gather information on drug kinetics (absorption, distribution, metabolism, elimination), drug dynamics (actions and mechanisms), and safety, including possible effects on reproductive capacity and health of the offspring. Many drugs are rejected at this stage because they fail to demonstrate beneficial activity or are found to be too toxic.

If animal testing is successful, the FDA approves the researchers' Investigational New Drug application, and the drug is then studied in humans. These studies progress through several phases. In the premarketing phases (phases I, ii, and ill), the new drug is studied first in a small number of healthy volunteers, and then in increasingly larger numbers of people who have or are at risk for the disease that the drug is intended to treat or prevent. In addition to determining therapeutic effectiveness, studies in humans focus on the type and frequency of adverse reactions and on factors that make people susceptible to these reactions (such as age, sex, complicating disorders, and interactions with other drugs).

Data from the animal and human tests, together with intended drug manufacturing procedures, package insert information, and product labeling, are submitted in a New Drug Application to the FDA. In most cases, the review and approval process takes 2 to 3 years after a New Drug Application is submitted, although the FDA may shorten the time for a drug that represents a major therapeutic advance. Even after a new drug is approved, the manufacturer must conduct a post marketing surveillance and promptly report any additional or previously undetected adverse drug reactions. Doctors and pharmacists are encouraged to participate in the ongoing monitoring of the drug. Such monitoring is important, because even the comprehensive premarketing studies can detect adverse reactions that occur only about once in every 1,000 doses. Important adverse reactions that occur once in every 10,000 doses or even once in every

50,000 doses can be detected only when a large number of people use the drug after it's on the market. The FDA may withdraw approval if new evidence indicates that a drug poses a significant hazard.

Benefits versus Risks

Every drug has the potential to cause harm as well as to do good. Whenever doctors consider prescribing a drug, they must weigh the possible risks against the expected benefits. Use of a drug isn't justified unless the expected benefits outweigh the possible risks. Doctors must also consider the likely outcome of withholding the drug. Potential benefits and risks can seldom be determined with mathematical precision.

When assessing the benefits and risk of prescribing a drug, doctors consider the severity of the disorder being treated and the impact it's having on the patient's quality of life. For example, the relatively minor discomforts of coughs and colds, muscle strains, or infrequent headaches can be relieved with over-the-counter drugs, and only a very low risk of adverse effects is acceptable. Over-the-counter drugs for treating minor disorders have a wide safety margin when used according to directions. However, the risk of an adverse drug reaction raises sharply when a person is taking other over-the-counter or prescription drugs. In contrast, when a drug is being used to treat a serious or life-threatening disease or condition (for example, a heart attack, stroke, cancer, organ transplant rejection), it's necessary to accept a higher risk of a severe drug reaction.

Some Serious Adverse Drug Reactions

Adverse Reaction	Drugs
Peptic ulcers or bleeding from the stomach	✓ Corticosteroids (such as prednisone or hydrocortisone) taken orally or by injection (not applied to the skin in creams or lotions) ✓ Aspirin and other nonsteroidal anti-inflammatory drugs (such as ibuprofen, ketoprofen, and naproxen)

	✓ Anticoagulants (such as heparin, warfarin)
Anemia (decreased production or increased destruction of red blood cells)	✓ Certain antibiotics (such as chloramphenicol) ; ✓ Some nonsteroidal anti-inflammatory drugs (such as indomethacin, phenylbutazone) ✓ Antimalarial and antituberculous drugs in patients with G6PD enzyme deficiency
Decreased production of white blood cells, with increased risk of infection	✓ Certain, antipsychotic drugs (such as clozapine) ✓ Anticancer drugs ✓ Some antithyroid drugs (such as propylthiouracil)
Liver damage	✓ Acetaminophen (repeated use of excessive doses) ✓ Some antituberculous drugs (such as isoniazid) ✓ Excessive amounts of iron compounds ✓ Many other drugs, especially in people with preexisting liver disease or those who consume large amounts of alcoholic beverages
Kidney damage (risk of drug-induced kidney damage is increased in the elderly)	✓ Nonsteroidal anti-inflammatory drugs (repeated use of excessive doses) ✓ Aminoglycoside antibiotics (such as kanamycin and neomycin) ✓ Some anticancer drugs (such as cisplatin)

Risk Factors

Many factors can increase the likelihood of an 'adverse drug reaction. They include the simultaneous use of several drugs, very young or old age, pregnancy, certain diseases, and hereditary factors.

Multiple Drug Therapy

Taking several prescription and over-the-counter drugs contributes to the risk of having an adverse drug reaction. The number and severity of adverse reactions increase disproportionately with the number of drugs taken. The use of alcohol, which is also a drug, increases the risk. Having a doctor or pharmacist periodically review all the drugs a person is taking can reduce the risk of an adverse drug reaction.

Age

Infants and very young children are at special risk of adverse drug reactions because their capacity to metabolize drugs is not fully developed. For example, newborns can't metabolize and eliminate the antibiotic chloramphenicol; those who are given the drug could develop gray baby syndrome, a serious and often fatal reaction. Tetracycline, another antibiotic, given to infants and young children during the period when their teeth are being formed (up to about age 7) may permanently discolor tooth enamel. Children under age 15 are at risk of Reye's syndrome if they are given aspirin while they have influenza or chickenpox.

Elderly people are also at high risk of having an adverse drug reaction, primarily because they're likely to have many health problems and thus to be taking several prescription and over-the-counter drugs. Some elderly people may be prone to confusion regarding instructions for the proper use of drugs. Kidney function and the ability to eliminate drugs from the body decline with age; these problems are often further complicated by malnourishment and dehydration. Elderly people who take drugs that may cause light-headedness, confusion, and impaired coordination are at risk of falling and fracturing a bone. Among the drugs that can cause such problems are many of the antihistamines, sleep aids, and antianxiety and antidepressant drugs.

Pregnancy

Many drugs pose a risk to the normal development of a fetus. To the extent possible, pregnant women shouldn't take drugs, especially during the first trimester. A doctor should supervise the use of any prescription and over-the-counter drugs during pregnancy. Social and illicit drugs (alcohol, nicotine, cocaine, and narcotics such as heroin) also pose risks to the pregnancy and fetus.

Other Factors

Diseases can alter drug absorption, metabolism, and elimination and the body's response to drugs. Heredity may make some people more susceptible to the toxic effects of certain drugs. The realm of mind-body interactions, including such aspects as mental attitude, outlook, and belief in self and confidence in health care practitioners, remains largely unexplored.

15.1 ACTIVITY FOR DEVELOPING STUDENTS' READING SKILLS



Communicative activity
History of Dentistry
Teacher's notes

Activity	Jigsaw reading
Level	Upper - Intermediate
Rationale	The aim is to practise exchanging information.
Grouping	Group work
Vocabulary	Medicine, dentistry
Time	30 min.
Preparation	Copy Worksheet 1 (one text per a member of group A,B,C or D). Copy Worksheet 2 (one per student).
Procedure	<ol style="list-style-type: none"> 1. Divide class into four groups. 2. Students of one group will read one text. Give each student in a group one text from Worksheet 1. 3. Tell students to read the text and answer the corresponding questions, comparing the results with the members of their group. 4. Rearrange the students into new groups. One group should consist of four students: one of those who read text a, one of those who read text b, etc. You should get ABCD groups. 5. Tell the students to retell the text they've read in detail to other members of the group to enable them to answer corresponding questions. 6. To check the results hand out one copy of Worksheet 2 to each student, and ask to complete it. 7. Go through the results. 8. Ask students if they have found out something new? What was the most interesting?

Practical lesson 16

REVISION

Practical lesson 17

FINAL LESSON

The Tashkent Pharmaceutical Institute
Total Control work for the 5th year-students
№ 1

Read the text and write down its translation using a dictionary.

COLD REMEDIES

More than 100 viruses are responsible for the misery attributed to the common cold, and a cure remains elusive. People spend billions of dollars every year trying to relieve cold symptoms. However, some authorities say that a person can take nothing at all and the cold will disappear in about a week, or a person can take a drug and feel better in about 7 days. Children are especially likely to get colds and be given cold remedies, even though the effectiveness of such drugs for preschool children hasn't been proved.

Ideally, each cold symptom should be treated with a single drug. In reality, single-ingredient cold remedies are hard to find. Most remedies contain a variety of drugs—antihistamines, decongestants, analgesics, expectorants, and cough suppressants—designed to treat a wide range of symptoms.

Taking a cough suppressant, an expectorant, or an analgesic won't relieve a congested nose. If a cough is the problem, why take an antihistamine or a decongestant? If a sore throat is the only symptom, an analgesic (acetaminophen, aspirin, ibuprofen, or naproxen) is likely to work. Throat lozenges, especially those with a local anesthetic such as dyclonine or benzocaine, or a saltwater gargle (half a teaspoon of salt in 8 ounces of warm water) may also be helpful. Finding the appropriate treatment for individual symptoms can be a challenge. Reading the labels or consulting a pharmacist should help.

Occasionally, a cold or cough may be a sign of a more serious condition. A doctor should be consulted if symptoms linger for more than a week, especially if chest pain occurs or a cough produces dark sputum. Fever and pain are unlikely to accompany a common cold and may indicate influenza or a bacterial infection.

Chief of the Chair

S.M.Tuychieva

The Tashkent Pharmaceutical Institute
Total Control work for the 5th year-students
№ 2

Read the text and write down its translation using a dictionary.

SOME OVER-THE-COUNTER ANTIHISTAMINES

When viruses invade mucous membranes, especially in the nose, blood vessels dilate and cause swelling. Decongestants constrict vessels to provide some relief. Active ingredients in oral decongestants include pseudoephedrine, phenylpropanolamine, and phenylephrine. Phenylpropanolamine is also the primary ingredient of many OTC diet products. Adverse effects of decongestants may include nervousness, agitation, palpitations, and insomnia. Because these drugs circulate throughout the body, they constrict other blood vessels—not just those in the nose—possibly raising the blood pressure. For this reason, people with high blood pressure or heart disease should take decongestants Only under a doctor's supervision or not at all. Other conditions that require medical supervision when using decongestants include diabetes, heart trouble, and hyperthyroidism.

In an attempt to avoid such complications, people often turn to nasal sprays, which relieve swollen nasal tissues without affecting other organ systems. However, nasal sprays work so feist and so well that many people are tempted to use them longer than the 3-day limit listed on the label. This could lead to the vicious circle of rebound nasal congestion. As the effect wears off, small blood vessels in the nose can expand, causing congestion and stuffiness. This feeling may be so uncomfortable that use of the nasal spray is continued. Such use may lead to a drug dependency that lasts months or years; Sometimes withdrawal may have to be supervised by a doctor specializing in ear, nose, and throat disorders.

Chief of the Chair

S.M.Tuychieva

The Tashkent Pharmaceutical Institute
Total Control work for the 5th year-students

№ 3

Read the text and write down its translation using a dictionary.

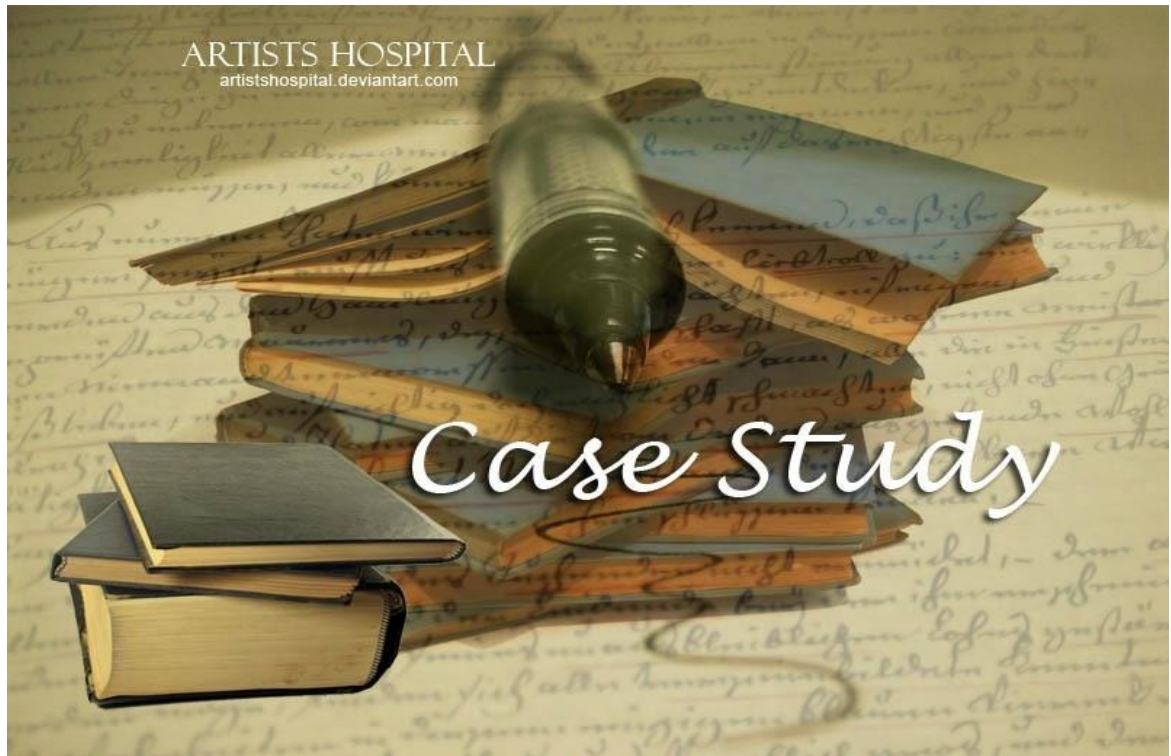
COUGH REMEDIES

Coughing is a natural reflex to lung irritation; it rids the lungs of excess secretions or mucus. If a person is congested and can cough up phlegm, suppression of such a productive cough is unwise. Single-ingredient cough suppressants are hard to find. Expectorants are often added to cough suppressants in cold and cough remedies. Combining a drug that makes phlegm easier to cough up with a drug that suppresses coughing seems senseless to some *experts*. *Guaifenesin*, the only approved expectorant on the market, is supposed to help loosen lung secretions and make them easier to cough up. Products with guaifenesin include Anti-Tuss, Naldecon Senior EX, *Organidin* NR, Robitussin, Triaminic Expectorant, and others. The drug's actual benefit, however, has been hard to establish.

An unproductive or dry cough can be very irritating, especially at night; a cough suppressant can provide relief and contribute to restful sleep. Codeine, a highly effective cough suppressant, can be helpful at bedtime because of its slight sedative effect. Because codeine is a narcotic, some people fear it may be addicting. In reality, addiction is uncommon, but many states require that codeine be sold only by prescription. Other states permit pharmacists to sell cough medicine containing codeine only if the customer signs for it. Examples of codeine-containing products include Cheracol Cough Syrup, Guiatuss AC, Mytussin AC Cough Syrup, Robitussin A-C Cough Syrup, and Tussi-Organidin NR Liquid.

Chief of the Chair

S.M.Tuychieva



A case study is a puzzle that has to be solved. The first thing to remember about writing a case study is that the case should have a problem for the readers to solve. The case should have enough information in it that readers can understand what the problem is and, after thinking about it and analyzing the information, the readers should be able to come up with a proposed solution. Writing an interesting case study is a bit like writing a detective story. You want to keep your readers very interested in the situation.

A good case is more than just a description. It is information arranged in such a way that the reader is put in the same position as the case writer was at the beginning when he or she was faced with a new situation and asked to figure out what was going on. A description, on the other hand, arranges all the information,

comes to conclusions, tells the reader everything, and the reader really doesn't have to work very hard.

When you write a case, here are some hints on how to do it so that your readers will be challenged, will "experience" the same things you did when you started your investigation, and will have enough information to come to some answers.

There are three basic steps in case writing: research, analysis, and the actual writing. You start with research, but even when you reach the writing stage you may find you need to go back and research even more information

The case study method usually involves three stages: individual preparation, small group discussion, and large group or class discussion. While both the instructor and the student start with the same information, their roles are clearly different in each of these stages, as shown in Table 1.

Table 1
Teacher and Student Roles in a Regular Case Class

When	Teacher	Student or Participant
Before Class	Assigns case and often readings	Receives case and assignment
	Prepares for class	Prepares individually
	May consult colleagues	Discusses case in small group
During Class	Deals with readings	Raises questions regarding readings
	Leads case discussion	Participates in discussion
After Class	Evaluates and records student participation	Compares personal analysis with colleagues' analysis.
	Evaluates materials and updates teaching note	Reviews class discussion for major concepts learned.

Source: Michiel R. Leeenders, Louise A. Mauffette-Launders and James Erskine, Writing Cases, (Ivey Publishing 4th edition) 3.

Case Studies in the Classroom

Case studies are usually discussed in class, in a large group. However, sometimes, instructors may require individuals or groups of students to provide a written analysis of a case study, or make an oral presentation on the case study in the classroom.

Preparing for a Case Discussion

Unlike lecture-based teaching, the case method requires intensive preparation by the students, before each class. If a case has been assigned for discussion in the class, the student must prepare carefully and thoroughly for the case discussion.

The first step in this preparation is to read the case thoroughly. To grasp the situation described in a case study, the student will need to read it several times. The first reading of the case can be a light one, to get a broad idea of the story. The subsequent readings must be more focused, to help the student become familiar with the facts of the case, and the issues that are important in the situation being described in the case – the who, what, where, why and how of the case.

However, familiarity with the facts described in the case is not enough. The student must also acquire a thorough understanding of the case situation, through a detailed analysis of the case. During the case analysis process, she must attempt to identify the main protagonists in the case study (organizations, groups, or individuals described in the case) and their relationships.

The student must also keep in mind that different kinds of information are presented in the case study. There are facts, which are verifiable from several sources. There are inferences, which represent an individual's judgment in a given situation. There is speculation, which is information which cannot be verified. There are also assumptions, which cannot be verified, and are generated during case analysis or discussion. Clearly, all these different types of information are not equally valuable for managerial decision-making. Usually, the greater your reliance on facts (rather than speculation or assumptions), the better the logic and persuasiveness of your arguments and the quality of your decisions.

Broadly speaking, the different stages in the case analysis process could be as follows:

1. Gaining familiarity with the case situation (critical case facts, persons, activities, contexts)
2. Recognizing the symptoms (what are the things that are not as expected, or as they should be?)
3. Identifying goals/objectives
4. Conducting the analysis
5. Making the diagnosis (identifying problems, i.e., discrepancies between goals and performance, prioritizing problems etc.)
6. Preparing the action plan (identifying feasible action alternatives, selecting a course of action, implementation planning, plan for monitoring implementation)

CASE STUDY 1

THE CONFLICT

Problem

Here is the case how the Directorate of “NIKA FARM” producer plant acted in a conflicting situation.

The root reason for the conflict was insufficient quality of the equipment delivered by a West European supplier. The maximum capacity reached was about 1600-1800 pieces of steel moulds per hour instead of 2000 pieces designed. Another complaint was that part of the equipment was still in a warehouse where it had been for more than 2 years. Progressively the losses were running into a huge sum.

To cut the loss, the management of the plant decided to exercise their legal right to compensation. They made a formal claim on their business partners and submitted all relevant supporting documents.

Under the law the liability for damages is limited to 50 per cent of the value of the goods supplied. The plant management was determined to recover the amount of loss.

Words and word combinations

Producer plant

завод-изготовитель

основная причина

Capacityмощность

Exercise one's right

ПОЛЬЗОВАТЬСЯ ПРАВОМ

Analyse the case

Questions

1. Do you find the position of the Buyers substantiated?
2. What losses were incurred by the Buyers?
3. What could be the Sellers' position in the dispute?
4. Who has a real chance to win the case if the matter is submitted to Arbitration?

Roles

The Buyers' side: Managing Director, Manager of the Finance and Currency Department.

The Sellers' side: Chief Business Executive, Product Manager, Technical Expert.

Buyers

You represent the interests of the Production Plant.

You claim full compensation for the losses.

The list of damages includes:

1. part of the purchase price for the delivered equipment,
2. projected transport charges back to the country of origin,
3. the fee to the Experts' Commission.

You also claim the “lost profit”. Under the Law that is the profit that could be gained if the supplied equipment ran at its designed capacity. If your partner blocks the negotiation the only option left is to submit the case to Arbitration. Tell your partner that you are ready to present.

1. An Act of Experts' Examination,
2. Chemical analysis of the content of steel.

During the negotiation you may refer to the Civil Code.

Article 219 entitles you to compensation.

Seller

You represent the interests of the Suppliers.

During the talks you cannot deny poor operation of the equipment as finished products have visual defects. But you are sure that the only reason for malfunction is improper steel. You are dead sure that poor quality steel affected the quality of the finished product.

In business you are always committed to a customer and your rescue plan may be:

1. to run a test with your own sample of steel used.
(It will help to discover the real fault),
2. to complete the commissioning of the full set of equipment.
(You will select people of better professional skills).

You may devise another plan. Just remember, that your main purpose is to dissuade your partners from rash actions.

Useful language

Anything the matter?

The thing is...

Your claim should be supported by evidence.

That sounds reasonable.

There are complaints because...

There is also the problem of...

It came as a surprise.

It happened through no fault of ours.

Let's split the expenses.

That's just what we are going to suggest...

That seems fair.

Further Subjects for Discussion

An efficient business manager must know the law governing in a country where he runs his business. In business management it is a crucial point, especially when disputes arise.

How must a manager behave in a conflicting situation?

What are his rights by law?

Where can he apply for help?

- - - these are the key questions to answer if you want expert management.

Exchange your opinions on the problem.

Written follow-up

Write up the minutes of the meeting.

CASE STUDY 2

POOR SALES

Problem

An American Agency company signed an agreement with a Uzbek trading association for distributing Uzbek goods on the American market. In their correspondence the American Party criticized the Principal for the poor performance. The points of criticism are as follows:

- delays in delivery of the goods,
- poor supply of spare parts,
- late arrival of documentation necessary for customs clearance,
- mismarking of cartons,
- poor packing.

The American side held a meeting to discuss the situation with their Uzbek counterparts; at the meeting the Uzbek delegation submitted their counter-argumentation.

Words

principal	принципал; лицо, уполномочивающее другое лицо, действовать в качестве агента
performance	выполнение, исполнение /договора/

Analyse the case

Questions

1. What were the points of criticisms made by the Agent?
2. Do you find the criticism well-grounded?
3. What could be the counter argumentation of the principal?

Roles

Agent

You are an agent selling Uzbek goods on the US market.

You major problem is:

— irregular supplies of goods and spare parts.

Ask the Principal to put the deliveries in small lots.

Customs Clearance is also a chronic problem with you as the shipping documents arrive much later than the goods.

Principal

You act on behalf of the Principal. In your counter-argumentation say that sales are poor because of high prices quoted by the agent.

Once again ask the firm to rent a warehouse of a bigger space. Then you will have an opportunity to deliver the goods in bigger lots.

Useful language

We are selling at a loss (profit).

We are likely (unlikely) to reach the sales targets.

You' ll be charged with a penalty.

I'm always open to offers (ideas).

I'd be obliged if...

Would you please...

I'd be glad to have...

Would you be so good as to...

Further Subjects for Discussion

At present goods made in Uzbekistan are only a small parts of the American imports.

What should be done to increase the inflow of goods into the American market?

Written follow-up

In your letter let the Agent know what has been done to improve the delivery situation in concrete terms.

CASE STUDY 3.

EXCESS NOISE

Problem

During the guarantee period an excess noise level was found in the device.

At a face-to-face meeting with the Buyer the manufacturer promised to deliver special equipment to cut down the noise.

A project of sound-proof cover was designed but unfortunately not commissioned to service.

Since the Seller didn't maintain his pledge the Buyer claimed a penalty for delay in delivery.

Nonetheless the Surveyor's Report stated that the equipment was in its running order and unstoppable.

Words and word combination

excess	превышение нормы
device	устройство
sound-proof cover	звукопоглощающее покрытие
commission	вводить в эксплуатацию
maintain one's pledge	выполнить обещание, обязательство

Enclosed Clause of the Contract on guarantee

GUARANTEE

1. The Sellers guarantee:

(a) the equipment supplied corresponds to the highest demands achievements of the world technics for the given type of equipment;

(b) high quality of the materials being used for the manufacture of the equipment (spare parts), first rate workmanship and high quality of the technical performance and assembly.

(c) the equipment supplied (spare parts) is manufactured in full conformity with the conditions of the present Contract.

(d) completeness of the delivered equipment in accordance with the conditions of the Contract.

2. The guarantee period of the normal operation of the equipment is months from the date of putting the equipment into operation, but not more than months from the time of its delivery.

3. If during the guarantee period the equipment proves to be defective or not in conformity with the terms and conditions of the Contract, the Sellers undertake immediately, at the Buyers' request, measures to eliminate free of charge the detected

defects by means of repairing or replacing the defective parts of the equipment with the new ones.

In this case the Sellers should pay the agreed and liquidated damages in accordance with the Contract's terms at the rates stipulated in Clause 3 of the contract starting from the date of the claim and up to the date when the defects have been eliminated or the new equipment has been supplied.

However the amount of the penalty should not exceed 10% of the contractual price of the equipment.

4. The defective equipment will be sent back to the Sellers at their request and for their account within the dates agreed by the parties.

5. All transport expenses, insurance and other expenses, connected with return or replacement of the defective goods on the territory of the Buyers' country and of a transit country as well as on the Sellers' territory are to be borne by the Sellers.

6. The above-said guarantee period in regard to the repaired equipment or newly supplied equipment will start again from the 'moment of putting it into operation.

7. If the Sellers fail to eliminate the claimed defects at the Buyers' request immediately or within 30 days after the date of the claim, the Buyers will have the right to eliminate the defects on their own account, the Sellers being charged with the normal actual expenses.

Small defects, the elimination of which is urgent and does not require the presence of the Seller, will be repaired by the Buyers charging the Sellers with the normal actual expenses.

8. If, while considering the claim or eliminating the defect, it will be stated that the defect cannot be eliminated or the replacement of the goods cannot be done within the dates acceptable to the Buyers but the goods may be used by the Buyers without the elimination of the defect, the claim may be settled at the request of either party by means of downward revision of the price of the equipment within the rates agreed by the parties.

In case of impossibility for the Buyers to use the supplied equipment the Buyers will have the right to cancel the Contract in part of the said equipment or in whole.

Words and word combinations

correspond (with, to)
workmanship
performance
assembly

соответствовать
отделка
работа, производительность (о машине)
сборка, монтаж

exceed	превышать
contractual	договорный
for one's (own) account	засобственныйсчет
detectdefects	обнаруживать дефекты
at someone's request	по просьбе, по требованию

Analyse the case

Questions

1. What defect emerged during the Guarantee Period?
2. What was undertaken by the Seller to cut down the noise?
3. Why did the Buyer claim a penalty from the Seller? Was it legitimate?
4. What measures could be taken to put things right?

Roles

Seller

Select the facts proving that the claim is unfounded.

Explain why the sound-proof cover has not been installed Make arrangements about removing the defect found.

Buyer

In your opinion the Seller failed to abide by contract obligations. An excess noise level may be a signal to some malfunction in the equipment. You also believe that the sound-proof cover should be necessarily installed in order to improve the conditions for the service personnel.

You are free to invent any argument you think fit for the situation.

Useful language

Date of check	дата проверки
Designerrorfailure	отказ, обусловленный погрешностью устройства
Fitforservice	годный к эксплуатации
Inworkingorder	в исправном состоянии
Minorrepairs	мелкий ремонт
Recondition	приводить в исправное положение

Repairschedule	график ремонта
Runningtest	эксплуатационные испытания
Safetyregulations	техника безопасности
Servicemanual	инструкции по эксплуатации
Technicalcondition	техническое состояние
Troublechart	перечень часто возникающих неисправностей
Up-date	обновлять, модернизировать

Written follow-up

In your letter to the Seller remind him of his obligation to deliver a sound-proof device. The installation of a sound-proof device is necessary for normal operating condition.

CASE STUDY 4 CONSTRUCTION OF A PLANT

Problem

Some years ago an Uzbek foreign trade association and a company from a Western country signed a contract for the construction of a plant. It was projected to put the plant into operation within 3 years after signing the contract. In real terms the plant was commissioned with a 6 months' delay. The time dragged on because the Sellers' experts who were to install and start-up the plant arrived with a delay. On their arrival the first thing done was to examine the equipment supplied. By that time part of the equipment had already been installed by the Uzbek personnel. Some items of the equipment were kept in the open air with protective covers removed.

6 months later the plant was commissioned but it did not operate to its full capacity. Besides there was a high temperature of the lubricating oil in one of the compressors. All that was a reason why the Buyer made a formal claim on the Seller. To smooth the matter out and the Parties came to a negotiating table to find a way to resolve the problem.

Words and word combinations

drag on	затягиваться, тянуться
start-up	пуск
protective cover	защитный чехол
lubricating oil	смазочное масло

Encl. Extract from the Contract on guarantee

1.1-9.2 ...

9.3. The guarantee period of the normal and continuous operation of the Plant shall be 12 months from the date when the Plant is put into operation but not more than 18 months from the delivery date of the last consignment of the equipment including complementary items of the equipment and materials.

9.4. The date of the Acceptance Protocol is the date of putting the Plant into operation. This protocol signed by both parties is to state that the proving trials have been successfully completed and that the Buyers have accepted the Plant for operation.

9.5. If during the guarantee period the Projects, any technical documentation, description of production methods or equipment prove to have any defects or to be incomplete wholly or partially or if the above- mentioned is not made in accordance with the terms and conditions of the Contract irrespective of whether it was found out in the process of examination of the technical documentation and/or during the tests of the equipment the Sellers undertake, at the Buyers' request, to eliminate the detected defects without any delay and without any additional payment of the Buyers' party.

The Sellers are to revise or to replace the technical documentation and/or to repair or replace the defective machines, units or parts thereof. In this case the Sellers are to pay, if the Buyers so request, agreed and liquidated damages as for late delivery at the rates mentioned in Clause 4 of the Contract. The penalty is calculated from the date of making the claim up to the date when the defects are eliminated or when the revised technical documentation or goods for replacement are delivered, without prejudice to any other rights of the Buyers.

9.6. The defective goods, equipment or parts when replaced with new ones will be sent back to the Sellers, if they so request, for their account within the time agreed by the parties.

9.7. All the transport, insurance and other expenses for transportation of defective parts and/or replacements through the Buyers', transit or Sellers' countries are to be borne by the Sellers.

9.8. The above guarantee period for the replaced or repaired machines begins from the date of putting them into operation.

9.9. If the Sellers fail to eliminate without delay the defects claimed by the Buyers, the Buyers have the right to eliminate these defects themselves for the Sellers' account.

In this case the Sellers are to cover normal actual expenses for the repairs. Any small defects the elimination of which is urgent and does not require the presence of the Sellers will be repaired by the Buyers and normal actual expenses will be charged to the Sellers' account.

9.10. If the defects cannot be eliminated the Buyers have the right to depart from the Contract or to request the appropriate reduction of the Contract price.

9.11. The Plant proving trials, commissioning and putting into operation period is _____ months from the completion date of the erection work.

9.12. The Sellers guarantee that under normal operation the Plant will have the capacity of... per unit.

Analyse the case

Questions

1. Why was the plant commissioned with a delay?
2. What was done by the Buyer to speed up the start-up? Why?
3. Why did the Buyer make a formal claim on the Seller?
4. What is the possible outcome of the forthcoming talks?

Roles

Buyer

You represent the interests of the plant built. Describe in full detail the cause of the poor performance of the equipment. Press for the delivery of all necessary replacements. Ask for better standards of training.

Seller

You are a representative of the plant.

Say on what conditions you are ready to replace faulty equipment. Criticize the conditions in which the equipment was stored during erection work. Outline the training programme for Uzbek experts.

Useful language

Assembly instructions	инструкции по сборке
Observe instructions	соблюдать инструкции
Infringe instructions	несоблюдать инструкции
Non-observance of instructions	несоблюдение инструкций
Maintenance and operation instructions	инструкции по
эксплуатации и уходу	
Discover defects	обнаружить дефекты
The guarantee period expires	гарантийный срок истекает
Expiration of the guarantee period	истечение гарантийного
периода	
Rapidly-wearing parts	быстро изнашивающиеся
детали	
The equipment stands idle	оборудование простаивает
Ensure trouble-free operation	гарантировать
бесперебойную работу	
Make repairs	провести ремонтные работы

CASE STUDY 5

A MARKET RESEARCH PROBLEM

Problem

Alexander Petrov is Manager of a workshop in Leningrad which builds hand-made furniture in reproduction of the 19th century styles. His work team has taken it

on lease with a view to buy it out in future. Alexander is faced with a number of pressing problems. He is increasingly worried by, a slight decrease in the orders coming in. Another problem is that the number of skilled craftsmen is dwindling. It is evident that a new development programme should be worked out. The factory management is sure that a thorough study of marketing possibilities will allow them to avoid making a leap in the dark. Before reaching a final decision the Market Research group is to collect the following information:

What proportion of the customers was no longer satisfied with the present styles of furniture offered them?

What kind of furniture would they like to buy?

Would they be prepared to buy modern furniture from the factory?

Were the qualities of good workmanship and durability as important in the market for modern styles as they were for the present product?

What method of advertising could persuade people to buy modern furniture from the factory?

The research findings are as follows:

Elderly people are completely satisfied with the present style of the furniture offered. Young customers want furniture of modern design. They want furniture that is adaptable, light and easy to move.

All groups of customers think, that good workmanship is absolutely desirable in modern furniture.

From the research data collected it is clear that time has come to make the changeover to modern furniture. Alexander plans to set up a new production line which could be supplied from Finland. A few Finnish experts have been enrolled on the staff of Alexander's firm recently..

Play the meeting between the General Manager, the Production Manager, the furniture Designer, the Chief Accountant. Those present at the meeting work out plans for putting the new idea into practice.

The questions on the agenda are:

1. market situation,
2. timing of the changeover to modern furniture;
3. characteristics of the new furniture.

Words and word combinations

Workshop
take on lease

мастерская, цех
брать в аренду

buyout	выкупать
dwindle	уменьшаться, сокращаться
craftsman	искусный мастер
a leap in the dark	прыжок в неизвестность, рискованный шаг
findings	полученные данные, добытые сведения
data	данные
change-over	переход, переключение

Analyse the case

Questions

1. What were the findings of the market research study?
2. Why is the number of skilled craftsmen dwindling?
3. Why do many work collectives take production facilities on lease?
4. What strategy would you suggest to the factory management for further progress?

Roles

Akhmad

Your aim in the meeting is to reach a decision about the future of the factory. You know that your Production Manager is skeptical of your plans. Try to convince him that it is the only way to put things right.

You are also afraid that the ideas of the furniture designers may be too avant-garde. You intend therefore to make sure that they decide to adopt designs which will be saleable.

As to the reproduction furniture you think that the factory should go on as before. Old-style furniture is in demand both in the home market and abroad. You want to make an attempt to sell it in Western Europe.

Furniture Designer, a conservative

You have spent all your working life with the factory. You are a fine craftsman and it is your insistence on high standards that has allowed the factory to maintain its good reputation. You have little sympathy for new styles and do not think that a change of style will solve the problems faced by the factory. Your only argument is people will soon get tired of this modern rubbish.

In the meeting you will do your best to persuade your boss not to revolutionize the factory overnight.

Furniture Designer, an avant-garde artist

You are oriented only on new fashionable designs. You have just returned from an exhibition which was held in Italy and are now full of avant-garde ideas. You think the factory must be mostly oriented on people of the younger generation. You are convinced that modern life styles mean that the old fixed heavy furniture is outmoded and that lighter, more flexible solutions are necessary.

Finnish Experts

You are glad at the possibility of working with factory management which wants to put new ideas to life.

Your strong belief is that reproduction furniture must not be out of production. There is a great demand for exclusive, well-built furniture in Western Europe, particularly in Scandinavian countries.

You also believe that the changeover to modern furniture should be urgent. It is clear that in a year or two there will be an increasing demand for office furniture in Leningrad and other big cities.

Useful language

The purpose of to-day's meeting is to make up our minds on...

On the agenda to-day is...

The subject for to-day's meeting is...

I don't accept that there's any need to...

You haven't convinced me that...

There's nothing in the market survey that will persuade me to...

There's no evidence that...

I'm convinced

I'm sure

It's my conviction that...

I'm absolutely certain that...

I advise you most strongly to...

If you follow my advice you won't hesitate to...

Without any doubt, the best thing to do is...

First of all I'd like to present...

I'm going to concentrate on... First..., then... and finally.

What I suggest is to...
The most important features of my proposals are...
To sum up then...
In conclusion I'll summarize the results of the survey.

Further Subjects for Discussion

Say what you know about market research and the techniques it uses.
Do market research findings benefit consumers?
Describe how you would furnish your ideal home. Describe the kind of house you would most like to live in.

Written follow-up

Describe in written form the market situation in the area you live in.

CASE STUDY 6

"DAMAGE TO DELIVERED EQUIPMENT"

Problem

The Seller shipped to the Buyer six sets of equipment for a project under construction.

Assembly and commissioning was done by the Buyer's personnel under the guidance of the Seller's Chief engineer. During the trial run one set of equipment suffered damage. The Buyer asked the Seller to remove the damage and cover all repair expenses.

To this, the Seller said no. In his opinion, the Buyer's personnel had infringed the maintenance and operation instructions.

However, the Seller could not produce convincing evidence that they had done all possible to remove the fault and its harmful consequences.

That was one of the major conditions to the technical side of the Contract which ran:

"During the starting period the parties to the contract are to ensure the faultless operation and adjusting of the delivered sets".

Enclose extract from the Contract on Warranty

WARRANTY

1. The Seller warrants all equipment manufactured to be free from defects in material and workmanship under normal use and service.
2. This warranty is for a period of 12 months from the date of putting the equipment into operation and is applicable only when the equipment is installed or operated in accordance with factory recommendations.
3. The warranty does not extend to damage or wear caused by misuse, corrosion, negligence, accident, faulty installation.
4. This warranty will be extended if, through the Seller's fault, the plant operation has been stopped for a certain period of time.
5. All the transport, insurance or other expenses for, transportation of defective parts back to the Seller's country are to be borne by the Seller.

Analyse the case

Questions

1. How was assembly and commissioning done?
2. What happened during the trial run?
3. What was on the plus (minus) side of the parties in conflict?
4. What compromise could be arrived at?

Roles

Buyer

At a meeting you represent the Buyer. Make use of the arguments which are in your favour. Try to convince the Seller that the damage should be repaired at their expense.

Seller

At a meeting you represent the Seller. Defend your viewpoint on the matter. But if the Buyer sounds convincing in his counter-arguments be cooperative.

Useful language

I must admit...

It is largely because...

And what's more...
Things are going wrong because...
One thing worries me.
What's the extend of damage?
Is there good evidence to prove it?
We're bound to get paid.
Arbitration is a last resort and it's not worth while.
Let's cometo a compromise.

Written follow-up

Write minutes of the meeting.

CASE STUDY 7 THE ADVERTISING CAMPAIGN

Problem

A firm from South-East Asia has formed a joint venture with a Korean trading company.

By arrangement the firm is to supply consumer electronics to the South Korea. At the moment there is an enormous increase in the sales of consumer electronics and there is an opportunity to expand the market. In the face of the increasing competition from European and American electronics companies the firm plans an advertising campaign to launch their production on the markets deep in the province.

In order to prepare the campaign the firm's advertising department has done some desk research.

Here are some of the most significant findings:

Elderly people in the province are rather resistant to consumer electronics as they regard them as luxury goods.

Young people, on the contrary, are excited at the idea of purchasing audio-visual equipment.

Because supply to the provincial towns is rather limited, the venture expects a very high demand for their goods. Now the agency must decide on the best methods to run the campaign.

They have to make up their minds about:

Who the potential buyers are.

What media would best allow them to reach the potential buyers.

What visual effects would be most effective.

At the meeting at which experts of the advertising department present their plan for the campaign to the General Manager. The purpose of the meeting is to come to a decision about the kind of advertising to be done. Ad experts should come with sample suggestions of ads and slogans.

Words and word combinations

expand	расширять, увеличивать
launch	выпускать, бросать, выбрасывать (товары на рынок)
resistant (to)	сопротивляющийся ч-л
run a campaign	проводить кампанию
ads	объявления
slogan	рекламная формула (броская, запоминающаяся фраза, рекламирующая товар)

Analyse the case

Questions

1. What measures have been taken by the firm to withstand the competition?
2. What are the findings of the advertising department?
3. What advertising media is most effective?
4. What methods do advertising agencies use to appeal to the public?

Roles

Market Researcher

Your job in the meeting is to present the results of the study into the market for your brand. You can invent data.

Ad agent

You are in charge of media planning for the firm and should give an account of the possible alternatives for the choice of media for the campaign. Present the advantages and disadvantages of magazines, newspapers, television, radio. You should choose one medium and recommend it firmly.

Accountant

You will be responsible for the co-ordination of the campaign. You have brought the sample advertisements for the general manager to choose. You think that the brand has enormous possibilities if it is well advertised. You therefore propose an expensive campaign the cost of which comes as a shock to the general manager, who challenges you to prove to him that the spending will be profitable to the firm. You should be ready with a less expensive proposal as well.

Useful language

Could you be more specific about...?

Could you give me all the facts and figures to back that up, please?

I'm worried about all the expense involved in ... Can you prove that...

I can assure you that...

There is no need to worry about...

Our research shows that...

It's been proved time and again that...

There is a lot of truth in that argument.

I'd go along with that point of view.

I'm sure we can rely on the research results.

I find that a very convincing argument.

To sum up then, we're all agreed to...

Further Subjects for Discussion

Describe advertisements which amuse you, which irritate you, which influence you, which put you off buying things. In what way, and to what degree are you influenced by advertising?

Written follow-up

In writing answer the question-

Do you find TV commercial channel amusing?

CASE STUDY 8 THE CITY GROWTH

Problem

Damages to the firms building a hotel extension to the Centre for International Trade in Tashkent amount for now to 8 million hard cash. This information was made public at the press conference held at the Centre in June this year.

The building work was suspended a year ago by the district council. The decision was made under the stormy pressure of a local Greenpeace. Greenpeace activists are worried about the poor ecological situation in the locality. The troubled area is the park situated nearby. If construction goes on, the territory of the park (about 0.6 hectares) will be trespassed.

To resolve the dispute Russian center had a number of meetings with all the interested parties.

Words and word combinations

extension	пристройка
make public	предать гласности, объявить
locality	местность, район
trespass	вторгаться в чьи-либо владения

Analyse the case

Questions

1. Why was the amount of loss disclosed at the press-conference?
2. Can you suppose what other damages were sustained by the Centre?
3. Do you find the decision to suspend construction voluntary?
4. What could be the ways to resolve the dispute?

Roles

Representative of the Centre
Representatives of the building firms
Executives of the District Council
Greenpeace activists
Local residents

Representative of the Centre

You regard. The situation as troublesome. Damages you suffer are accumulating in a snow-ball progression. According to Experts' calculation the lost profit (the rent, official presentations symposia etc.) is 30 million hard cash annually. In addition to that you have to pay damages to the building firms from Austria and Yugoslavia for suspension in work.

Your, approach to matters is most constructive. To recultivate the park the centre is ready to invest 8-10 million roubles, part of it in hard currency.

Representatives of the foreign firms

You represent the building firms. You are utterly displeased with the situation. The contract between you and the Centre is being suspended. You are losing not only time but money. Now you have to pay damages to the sub-contractors with whom you have placed orders for the supply of building materials and the work force.

Greenpeace activists

This group of people is made up of radicals and moderates who look upon the problem differently.

Radicals

You are strangely against the project as the territory of the park will be trespassed. The park was laid down in the 19th century and must remain intact as a national treasure.

These may be the motives why you are uncompromising.

Moderates

In your view it is quite possible to arrive at a compromise. Construction may be resumed if the International Trade Centre invests money into the remabilitation programme.

You may also add some other considerations you have.

Local resident

Every morning you do the jogging in the park. Your feeling is that as the time, goes by the ecological situation in the area becomes worse. Now the park is put to another danger.

What is most important now is to find sponsors who will help to save the park from further decay.

You may also use some other arguments.

Executive of the local Council

You are in two minds about the project. On the one hand, you understand that the project will affect the Environment. You are afraid that the park and the old mansion located on its territory will suffer most. On the other hand, if construction is stopped the City will be losing hard currency.

At the meeting you will insist that the Centre must make a handsome contribution to the rehabilitation programme. Construction may be resumed only after an agreement is signed between the Centre and the Council in which the Centre will pledge their liability to the Council.

In the dispute you may use your own arguments as well.

Useful language

The history of the question is...

There are alarming signs that...

The concentration of dust in the air exceeds the norm.

The soil is heavily polluted.

The city growth inflicts damage on the Environment.

I consider it short-sighted.

One must foresee the consequences of one's actions.

The main task is to solve the problem of waste disposal.

Further Subjects for Discussion

1. What changes would you recommend to make towns better places to live in?
2. What are the prospects of developing waste-free technology in Uzbekistan?

Written follow-up

The subject of the composition is

'Nature knows no Borders!'

CASE STUDY 9

INNOVATIVE THINKING

Problem

The management of the airdrome located near Tashkent is faced with the problem how to make their helicopter service more effective and money-making.

Mi-8 is a transport utility. From autumn to spring the helicopter crew is assigned to the area of Chirchic where they operate service flights to the oil-fields. Beginning from May the helicopter and its crew stand idle. The management thinks that after preventive maintenance the helicopter could be utilized for another purpose. Together with Intourservice they want to arrange commercial flights for travelers.

Recently there was a test flight over the Golden Ring, that is the route covering old Uzbek cities – Fergana, Andijan, Namangan, Asaka.

The helicopter offered for the flight was its usual cargo passenger version.

Soon after the flight the interested parties met to discuss the prospects of a joint venture.

Parties involved:

1. Airdrome management
2. Intourservice
3. A tourist agency from Europe.

Words and word combinations

money-making	выгодный, прибыльный
utilize	использовать, утилизировать
crew	экипаж
preventive maintenance	профилактический ремонт

Analyse the case.

Questions

1. Describe the case.
2. Do you find the project money-making?
3. How could the helicopter service be arranged?

Roles

Airdrome Manager

You are pleased with the results of the flight. There was no overheat inside the helicopter and the crew did well.

During the flight you understood that it is necessary to install armchairs specifically designed for passenger travel.

Your aim at the meeting is to get the financial backing of your partners.

According to your estimate an hour of the flying time costs 600-1.000 soms. The cost of the excursion is 3.000 soms for a group of 20 passengers, that is 150 soms per person. It is rather expensive but at the moment the price cannot be reduced as it barely covers the cost. Prices can be reconsidered after the flights bring returns.

In future somepercentage of the income could be transferred to the Cultural Fund to restore old mosks in the area.

In a role-play you are free to use any argumentation you think fit.

Intourservice Manager

You represent an independent foreign trade association. You offer to foreign guests a wide variety of services. You take payment in hard currency, credit cards and travelers' cheques. The idea of commercial flights seems attractive to you. It is a breath-taking experience and it is time-saving. Although you are on the optimistic side you have some doubts. First of all, the price seems arguable to you. It is too high and must be reduced. Another thing is that the helicopter in its present shape is not quite fit for passenger flights. There is much noise in the cabin and it's not very comfortable. To make the flight enjoyable more comfortable conditions should be created.

Your suggestions are:

1. to build-in a sound-absorbing device to reduce the noise
2. to install more comfortable chairs
3. to fix earphones for the travellers to listen to the guide.

You also think that it's essential to make the schedule of flights more convenient. The number of flights during the week- end should be increased as there is a big inflow of people at this time. No doubt, you must make your partner understand that take-offs and landings are to be strictly on time, as reservations for hotel accommodations, excursions are fixed for the exact time. As to the financial aspect, you are ready to conduct a wideadvertising campaign in the media.

Useful language

Here are words and expressions you may use when you travel abroad.

ravel first class	путешествовать первым классом
book a ticket	заказать билет
collect a ticket	получить билет
entryvisa	въездная виза
exitvisa	выездная виза
check in for the flight	зарегистрироватьсянарейс
currency exchange	обменвалюты
immigration officer	служащийпаспортногостола
go through passport control	проходитьпаспортныйконтроль
put the luggage on the scales	поставитьбагажнавесы
excessluggagecharge	плата за провоз багажа сверх нормы
boardingpass	посадочный талон
disembark	сходить с самолета
baggage claim area	залвыдачибагажа
lost and found	бюронаходок
go through customs	проходитьтаможенныйдосмотр
duty-free	неподлежащийобложению
пошлиной	
liabletoduty	подлежащий обложению пошлиной
gate	выход на посадку
terminal	конечный пункт
showsmbround	показать достопримечательности
downtown	коммерческий центр города
retailshop	магазин розничной продажи
self-serviceshop	магазин самообслуживания
giftshop	магазин подарков
parkingarea	автостоянка
carrental	прокат автомобилей
trafficjamдорожнаяпробка	
traffic lights	светофор
start the engine	завестимотор
a flat tyre	спущеннаяшина
recharge the battery	перезарядитьаккумулятор
refill the radiator	залитьрадиатор
gas (gasoline) амер.	бензин

make a reservation for	зарезервировать
receptionist	администратор
guest	проживающий в гостинице
hotelcard	карточка проживающего в гостинице
servicebureauбюрообслуживания	
travel agency	бюропутешествий
Exchange office	обменный пункт
travellers' cheques	туристские чеки
credit cards	кредитные карточки
hairdresser's	дамская парикмахерская
barber's	мужская парикмахерская
laundry	прачечная
change linen	менять бельё
shoe repair shop	сапожная мастерская
dry cleaning	химчистка
check out	выезжать из гостиницы

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Further Subjects for Discussion

- What are advantages and disadvantages of a helicopter over other means of transport?
- What is the safest means of transport?
- What kind of transport would you prefer for a long journey?

Written follow-up

Describe your recent visit abroad.

**Self -study plan on Practical English for the 5th year students
of Pharmaceutical Affairs direction of Pharmacy faculty
(9-term of the academic year of 2019-2020)**

Themes	Tasks and recommendations for self-study	Hours	Duration
Elderly people drugs	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	5	25.09.19
Children drugs	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	6	23.10.19
Over-The-Counter (OTC) Drugs	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	5	20.11.19
Diabetes drugs	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	6	18.12.19

Chief of the chair:

S.M.Tuychieva

**Self -study plan on Practical English for the 5th year students
of Pharmaceutical Analyses direction of Pharmacy faculty
(9-term of the academic year of 2019-2020)**

Themes	Tasks and recommendations for self-study	Hours	Duration
Elderly people drugs	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	5	25.09.19
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Over-The-Counter (OTC) Drugs	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	5	20.11.19
Diabetes drugs	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	5	18.12.19

Chief of the chair:

S.M.Tuychieva

**Self -study plan on Practical English for the 5th year students
of Clinic Pharmacy direction of Pharmacy faculty
(9-term of the academic year of 2019-2020)**

Themes	Tasks and recommendations for self-study	Hours	Duration
Coronarydilation	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	5	25.09.19
Antimicrobial drugs	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	6	23.10.19
Over-The-Counter (OTC) Drugs	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	5	20.11.19
Diabetes drugs	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	7	18.12.19

Chief of the chair:

S.M.Tuychieva

**Self -study plan on Practical English for the 5th year students
of Professional Education direction of Pharmacy faculty
(9-term of the academic year of 2019-2020)**

Themes	Tasks and recommendations for self-study	Hours	Duration
Analgesic, analgetic drugs	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	5	25.09.19
Antipyretic, antifebrile	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	5	23.10.19
Children drugs	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	5	20.11.19
Elderly people drugs	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	5	18.12.19

Chief of the chair:

S.M.Tuychieva

GLOSSARY

Term	Definition in English
Achieving approach to learning.	See strategic approach.
Strategic approach to learning	Typifies students who adapt their learning style to meet the needs of the set task. Intention is external to the real purpose of the task, as it focuses on achieving high marks for their own sake, not because they indicate high levels of learning. Also known as the achieving approach.
Action learning	An approach to learning involving individuals working on real projects with the support of a group (set) which meets regularly to help members reflect on their experience and to plan next actions.
Action research	Researching one's own practice in a cyclical manner. See Chapter 28, Case study 1.
Active learning	A process of engaging with the learning task at both the cognitive and affective level.
National training programm	- to make a radical reform of the system of training, the democratic state of the Republic and the steady progress towards the construction of a just civil society; the implementation of fundamental changes in the economy of the country, the national economy, particularly in the direction of raw materials through the path of production of competitive products, the establishment of the rule of the benefit of the state social policy and education, the rich ethnic, cultural and historical tradition and heritage of the attention of the authority and position of respect in the world to go from strength to strength.
National training model Person	- its main components are as follows; - The training system subjects and objects in the field of consumers and implementation of their services.

The state and society Continuous education Science Production	<ul style="list-style-type: none"> - education and training system regulating the activities to monitor and guarantee the preparation and adoption - training base of qualified competitive staff, include all types of education, state educational standards, as well as the structure of the system retraining. - training and development of highly qualified specialists using modern educational and information technologies. - The need for personnel as well as quality of training and basic requirements of the customer in terms of financial, logistical training system participants.
Educational Technology	- this trainer, education of students affect their particular circumstances, and it will act as a pre-defined intensive process of formation.
Technology	- is the Greek word "technical," that is the "master" and "Logos" - "science". Changes as sources. Research, technology, skills and techniques used in the process, a set of methods.
Learning technology Basic concepts:	-general information about the development of the information object after receiving information brought into the process and interconnection of between informational laws. innovation in the private diagnostics, innovation educational activities, axiology, acmiology, creativity, reflection.

Innovation	- Updating. Change in process of activity. Updating on the basis of scientific and technical achievements and advanced experience in the field of engineering, technology, management, news, as well as their different reflection.
Concept	- the purpose of drawing up the plan with the current legislation in this area is the concept stage
Invent	- the creation of innovation
Invention	- new ideas and technical solutions, creative product that allows to solve the specific problem.
Overview	- <i>noun</i> : [countable usually singular] a short description of a subject or situation that gives the main ideas without all the details
Sickness	- <i>noun</i> : [uncountable] the state of being sick, absence from work due to sickness
Consciousness	– <i>noun</i> : [uncountable] MEDICINE the condition of being awake and able to understand what is happening around
Psychoactive drugs	– <i>adjective</i> : technical psychoactive drugs, chemicals etc. have an effect on the mind
Spinal cord	– <i>noun</i> : [countable] the thick string of nerves enclosed in your SPINE by which messages are sent to and from your brain
Stimulants	- <i>noun</i> : [countable] a drug or substance that makes you feel more active and full of energy
Hallucination	- <i>noun</i> : [countable, uncountable] something you see, feel, or hear that is not really there, or the experience of this, usually caused by a drug or mental illness
Forth	- <i>adverb</i> : literary beginning on that day or at that time
Boredom	- <i>noun</i> : [uncountable] the feeling you have when you are bored
Tension	– [uncountable] nervous feeling: a nervous, worried, or excited feeling that makes it impossible for you to relax

Awareness	- <i>noun</i> : [uncountable] knowledge or understanding of a particular subject or situation.
Food and drug administration (FDA) decipher	- <i>verb</i> : [transitive] to find the meaning of something that is difficult to read or understand.
Proprietary	- <i>adjective</i> : [no comparative, usually before noun::] a proprietary product is one that is only sold under a particular name by a particular company
A generic	(nonproprietary) name, and a trade (proprietary or brand) name.
Cramp	- <i>noun</i> : [countable] a severe pain that you get in part of your body when a muscle becomes too tight, making it difficult for you to move that part of your body
Cramps	[plural] severe pains in the stomach, especially the ones that women get during MENSTRUATION
Nonprescription	- <i>adjective</i> : a nonprescription drug is one that you can buy in a store without a PRESCRIPTION (= written order) from a doctor SYN: over-the-counter.
Peer	-to look very carefully or hard, especially because you cannot see something well
Frustration	- <i>noun</i> : [countable, uncountable] the feeling of being annoyed, upset, or impatient, because you cannot control or change a situation, or achieve something
Ritual	- <i>noun</i> : [countable, uncountable] something that you do regularly and in the same way each time.
Fascinating	- <i>adjective</i> : extremely interesting
Involve	- <i>verb</i> : [transitive] to include something as a necessary part or result.
Euphoria	- <i>noun</i> : [uncountable] a feeling of extreme happiness and excitement.

Bloodstream	- <i>noun</i> : [singular] BIOLOGY blood as it flows around your body.
Mystery	- <i>noun</i> : plural mysteries [countable] something that is not understood or cannot be explained, or about which little is known.
Surrounding	- <i>adjective</i> : [only before noun::] near or around a particular place :
Eliminated	- <i>verb</i> : [transitive] 1 to completely get rid of something that is unnecessary or unwanted
Antiepileptic	
Frustration	- <i>noun</i> : [countable, uncountable] the feeling of being annoyed, upset, or impatient, because you cannot control or change a situation, or achieve something
Response	- [countable] a single reaction to a STIMULUS (= something that causes a reaction in living things) , for example the way your body reacts to a particular infection
Be rid of somebody/ something	to be no longer affected by someone or something unpleasant, annoying, or unwanted
Adverse	- <i>adjective</i> : [only before noun] not good or favorable
Reaction	-[singular] a bad effect, such as illness, caused by food that you have eaten or a drug that you have taken.
Unwanted	-. <i>adjective</i> : not wanted or needed
Cruise	- <i>verb</i> : informal to do something well or successfully, without too much effort.
Maintain	- <i>verb</i> : [transitive] to take care of something so that it stays in good condition.
Target	- <i>verb</i> : [transitive] to make something have an effect on a limited group or area.
Stuffy -	<i>adjective</i> : a stuffy room or building does not have enough fresh air in it
Over-the-counter	- <i>adjective</i> : [only before noun::] over-the-counter drugs can be obtained without a PRESCRIPTION (= a written order from a doctor)
Annoying -	<i>adjective</i> : making you feel slightly angry :
Safety	-[uncountable] the state of not being dangerous or likely to cause harm or injury

Life-threatening	- <i>adjective</i> : a life-threatening situation or injury could cause a person to die
Alternative	- <i>adjective</i> : [only before noun::] an alternative idea, plan etc. is one that can be used instead of another one SYN alternate :
Interfere:	- <i>verb</i> : [intransitive] to prevent something from succeeding or from happening in the way that is normal or planned
Clot	- <i>verb</i> : [intransitive, transitive] if a liquid such as blood or milk clots or something clots it, it becomes thicker and more solid
Schizophrenia around them	- <i>noun</i> : [uncountable] MEDICINE a serious mental illness in which someone's thoughts and feelings are not based on what is really happening
Hesitate	- <i>verb</i> : [intransitive] to pause before saying or doing something because you are nervous or not sure :
Outcome	- <i>noun</i> : [countable] the final result of a meeting, process, series of events etc., especially when no one knows what it will be until it actually happens :
Interactions	- <i>noun</i> : [countable, uncountable] a process by which two or more things have an effect on each other, or an occasion when this happens :
Assemble	means putting a medicinal product in a container which is labelled before the product is sold or supplied. If the medicinal product is already in the container in which it is to be sold or supplied, assemble means labelling the container before the product is sold or supplied. The legal definition of assemble can be found section 132 of the Medicines Act 1968
Approval	is the process through which we recognise qualifications and programmes that meet our education and training standards.
Awarding body	is an organisation responsible for the standards of delivery and assessment and award of a qualification approved by us that is included in a national qualifications framework.
Body corporate	is a limited company or limited liability partnership that has been incorporated with Companies House.
Colleagues	includes any individuals who pharmacy professionals work

	with. This includes students, support workers and other professionals.
Competence	is the requirement for a pharmacy professional to properly perform their role. It is a combination of skills, knowledge, character and health.
Continuing professional development	is the process by which pharmacy professionals keep up-to-date through learning.
Conscientious objection	is the refusal to provide pharmacy services due to religious or moral beliefs.
Delegate.	is when a pharmacy professional asks someone else, such as a colleague or student, to carry out a task on their behalf
Dispensing	is the process from receipt of a prescription to the supply of the dispensed medicine to the patient.
Fit to practice	is when someone has the skills, knowledge, character and health to do their job safely and effectively. This should not be confused with being fit to work.
Internet services	includes the supply of medicines, pharmaceutical products, medical devices and the provision of other professional services over the internet, or arrangements for the supply of such products or provision of such services over the internet.
Learning hours	includes all the time needed to achieve a unit of study and includes directed study, homework, assessment time and preparation time.
Learning outcomes	include knowledge, skills, attitudes and values demonstrated at a defined level.
Manufacture	includes any process carried out in the course of making a medicinal product. The legal definition of manufacture can be found in section 132 of the Medicines Act 1968
Medical device	means an article which is intended to be used for human beings or animals for the purpose of
	diagnosis, prevention, monitoring, treatment or alleviation of disease,
	diagnosis, monitoring, treatment, alleviation of or compensation for an injury or handicap,

	investigation, replacement or modification of the anatomy or of a physiological process, or control of conception and does not achieve its purpose by pharmacological, immunological or metabolic means. The legal definition of medical device can be found in section 132 of the Medicines Act 1968
Medicinal products and medicines	means any substance or article (which is not a medical device) which is given to human beings or animals for a medicinal purpose. This includes prescription only medicines (POM), pharmacy medicines (P) and general sales list medicines (GSL) and all medicines listed as controlled drugs (CD). Pharmacy medicines and general sales list medicines are sometimes referred to as ‘over the counter’ medicines (OTC). The legal definition of medicinal products can be found in section 132 of the Medicines Act 1968
Medicinal purpose	means
	treating or preventing disease,
	diagnosing disease
	ascertaining the existence, degree or extent of a physiological condition,
Fit to practise	is when someone has the skills, knowledge, character and health to do their job safely and effectively. This should not be confused with being fit to work.
Internet services	includes the supply of medicines, pharmaceutical products, medical devices and the provision of other professional services over the internet, or arrangements for the supply of such products or provision of such services over the internet.
Owner patient	is a person or animal who receives care or treatment from a health professional is an individual pharmacist (sole trader), a pharmacist partnership, a partnership in Scotland where only one partner must be a pharmacist,

	<p>a body corporate that owns a retail pharmacy business, or a representative of the above in the event of death or bankruptcy.</p> <p>In a hospital the owner may be a Trust</p> <p>.</p>
Patients and the public	includes any individuals or groups, patients, customers, clients and their animals who use, or are affected by pharmacy services, advice or other services provided directly or indirectly by pharmacy professionals
Person carrying on a retail pharmacy business	is the pharmacist or pharmacists that owns the business, or in the case of a body corporate, the superintendent pharmacist. In a hospital this may be the Chief Pharmacist.
Pharmacy professional	means a pharmacist or registered pharmacy technician
Pharmacy student	<p>in the standards for initial education and training of pharmacists is an MPharm student studying on a pharmacy course accredited by us.</p> <p>It does not mean a pharmacy technician studying on a course accredited by us who is a pre-registration trainee pharmacy technician.</p>
Pharmacy services	means the activities, advice, products, treatment or care that is provided in a registered pharmacy
Position of authority	is when a pharmacy professional has management responsibilities in connection with carrying on a retail pharmacy business
Pre -registration scheme	is the 52 weeks of professional training completed by prospective pharmacists called pre-registration trainee pharmacists.

Pre-registration trainee pharmacy technician	is a person who is undertaking education and training to become a pharmacy technician.
Training provider	is an organisation responsible for the delivery, assessment and award of qualification for a programme approved by us, or an organisation approved by an awarding body to deliver and assess a qualification included in a national qualifications framework approved by us. This can be a college or private training provider
Superintendent pharmacist	is a pharmacist who is a superintendent of a retail pharmacy business owned by a body corporate. In hospitals this may be the chief pharmacist.
Retail pharmacy business	is a business which consists of or includes the retail sale of medicinal products other than medicinal products on a general sale list, whether medicinal products on such a list are sold in the course of that business or not. Some hospitals and trusts have retail pharmacies within them. The legal definition of retail pharmacy business can be found in section 132 of the Medicines Act 1968.

Responsible pharmacist	is a pharmacist who is responsible for pharmacy procedures of registered pharmacy for the purposes of the Responsible Pharmacist Regulations 2008. The responsible pharmacist is recorded in the pharmacy record of the registered pharmacy.
Registered pharmacy	is a premises entered in the register
Professional services	means the activities, advice, products, treatment or care that pharmacy professionals provide.
Pre-registration tutor	in the standards for initial education and training of pharmacists is a person who is acting as a pre-registration trainee pharmacist's tutor. A tutor must be registered as a pharmacist with us. Tutors sign off trainees as being fit to practise towards the end of the pre-registration scheme. It does not mean a pharmacy student's university personal tutor or, in the standards for the initial education and training of pharmacy technicians, a pre-registration trainee pharmacy technician's tutor.
Pre-registration trainee pharmacist	is a person enrolled on our pre-registration scheme.

**ЎЗБЕКИСТОН РЕСПУБЛИКАСИ
ОЛИЙ ВА ЎРТА МАХСУС ТАЪЛИМ ВАЗИРЛИГИ**

Руйхатга олинди:

Олий ва ўрта махсус таълим
вазирлиги

№ БД _____

201_ йил “__” ____

201__йил “__” ____

Хорижий тил (инглиз тили)
ФАН ДАСТУРИ
(Барча бакалавриат йўналишлари учун)

Тошкент – 2017

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Ўзбекистон Республикаси Олий ва ўрта махсус таълим вазирлигининг 201__ йил “__” _____ даги “__” - сонли буйруғининг ____ - иловаси билан фан дастури рўйхати тасдиқланган.

Фан дастури Олий ва ўрта махсус, касб-ҳунар таълими йўналишлари бўйича Ўқув-услубий бирлашмалар фаолиятини Мувофиқлаштирувчи Кенгашнинг 201__ йил “__” _____ даги ____ - сонли баённомаси билан маъқулланган.

Фан дастури Ўзбекистон Миллий университетида ишлаб чиқилди.

Тузувчилар:

Бабаева С.Р.-	ЎзМУ “инглиз тили” кафедраси доценти, ф.ф.н.;
Болибекова М.М.-	ЎзМУ “инглиз тили” кафедраси катта ўқ.
Назарова Д.О.-	ЎзМУ “инглиз тили” кафедраси катта ўқ.

Такризчилар:

Джумабаева Ж.Ш.-	ЎзМУ, Хорижий филология факультети доценти, ф.ф.н.;
Икромхонова Ф.И.-	Тошкент тўқимачилик ва енгил саноат институти доценти тиллар кафедраси мудири

Фан дастури Ўзбекистон Миллий университети Кенгашида кўриб чиқилган ва тавсия қилинган (201__ йил “__” _____ даги ____ - сонли баённома).

Ўқув фанининг долзарблиги ва олий касбий таълимдаги ўрни

Нофилологик бакалавр йўналиши учун инглиз тили дастурида таъкидланишича, бозор иқтисодиётига ўтиш даврида мутахассисларни тайёрлашнинг асосий компонентларидан бири бу инглиз тилларни билишга ўргатишдир. Ўқитишдан амалий мақсад талабаларни чет тилида мулоқот қилишга тайёрлашдир. Ушбу амалий мақсадга эришиш жараёнида таълимий ва тарбиявий мақсадлар амалга оширилади. Тарбиявий вазифалар чет тилини ўқитишни яхшилашга замин яратади, яъни чет тилини ўқитиш талабаларнинг умумтаълимий даражасини оширишга, унинг дунёқарашини кенгайтириш, Ватанга садоқатни, миллий ифтихор ҳиссини тарбиялашга хизмат қилиши лозим.

Хорижий тилни ўрганишнинг умумтаълимий аҳамияти қуйидагилар:

а) 2 тил системасини она тили ва чет тилини таққослаш талабанинг филологик дунёқарашини кенгайтиради, ўз нутқига эътиборлироқ муносабатда бўлишга имкон бери; б) чет тилини ўрганиш талабанинг фикрлаш ва англаш фаоллигини оширади. в) олинadиган маълумот илмий, ижтимоий-сиёсий ва мамлакатшуносликка оид турли ҳил фактларни ўз ичига олади.

Инглиз тили фанининг мақсади талабаларнинг кўп маданиятли дунёда касбий, илмий ва маиший соҳаларда фаолият юритишларида коммуникатив компетенция (*унинг таркибий қисмлари ҳисобланувчи лингвистик, соціо-лингвистик, прагматиква бошқа компетенциялари*)ни шакллантиришдан иборат.

Компетенция – коммуникация (мулоқот) иштирокчиларитомонидан таълимнинг аниқ мақсадларига қаратилган нутқ фаолиятини ривожлантиришга имкон берадиган билим, кўникма, малака ва шахсий фазилатлар йиғиндисини ифодалайди.

Чет тили коммуникатив компетенцияси – ўрганилаётган инглиз тилида сўзлашувчилар билан мулоқот қилишни амалга ошириш қобилияти ва тайёргарлиги, шунингдек, талабаларнинг тили ўрганилаётган мамлакат маданияти билан танишиш, ўз мамлакати маданиятини янада яхшироқ англаш, уни мулоқот жараёнида тақдим эта олишини назарда тутати. Мазкур ўқув фанини ўрганишнинг асосий вазифаларига талабаларда қуйидаги компетенцияларни ривожлантириш киради:

Лингвистик компетенция ўрганилаётган тил соҳиблари билан мулоқот қилиш учун тил материаллари (*фонетика, лексика, грамматика*)ни

етарли даражада билиш ва нутқ фаолияти турлари (*тинглаб-тушуниш, гапириш, ўқиш ва ёзув*)дақўллаб билишни назарда тутди.

Ижтимоий-лингвистик компетенция сўзловчининг бирон бир нутқий вазият, коммуникатив мақсад ва хоҳиш-истагидан келиб чиққан ҳолда керакли лингвистик шакл, ифода усулини танлаш кўникма ва малакаларни ўз ичига олади.

Ижтимоий-маданий компетенция аутентик нутқнинг миллий хусусиятларини: ўзи яшаётган мамлакатнинг урф-одатлари, қадриятлари, маросимларива бошқа миллий-маданий хусусиятларини тили ўрганилаётган мамлакат билан таққослаган ҳолда тақдим эта олиш компетенциясидир.

Ижтимоий компетенция - *ижтимоий-лингвистик* ва *социо-маданий компетенцияларни ўз ичига олади*. У ҳозирги кўп маданиятли дунёдатаълим олувчиларда чет тилини ўрганиш муҳимлиги тушунчаси, чет тилида мулоқот қилиш, ўз устида мустақил ишлаш ва ижтимоий мослашув воситаси сифатида фойдаланиш эҳтиёжини шакллантириш ва ривожлантириш, фуқаролик, ватанпарварлик фазилатларини тарбиялашда, чет тили орқали маданиятлараро мулоқотни амалга ошириш истаги ва хоҳишида намоён бўлади.

Прагматик компетенция қуйидагилардан иборат:

Дискурсивкомпетенция (*дискурс – оғзаки ёки ёзма нутқ матни*) матнни тўғри талқин қилиш ва тузиш, шунингдек, шунга мос нутқий мулоқот турини танлаш учун оғзаки ва ёзма (стилистик ҳамда таркибий қисмларини билиб олишни назарда тутган) матнлар тузиш кўникма ва малакаларидан иборат.

Стратегик (компенсатор) компетенция чет тили муҳитида нутқий ҳамда ижтимоий мулоқот тажрибасидаги камчилик ва нуқсонларни айрим вербал/новербал воситалар ёрдамида тўлдириш, коммуникатив вазиятдатушунмовчиликлар пайдо бўлганда такроран сўраш, узр сўраш ва ҳоказолар орқали мураккаб вазиятлардан уddaбуронлик билан чиқиб кета олиш қобилиятини назарда тутди.

Ўқув - билиш компетенцияси таълим олувчининг мустақил билим олиш фаолиятида инглиз тили ва маданиятларни ўрганишнинг компетенциялар йиғиндиси бўлиб, замонавий таълим технологияларидан фойдаланиш билан боғлиқ бўлган мантиқий, методологик ва умумтаълимвазифаларни ўз ичига олади.

Чет тилини ўқитиш дидактик, методик, лингвистик тамойилларни ҳамда замонавий таълим технологияларини қўллаш асосида амалга оширилади.

Фан бўйича талабаларнинг билим, кўникма ва малакаларига қўйиладиган талаблар

Бакалавр “Хорижий тиллар” фани бўйича фанни ўрганиш жараёнида қўйилган мақсадга эришиш учун қуйидагиларни билиши керак:

- талаффуз қоидаларига риоя қилиш; инглиз тилидаги грамматик ҳодисаларни она тилига тўғри таржима қилиш; ҳар бир босқич учун мўлжалланган лексик минимумни ўзлаштириш;
- оригинал ижтимоий-сиёсий адабиётларни, шунингдек мутахассисликка оид адабиётларни эркин ўқий олиш; мутахассисликка оид ижтимоий-сиёсий адабиётларни луғат ёрдамида ва луғатсиз таржима қилиш; ўқилган адабиёт бўйича реферат ва аннотациялар тайёрлаш; мутахассисликка оид матнларда учрайдиган мураккаб грамматик конструкцияларни тушуниш ва таржима қилиш; таҳлил, синтез, башорат қилиш, таркибий қисмлардан иборат бутунликни тиклай олиш бўйича малакага эга бўлиш;
- ўз йўналиши бўйича оригинал адабиёт билан танишиб, ўз малакасини ошириш; муҳокама олиб бориш; турли тадбирларда чет тилида сўзга чиқиш, конференция, симпозиумларда қатнашиш, чет эллик ҳамкорлар билан оғзаки ва ёзма мулоқот олиб бориш; инглиз тилида ҳужжатлар билан ишлашни билиш ва бошқалар; чет тили бўйича олинган билимларни ўз касбий фаолиятида қўллаш.

“Чет тиллар бўйича таълимнинг барча босқичлари битирувчиларининг тайёргарлик даражасига қўйиладиган талаблар”да олий таълим муассасаларининг ихтисослиги инглиз тили бўлмаган факультетлари бакалаврият босқичи битирувчилари тўрт йиллик таҳсиллари нихоясида ўрганган инглиз тили бўйича В2 даражани эгаллашлари шарт. Унга кўра битирувчи талабалар В2 даражани таъминловчи қуйидаги коммуникатив компетенцияларни эгаллашлари лозим.

Лингвистик компетенция:

Тинглаб тушуниш

- ✓ узоқ давом этган суҳбат ва мураккаб далиллар келтирилган матнни тушуниш ва идрок этиш;
- ✓ маъруза, суҳбат, мукаммал йўриқномалар, академик ва касбий презентациялар, савол-жавоблар асосий мазмунини тушуна олиш;
- ✓ реклама, эълон ва маълумотномаларни тушуниш;
- ✓ мураккаб аутентик нутқни таниш ва нотаниш контекстда тушуна олиш;
- ✓ тил соҳиблари суҳбатлари ва баҳс- мунозараларини тушуна олиш;
- ✓ радио ва интернет материаллари, интервьюларни (суҳбат) тўлиқ даражада тушуна олиш.

Гапириш

Диалог

- бизнесдаги ҳамкори билан музокара олиб бориш;
- аниқ масалалар бўйича ахборот олиш;
- узоқ муддатли музокараларда тил соҳибби билан қатнашиш, уларни қўллаб-қувватлаш, керак бўлса музокараларни бошқариш;
- кундалик мавзуларда баҳс-мунозара, музокараларда фаол қатнашиш;
- ихтисослик (касб) бўйича интервью, суҳбатларда қатнашиш;
- фикрни аниқлаштириш, қайтадан тузиш ва баҳс- мунозара ривожига ўз ҳиссасини қўшиш;
- музокаралар олиб бориш жараёнида муаммоларни ечимини усталик билан ҳал этиш;
- вазиятга қараб саволлар бериш ва жавоб қайтариш.
- бирор мавзу юзасидан бошқа шахсдан интервью олишнибилиш

Монолог

- алоҳида мавзу бўйича қилинган презентациялар ўтказиш;
- ихтисослиги бўйича асбоб-ускуналарни аниқ ва равшан тасвирлаш;
- алоҳида мавзу бўйича оғзаки маъруза тузиш;
- мақола, маъруза, баҳс-мунозараларни аниқ ва равшан қилиб умумлаштириш;
- аниқ тизимга асосланган ҳолда қўшимча, етарли бўлган ҳолда ва таниш мавзу бўйича ўз фикрини ифода қила олиш.
- ихтисослиги бўйича олиб борилган тажриба ва тадқиқотларни тасвирлаш
- илмий тадқиқот ишлари : курс ишлари ва малакавий битирув ишларини қисқача баён қила олиш;

Ўқиш

- таниш ва нотаниш мавзу бўйича тузилган матнлардан асосий / керакли бўлган ахборотни, шахсий ва мутахассислик бўйича корреспонденцияларни (хат-хабарларни) тушуниш;
- диаграмма, схема, чизмаларни қисқача таърифни тушуниш;
- мураккаб бўлган маълумотларни идрок этиш;
- махсус, мураккаб бўлган ёзма йўриқнома ва қўлланмаларни тушуниш;
- касбга оид мақола ва маърузалардан керакли ахборотни ажратиб олиш;
- керак ёки нокераклигини аниқлаш мақсадида матнни у ёки бу қисмини синчиклаб ўқиш, конференция дастурларини ўқиб тушуниш.
- турли мавзулардаги нотаниш матнларни кўз югуртириб ўқиб, керакли маълумотларни топа олиш ;
- турли журналлар, газеталар мақолаларни кўз югуртириб ўқиб, маъносини тушуна олиш;
- электрон хабарлар, янгиликлар, элонлар қисқа хабарларни ўқиб тушуниш;

Ёзув.

- махсус маълумотларни (тил юзасидан бўлган хатларни, маълумотларни, электрон хатларни) ёза олиш;
- эссе ва маърузаларни ёза олиш;
- аниқ мантиққа эга бўлган илмий мақолалар ва илмий тадқиқот ишларни ёза олиш;
- ёзма таклифлар, ҳисобот ва резюмелар туза олиш;
- битирув малакавий ишларни зарур бўлганда ёза олиш.
- шахсий варақалар, хужжатлар, анкеталарни ёза олиш ;
- анпотация, расмий ва норасмий хатлар ёза олиш;
- табрикномалар, хулосалар ёза олиш;
- турли китоблар, филбмларга тақризлар ёза олиш;
- янги махсулотлар, ихтироларга таърифлар ёза олиш;

Тил компетенцияси

Лексик компетенция

- касбий лексика ва терминларни ишлата олиш;
- коммуникатив вазиятларда мавзуга оид бўлган лексикани ишлата олиш;
- интернационал сўзларни тушуниш ва қўллай олиш.
- турли вазиятларда касбий лексика ва терминларни ишлата олиш;

- турли конференциялар, учрашувлар, йиғинларда мавзуга оид бўлган лексикани қўллай олиш;
- интернационал ва информатсион технология соҳасига оид терминларни қўллай олиш;

Грамматик компетенция

- мураккаб грамматик ва синтактик қурилмаларни коммуникатив вазиятларда қўллай олиш;
- боғловчи сўзларни тўғри қўллаш;
- мутахассисликка оид матнларни унинг мазмунини тушуниш мақсадида матнни таҳлил қилиши талаб этилади.
- боғловчи сўзларни вазифаси ва маъносига кўра тўғри ишлата олиш;
- иборалар (phrasal verbs), идиомаларни тўғри қўллай олиш;

Фаннинг ўқув режадаги бошқа фанлар билан ўзаро боғлиқлиги ва услубий жиҳатдан узвийлиги

Инглиз тили фани ижтимоий-иқтисодий фанлар ва ихтисослик фанлари билан ўзаро боғлиқ. Ушбу фан бошқа фанлар билан интеграллашган ҳолда ўргатилади.

Талабалар хорижий тилларни ўрганишининг таълимий аҳамиятини олий ўқув юртида ўрганилаётган фанлар ўртасидаги алоқаларни тўғри ташкил этилиши орқали тушуниб етишларига осон эришилади. Бунда қуйидагилар зарур:

- инглиз тиллар кафедралари ва махсус тайёрловчи факультетлар кафедралари билан яқин ўзаро алоқада бўлиш; Факультет кафедралари бўйича чет тили ўқитувчиларини ихтисослаштириш, кафедрадаги йўналишлар бўйича курс ишларини чет тилида ёзиш, битирув малакавий ишларини чет тилида ёзиб, уни ҳимоя қилиш.

Фаннинг фан, таълим ва ишлаб чиқаришдаги ўрни

Инглиз тили фани ишлаб чиқариш жараёни билан бевосита боғланмаган. Талабалар мазкур фандан ўрганган билимларидан бошқа ихтисослик фанларини ўзлаштиришда (соҳага оид маълумотларни чет тилида излаб топиш, таҳлил қилиш ва билим олиш жараёнида фойдаланиш), келгусидаги касбий фаолиятларида фойдаланишлари мумкин.

Фанни ўқитишда замонавий ахборот ва педагогик технологиялар

Замонавий ахборот ва педагогик технологияларнинг асосий турларидан бири интерфаол усулида ўқитиш ҳисобланади. Интерфаол усулда ўқитиш - бу билиш фаолиятини ташкил этишнинг махсус шакли. Талабаларга чет тилини ўргатишда ахборот ва педагогик технологияларни қўллаш катта аҳамиятга эга. Бу усулнинг туб моҳияти шундан иборатки, деярли барча талабалар ўқув жараёнига жалб этилади. Интерфаол усулларни қўллаш, янги материални ўзлаштириш жараёнини енгиллаштиради, ҳамда талабаларнинг танқидий фикрлашини ривожлантиради. Бунинг учун дарсларда индивидуал, жуфт ва гуруҳ-гуруҳ бўлиб ишлаш, роль ўйинлари, турли маълумот-манбалари билан ишлаш, ақлий ҳужум, хотира картаси, мозаика ва бошқалар ташкил қилинади. Интерфаол усуллардан фойдаланишни билиш қуйидагиларга имкон берди:

- талабаларни дарс мавзусига қизиқтириш нитаъминлаш.
- материални мукамалроқ тушунишга эришиш.
- Аналитик фикрлашни ривожлантириш.
- Мулоқот малакасини шакллантириш.
- ҳамматалабаларни ўқув жараёнига жалб қилиш.

Ўқув жараёни билан боғлиқ таълим сифатини белгиловчи ҳолатлар қуйидагилар: юқори илмий-педагогик даражада дарс бериш, муаммоли маърузалар ўқиш, дарсларни савол-жавоб тарзида қизиқарли ташкил қилиш, илғор педагогик технологиялардан ва мультимедиа воситаларидан фойдаланиш, тингловчиларни ундайдиган, ўйлантирадиган муаммоларни улар олдида қўйиш, талабчанлик, тингловчилар билан индивидуал ишлаш, эркин мулоқот юритишга, илмий изланишга жалб қилиш.

“инглиз тили” курсини лойиҳалаштиришда қуйидаги асосий концептуал ёндашувлардан фойдаланилади:

“Чет тили” фанини ўқитишда таълимнинг қуйидаги илғор ва замонавий технология ва методларидан фойдаланилади:

- педагогик маҳорат технологияси (Ю.Н.Кулюткин, Е.Б.Спасская);
- билимдонлар баҳси;
- мавқеингизни эгалланг – шиорлар асосидаги баҳс;
- таълимнинг фаол услублари: “Кейс-услуги” (Гарвард университети бизнес мактаби), ишбоп ўйинлар.
- Т чизма-турли мавзуларни афзал-афзалмас томонларини таҳлил қилишда фойдаланилади
- Бумеранг

- Идрок ҳаритаси (mind map) маълум бир қолипга солмаган ҳолда фикрларни чексиз ифодалаш;
- Такдимот технологияси- мавзуга доир материалларни слайд кўринишида такдим этиш;
- Балиқ склети- технологияси
- Муаммоли вазият технологияси

Ижодий топшириқларни гуруҳ билан ҳал қилиш услубларидан:

- **дельфи услуби** – таклиф қилинган ечимдан статистик услуб асосида беш камчиликни аниқлаш ва улардан энг яхшисини танлаб, баҳолаш, камчиликлар сабабини аниқлаш;
- **қора қути услуби** – масалани таҳлил қилиш, ижодий баҳс орқали камчиликлар сабабини аниқлаш;
- **кундаликлар услуби** – гуруҳ аъзоларининг ён дафтарчаларидаги ёзувларни таҳлили ва уларда берилган таклиф-мулоҳазаларни муҳокама қилиш, умумий фикр ишлаб чиқиш;
- **“Тўғридан-тўғри жамоавий ақлий ҳужум”** (Дж.Дональд Филлипс) – 20-60 кишилиқ катта аудиторияда янги фикрларни, самарадорликни ошириш иш ёки машқ мини-гуруҳларда олиб борилади ва фикрлар жамоада муҳокама қилинади;
- **“Ақлий ҳужум”** – (Е.А.Александров и Г.Я.Буш) – гуруҳ қатнашчилари ижодий ғояларини жамоа, ғоялари билан қарши ғоялар ёрдамида фаоллаштириш, уларни қўллашни баҳолаш;
- **сенектика услуби** (У.Гордон) – муаммони ифодалашга ўргатиш, унинг қисмларини аниқлаш, муаммони ечишдаги ўхшашликларни топиш. Креативликни ўстириш, оддий ҳодисаларнинг ғайри-табiiй томонларини топиш, ижодий қобилиятларини аниқлаш;
- **«АРИЗ – ТРИЗ»** (Г.С.Альтшуллер ва унинг мактаби, ТРИЗ - кашфиёт топшириқлари технологияларини ривожлантириш) – ўрганилаётган тизим ривожланиши қонуниятларига бўйсундирилган мантиқий операциялар тизими 40 усулдан иборат: “қўшилиш”, “матрёшка”, “қарама-қарши”, “зарарни фойдага айлантириш” ва бошқалар.

АСОСИЙ ҚИСМ

Нутқ мавзулари:

Кундалик мавзу (ўзи ҳақида, оиласи ҳақида, бўш вақтни ўтказиши ва ҳоказо).

Ижтимоий мавзу (атроф-муҳит, маиший ва касбий йўналишда ижтимоий муносабат).

Таълим мавзуси (ўқув муассасаси, ўқув қуроллари ва унга муносабат, ихтисослик фанларининг ҳозирда ўқитилиши ва ҳоказо)

Ижтимоий маданий (Ўзбекистон Республикаси ва тили ўрганилаётган мамлакатнинг тарихий, географик, иқлимий, маданий, маиший хусусиятлари).

Касбга йўналтирилган мавзу (ўрганилаётган ихтисослик тарихи, йўналишлари, соҳанинг буюк намоёндалари, долзарб муаммолари, касбий этика ва ҳоказо).

Умумий босқич

Фанни амалий қўллаш

Хорижий тилларни ўргатиш олий маълумотли мутахассисни тайёрлаш жараёнининг таркибий қисми бўлиб келган ва бўлиб қолади.

Замонавий мутахассис ўз касбий фаолияти ва кундалик ҳаётида қанчалик бита хорижий тилни билиши керак. Бунинг учун Олий ўқув юрти нутқий мулоқот фаолиятининг асосий билим, кўникма ва малакаларининг мустаҳкам пойдеворини таъминлаши ва Олий ўқув юртида таълим олувчидан сўнг чет тилида мустақил ишлаш усуллари ва йўллари билишга ўргатиши керак.

1-2 курслардан юқори курсларда ўқув фани сифатида чет тили дарсларидан касбий мақсадларда уни амалда қўллашга ўтиш бўйича зарур тушунчалар берилиши керак. Олдига қўйилган мақсадга эришишда талабалар:

а) махсус фанларни ўрганишда чет тилидаги адабиётларни ўқиш малакасига эга бўлиш

б) ва курс ишлари ва магистрлик диссертациясини битирув малакавий ишлари ва чет тилида ёзишлари мумкин.

в) чет тилида ўтказиладиган конференцияларда қатнашиши мумкин.

г) чет тилида маълумотлар тайёрлашлари мумкин.

Чет тили дарсларида қўлланиладиган топшириқлар талабаларнинг фикрлаш фаолиятини ривожлантиришга ёрдам бериб, махсус фанларни

ўрганишда ҳам зарурий фикрлаш фаолиятини шакллантириш учун замин яратади.

Бўлажак мутахассис фаолияти учун касбий аҳамиятига эга бўлган-анализ, синтез, башорат, гипотезаларни илгари суриш ва ҳимоя қилиши ва бошқалар ўқиш жараёнига киради. Бу усуллар ҳар қандай соҳада, ижодий фаолият учун умумий бўлган, бу ҳолатда чет тили бўйича матндан олинган маълумотларни қўллай олишда кенг фойдаланилади.

Нутқ компетенцияси

Босқичнинг асосий мақсади:

- узлуксиз таълим тизимининг аввалги босқичлари (академик лицей ва касб-ҳунар коллежлари)да талабалар хорижий тилда эгаллаган малака ва кўникмаларини коррекция қилиш ва тенглаштириш;
- талабаларни нутқ фаолияти турлари бўйича касбий мулоқотга тайёрлашдан иборат;

Тинглаб тушуниш:

- ✓ маъруза, тақдимот ва мунозаралар, радио ва телевидение эшиттиришлари, янгиликлар, интервьюлар, ҳужжатли фильм ва шу каби оғзаки матнлар;
- ✓ реклама ва эълонлар;
- ✓ тил соҳиблари нутқ ёзувлари (бадий, ҳужжатли фильмлар, оммавий чиқиш ва ҳоказо);
- ✓ тил соҳибларининг ижтимоий мавзулардаги ўзаро суҳбати;
- ✓ тингланган ахборотнинг асосий мақсади, тўлиқ мазмунини тинглаб тушуниш малака ва кўникмаларини ривожлантириш.

Гапириш:

Диалог нутқ

- ✓ ижтимоий мавзуларда суҳбат ва норасмий диалог;
- ✓ касбий ёки бошқа мавзуларда расмий ва норасмий мунозаралар;
- ✓ мунозарани бошқариш, интервью, музокаралар ва телефон орқали мулоқот олиб бориш.

Монолог нутқ

- ✓ ихтисосликка оид мавзуларда маъруза тайёрлаш ва ўқиш;
- ✓ мунозара, далил ва исботларни олға суриш, фикрни асослаб бериш;
- ✓ реклама ва махсус мавзуларда тақдимот тайёрлаш ҳамда чиқиш қилиш;

- ✓ маълумотларни умумлаштириш, мақолалар ёзиш, муҳокама қилиш.

Ўқиш

- ✓ танишув ўқиш, кўз югуртириб ўқиш ва синчиклаб ўқиш кўникма ва малакаларини ривожлантириш;
- ✓ хат-хабар, ёзишмалар ва электрон почтани ўқиш;
- ✓ махсус материалларни ўзида акс эттирган аутентик матнларни ўқиш;
- ✓ махсус сўз ва терминларга эга матнларни, илмий ва касбга оид адабиётларни, электрон манбалар ва матбуот материалларини ўқиш.

Ёзма нутқ

- ✓ турли ёзишмалар, хат-хабарлар ва махсус докладлар (эслатма CVs ва ҳоказо) ёзиш;
- ✓ эссе, баён, резюме, тадқиқот иши (мақолалар, битирув малакавий ишлар) ёзиш.

Касбга йўналтирилган босқич

Касбга йўналтирилган босқичнинг асосий мақсади:

- нутқ турлари бўйича касбий соҳада чет тилини амалий эгаллаш;
- талабани ижодий шахс сифатида ривожлантириш;
- соҳа бўйича адабиётларни таржима қилиш малака ва кўникмаларини ривожлантириш;

Тинглаб тушуниш:

- ✓ касбга йўналтирилган аутентик материалларни бир марта эшитиб асосий мазмунини тушуниш ва зарур ахборотни олиш;
- ✓ кундалик воқеалар ҳақида янгиликлар, репортажларни тушуниш, фильм қаҳрамонлари нутқини тушуниш.

Гапириш:

Диалогик нутқ

- тил соҳиблари билан эркин мулоқотда бўлиш ва касбий мавзуларга ўз фикр ва мулоҳазаларини исботлаб бериш;
- суҳбатни бошлаш ва тугатишни билиш, суҳбатдошига таклиф ва маслаҳат бериш, саволларига жавоб бериш, ахборот алмашиш, муҳокама қилинаётган далилларни аниқлаштириш, ўқиган ёки эшитганларини муҳокама қилиш;
- матн асосий мазмунини ифодаловчи лексик ва синтактик қурилмаларга асосланиб гапириб бериш;

- ассоциатив тафаккурга асосланиб мулоҳаза, танқид, баҳолаш далиллар билан исботлаш орқали ўз нутқини тузиш;
- риторик характерга эга диалог нутқ малакаларини такомиллаштириш;
- касбий мулоқотлар, конференция, симпозиум, учрашув ва мунозараларда қатнашиш учун нутқ фаолияти, кўникма ва малакаларини такомиллаштириш.

Монологик нутқ:

- долзарб муаммо юзасида барча “Тарафдор” ва “Қарши” далилларни келтирган ҳолда ўз фикрини баён қилиш;
- тинглаган ва ўқиган матн мазмунини гапириш;
- мазмунга баҳо бериш;
- ўрганилган мавзулар бўйича ахборот бериш
- ўқиган матнни таҳлил қилиш ва шарҳлаш;
- ўқиган ёки тинглаган матнни қисқача мазмунини баён этиш;
- ўрганилган мавзуда чиқиш қилиш;
- ижтимоий –сиёсий матнларни ўқиб шарҳлаб бериш.

Ўқиш:

Танишув ўқиш

- ✓ матнни луғатсиз, берилган савол ёки умумий мазмунини тушуниш мақсадида ўқиш;
- ✓ матн: 10 % гача нотаниш сўз бўлган илмий-оммабоп, ижтимоий-сиёсий, махсус бадиий матнлар;
- ✓ матн мазмунини чет тилида ёки она тилида сўзлаб бериш, параграфларни номлаш, тест топшириш.

Синчиклаб (ўрганиб) ўқиш

- ✓ матнни асосий ахборотни ажратиб олган ҳолда мазмунини тўлиқ ва аниқ тушуниб ўқиш.

Ўқиш тезлиги, ҳажми:

- ✓ луғатдан фойдаланиб 1600 босма белгили матнни 1,0 академик соатда ўқиш.
- ✓ матн: махсус, илмий оммабоп 12% гача нотаниш сўзга эга бўлади.

Кўз югуртириб ўқиш:

- матн мазмуни хусусиятларини аниқлаш;
- зарур ахборотни матндан топиш;
- сўз (матн) маъно мазмунини контекст асосида фаҳмлаб олиш;

- матндаги бирламчи (асосий) иккинчи даражали ахборотни ажратиш;
- матн калит сўзларини ажрата олиш;
- матн қисмларига сарлавҳа қўйиш.

Ёзма нутқ

Ёзма нутқ бўйича:

- касбга йўналтирилган босқичда шаклланган малакаларни такомиллаштириш;
- реферат, аннотация ёзиш техникасини такомиллаштириш;
- ҳужжатларни расмийлаштиришни билиш (тузилиши, услуби, ҳужжат тили) ва у асосида ҳужжатларни намунага қараб, схемага кўра, клише ва фразаларни қўллаб, ахборотни ҳисобга олиб, иш юритиш вазиятлари талабларига мос равишда расмийлаштириш;
- берилган мавзуда баён, эссе, резюме тузиш, соҳага оид адабиётлар бўйича реферат ёзиш.

Лингвистик компетенция

Лексик компетенция чет тилида кенг қўлланиладиган рецептив ва репродуктив актив, пассив, потенциал сўз бойлигини оширишга қаратилган бўлиб, унинг таркибига турғун сўз бирикмалари, нутқ намуналари, клише ва касбий терминлар киради. Мазкур лексик минимум тили ўрганилаётган мамлакат маданиятини ифодалайди.

Ихтисослик бўйича лексик минимум методик принциплар - кўп маънолилиқ, тематик, сўз яшаш хусусиятларини ҳисобга олиш тамойилларига кўра касбга йўналтирилган чет тили таълими асосида танлаб олинади. Санаб ўтилган тамойилларга кўра лексик минимум 2 турдан иборат:

- а) умумтаълимий;
- б) касбий лексика

Қуйидаги жадвалда таклиф этилаётган лексик минимум курслар бўйича тақсимлаб берилган:

Грамматик компетенция ИНГЛИЗ ТИЛИ

Актив грамматик минимум

- дарак, сўрок, инкор содда гапларнинг қўлланилиши;
- буйруқ майлидаги инкор гаплар, қўшма тўлдирувчининг қўлланилиши;
- шарт майлининг қўлланилиши;
- and, but боғловчили қўшма гапларни қўлланилиши;
- if, that because, when, before, as soon as, till, until, after боғловчили эргашган қўшма гапларни қўлланилиши.
- боғловчили эргашган қўшма гапларнинг барча турларини қўллай олиш;
- иборали феълларни қўлланилиши;

Пассив грамматик минимум

- герундий, сифатдош, равишдошли қурилмаларнинг ишлатилиши.

Пассив грамматик минимум

- герундий, сифатдош, равишдошли қурилмаларнинг ясалиши.

Умумтаълим ва касбга йўналтирилган босқичларда социолингвистик (ижтимоий-маданий, ижтимоий) ва прагматик (дискурсив, стратегик, ўқув-англаш) компетенцияларни эгаллаш назарда тутилади.

Социолингвистик компетенция:

- ☒ тил материалларини касбий нутқ учун ҳар босқич талабларидан ва вазиятдан келиб чиққан ҳолда танлаш ва фойдалана олиш.

Ижтимоий - маданий компетенция:

- ☒ касбга оид муқобилсиз лексикани (сўровномалардан фойдаланган ҳолда) билиш ва тушуниш, асбоб-ускуна ва жиҳозлар номларини англатувчи лексикани билиш;
- ☒ нутқ коммуникатив тартиб ва қоидаларига риоя қилган ҳолда касбий мулоқот юрита олиш.

Ижтимоий компетенция:

- ☒ ўз касбий маҳоратини, малакасини ошириш, касбдошлар ва коллектив билан ишлаш, уларга нисбатан толерантлик туйғуларига эга бўлиш, бошқалар тили ва маданиятини ҳурмат қилиш, ҳамкорлар билан ишончли алоқада бўлиш.

Дискурсив компетенция:

- ☒ турли жанрда мутахассислик бўйича аутентик дискурслар - китоб, мақола, ҳужжат, қонун- қоидалардан таълимнинг ушбу босқичига асосланган ҳолда касбий коммуникатив вазиятлар доирасига мос хусусиятларини ажрата олиш.

Стратегик компетенция:

- ☑ нутқни мантиқан тўғри кетма-кетликда ҳамда ишонарли қилиб вазифаларни тўғри қўйган ҳолда тузиш, таълимнинг ушбу босқичига ҳос нутқ мазмунига асосланган ҳолда касбий-коммуникатив вазиятларга мос тушадиган мақсадларга эришиш.

Ўқув-билиш компетенцияси:

- ☑ дарсда, уйда, кутубхонада мустақил ишлай олиш, турли маълумот ва ахборотни аутентик-ихтисослашган манбалардан олиш учун замонавий таълим технологияларини қўллай олиш билан касбий фаолиятни ташкил қилиш.

Нутқ фаолияти турлари устида ишлаш учун вақтни тўғри тақсимлаш

Қўйилган мақсадларга эришиш учун ҳар бир дарсда нутқ фаолияти турлари қуйидаги нисбатда бўлиши мақсадга мувофиқ:

тинглаб тушуниш - 25% ;

гапириш - 30%;

ўқиш – 25%;

ёзув – 20% .

Талабалар билимини назорат қилиш

Талабаларнинг чет тили бўйича эгаллаган билим, малака ва кўникмалари жорий, оралик ва якуний назоратлар орқали назорат қилинади.

Жорий назорат: ҳар бир дарсда алоҳида талаба билан ишлаб уларнинг дарсга тайёргарлик даражаси савол-жавоб орқали текширилиб, кундалик баллар қўйиб борилади.

Оралик назорат: кафедранинг фан бўйича ишчи дастурига асосланган ҳолда, ҳар бир семестрга қўйилган талаблар асосида бир қанча дарслар ўтилганидан кейин ўтказилади. Натижаларни дастурда берилган талаблар билан қиёслаш орқали талабаларнинг малака ва кўникмалари қанчалик ўсганлиги аниқлаб борилади.

Якуний назорат: фан бўйича бакалавриат курсининг якунида ўтказилади. Якуний назорат ўтказилиши натижасида дастур талаблари бўйича касбий чет тили компетенцияси аниқлаб олинади.

Якуний назорат мазмуни**1. Тинглаб тушуниш бўйича:**

Касбга йўналтирилган матнни тинглаш ва уни тушунганлигини аниқлаш мақсадида тестлар ечиш.

Турли мавзулардаги монолог, диалог ва матнларн, шунингдек касбга йўналтирилган матнларни тинглаш ва топшириқларини бажариш.

2. Гапириш бўйича:

Касбга йўналтирилган мавзу бўйича батафсил, синчиклаб, аргументлар билан бойитган ҳолда ўз фикрини баён этиш.

Турли мавзуларда ва касбга йўналтирилган мавзу бўйича батафсил ўз фикрини баён қила олиш.

Турли мавзулардаги ва касбга йўналтирилган мавзулардаги матнларни ўқиб, тушунчаси асосида топшириқларнибажариш;

Касбга йўналтирилган мавзулардаги матнларнинг қисқа мазмунини ёзиш;

- турли мавзуларда, соҳанинг долзарб мавзуларига бағишланган эсселар ёзиш;

Турли расмий ва норасмий хатлар ёзиш;

3. Ўқиш бўйича:

Касбий йўналишдаги матнни ўқиб, тушунганлиги асосида тест топшириқларини ечиш. Ўқиган матн мазмунини аниқ ва тўлиқ тушунганлигини текширишни ёзма таржима билан амалга ошириш мумкин. Бунда луғатдан фойдаланишга рухсат берилади.

4. Ёзув бўйича:

Соҳанинг долзарб муаммоларига бағишланган эссе ёзиш.

Мустақил таълимни ташкил этишнинг шакли ва мазмуни

Чет тили фанидан мустақил ишларининг мақсади - талабаларнинг касбий коммуникатив фаолиятини шакллантириш ва ривожлантириш, уларнинг ижодий фаолиятини ўстириш, ва чет тили устида мустақил ишлай олиш малака ва кўникмаларини ҳосил қилиш ва ривожлантиришдан иборат. Ушбу умумий мақсадга эришиш учун қуйидаги бир неча вазифаларни бажариш назарда тутилади:

- талабаларнинг тил тайёргарлик сифатини ошириб бориш, тил ва мутахассислик бўйича адабиётлар устида ишлай олиш кўникмаларини шакллантириш ва ривожлантириш;

- ўз касбий билим ва малакаларини кейинчалик мустақил тўлдириб ва янгилаб туриш эҳтиёжларини яратиш ва сақлаб қолиш, чет тили бўйича яратилган малака ва кўникмаларни ўстириб, ривожлантириб бориш;
- талаба бажариши керак бўлган ишларни тўғри ташкил қилиш, келиб чиқадиган қийинчиликларни олдиндан била олиш, ҳис этиш ва уларни бартараф қилиш йўллари топа олиш.

Тавсия этилаётган мустақил ишларнинг мазмуни

Талабаларнинг мустақил ишлари нутқ фаолиятининг қуйидаги турлари бўйича ташкил қилинади.

Ўқиш: (танишиб чиқиш, синчиклаб, қараб чиқиш), ёзув, тинглаб тушуниш ва гапириш;

Тинглаб тушуниш: ҳажми турлича бўлган аудио- ва видео матнларни тинглаб тушуниш, саволларга жавоб бериш, гапириб бериш, аннотация ёза олиш;

Гапириш: талабаларнинг диалогик ва монологик нутқлари бўйича мустақил ишлари аудиторияда ўргатилган матнлар, ўқув материаллари асосида ташкил қилинади. Гапириш бўйича мустақил иш сифатида мавзу асосида маълумот тайёрлаш, матн мазмунини гапириб бериш, ўрганилган лексик материаллар асосида ҳикоялар тузиш, берилган муаммоли масала ва вазиятларни муҳокама қилиш каби топшириқлар бериш мумкин. Гапириш кўникмаларини ривожлантириб бориш учун мультимедиа дастурларини ва он-лайн технологияларини қўллашга асосий эътибор қаратилади;

Ўқиш: талаба ўрганаётган соҳасига оид адабиётлар билан танишиб чиқиши ва ўзи учун қизиқарли ва керакли бўлган ахборотни тушуниши, публицистик, илмий-оммабоп ижтимоий-сиёсий адабиётларни ўқиши ва керакли ахборотни олиши лозим. Машғулотларда юқорида айтилган малака ва кўникмаларни шакллантириш ва ўстириш жуда мураккаб бўлганлиги учун уларни мустақил иш жараёнида синчиклаб, кўз югуртириб, қараб чиқиб ўқиш турлари орқали ташкил қилинади. Ушбу ўқиш турларини назорат қилиш-матнни бутунлай таржима қилиш ёки унинг танлаб олинган қисмларини таржима қилиш билан амалга оширилади.

Танишиб чиқиб ўқиш мустақил иш тури сифатида уйда ўқиш шаклида олиб борилади. Ўқишнинг бу тури учун аутентик ёки адаптация қилинган адабий, илмий-оммабоп адабиёт танлаб олинади. Текшириш шакллари: ўқиганини мазмунини тушунганлиги бўйича савол-жавоб ишлари, ажратиб олинган масалалар бўйича ахборот олиш, баҳс-мунозаралар ўтказиш, ахборотга режа тузиш ва ҳ.к.

Қараб чиқиб, қидириб топиш учун ўқиш. Ўқишнинг бу турида оммавий-сиёсий, публицистик матнлар, газета ва журнал материаллари берилади ва ҳар бир дарсда қисқача ахборот олинади. Талаба битта газета мақолалари асосида ахборот беради ёки мавзу бўйича бир қанча газета ва журналлардан ахборот тайёрлайди.

Мустақил таълим

1. Мустақил аудиториядан ташқари ўқиш бўйича қисқа ахборот шаклида, муҳокама ёки матндан танланган ўринларни таржима қилиш шаклида назорат қилиш (бир ҳафтада 1. 500 босма белгиси ҳажмида).

2. Ёзма таржималар.

3. Матнни гапириб бериш учун режа тузиш.

4. Рефератлар.

Ёзув. Ёзув бўйича мустақил иш ўз ичига ўрганилаётган тилда фикрни баён қила олиш ишларини олади. Бунда мустақил иш мазмунига қуйидагилар киради:

- аннотация, реферат, резюмелар туза олиш;
- оғзаки равишда нутқ ҳосил қилиш учун режа ёки тезис тузиш;
- турли хатлар, табрикнома, таклифлар, иш юзасидан хатлар туза олиш;
- ўқишга ва ишга қабул юзасидан аризалар ёза олиш;
- соҳага оид турли ҳужжатларни тўлдириш;
- баён, иншо, эсселар ёза олиш; касби бўйича иш юритиш ишларини (ёзувларини) олиб бориш.

Ўқиб таржима қилинган материаллар курс ишлари ва рефератларда қўлланилади.

Дастурнинг информатсион – методик таъминоти

Чет тили фанини ўқитиш жараёнида таълимнинг замонавий интерфаол усулларида, педагогик ва ахборот-коммуникация технологияларидан кенг фойдаланилади. Амалий машғулотларда ақлий ҳужум, кластер, блиц-сўров, кичик гуруҳларда ишлаш, инсерт, презентация, кейс стади каби усулларнинг мавзуга мос танланиши ва қўлланилиши дарс самарасини оширишга катта ҳисса қўшади.

Мустақил ишни қуйидаги топшириқлар кўринишида бажариш тавсия этилади:

- мавзу бўйича расмий ахборот тайёрлаш;
- мавзу бўйича реферат тайёрлаш;
- мавзу бўйича электрон тақдимот тайёрлаш (PPT);
- мавзу бўйича альбом тайёрлаш;

- мавзу бўйича лойиҳа яратиш;
- мавзу бўйича диалогик матн тузиш;
- мавзу бўйича монологик матн тузиш;
- терминлар луғатини тузиш;
- матнни бошқа тиллардан ўзбек тилига таржима қилиш;
- бадиий асарни мутолаа қилиш;
- шеър ёдлаш;
- мавзу бўйича баҳс-мунозарага тайёрланиш;
- эссе ёзиш;
- мақола ёзиш;
- мақолага такриз ёзиш;
- ҳикоя тузиш;
- оммабоп мақола тайёрлаш;
- репортаж тайёрлаш;
- берилган мавзуда кластер тузиш;
- мавзуга оид сўзлардан кроссворд тузиш;
- маълумотлардан жадвал тузиш;
- иш юритиш ҳужжатларидан намуналарни тайёрлаш.

Фойдаланиладиган адабиётлар рўйхати

Асосий адабиётлар

1. Каримов И.А. Юксак маънавият – енгилмас куч. – Т.: Ўзбекистон. 2008.
2. “Оммавий ахборот воситалари соҳасида кадрлар тайёрлаш ва қайта тайёрлаш Давлат дастури ҳақида” ЎзР Вазирлар Маҳкамасининг Қарори. 2006 йил 7 августда қабул қилинган. Халқ сўзи. 2009 йил 27 июн.
3. Каримов И.А. Жаҳон молиявий-иқтисодий инқирози, Ўзбекистон шароитида уни бартараф этиш йўллари ва чоралари. – Т.: Ўзб. 2009.
4. Дудкина Г. А. и др. English for businessmen, 1 қисм, Тошкент, 2000.
5. Кудрявцева О. Е. и др. English for businessmen, 2- қисм, Тошкент, 2000.
6. Абдалиева Е. А. “Инглиз тили дарслиги” Тошкент 2000 й.
7. Бонк Н. А. Учебник английского языка. Бишкек .1997.
8. Саттаров Т.К. Английский для студентов-юристов (1 часть). Т.:ТГЮИ. 2005

Қўшимча адабиётлар

1. Мирзиёев Ш.М. Эркин ва фаровон, демократик Ўзбекистон давлатини биргаликда барпо этамиз. Т-2016
2. Мирзиёев Ш.М. Танқидий таҳлил қатъий тартиб интизом ва шахсий жавобгарлик- ҳар бир раҳбар фаолиятининг кундалик қондаси бўлиши керак. Т-2016
3. Мирзиёев Ш.М. Буюк келажакимизни мард ва олижаноб халқимиз билан бирга қурамиз. Т-2017
4. Бабаева С.Р. Инглиз тили. Биология факультети талабалари учун ўқув қўлланма. Тошкент 2015
5. Болибекова М.М. Инглиз тили қисқача грамматикаси ўқув қўлланма . ЎзМУ. 2008.
6. New Inside Out..Sue Kay & Vaughan Jones. Macmillian 2014
7. Scale up The authors. Tashkent 2014
8. Martin Seviour “Word Wise” “SHARQ” PUBLISHING HOUSE. 1997
9. Качалова К. Н. Грамматика английского языка. Бишкек 2007
10. John& Liz Soars «Headway» Oxford University Press 1999
11. Adrian Tennant «Straightforward» Macmillian
12. Обидова Д. Englishreader.Тошкент- 1998.
13. Бабаева С.Р. The science of life Тошкент 2014
14. Болибекова М. М. Инглиз тилида психологиядан кичик матнлар тўплами, ЎзМУ, 2002.
15. Болибекова М. М. Инглиз тилида фалсафадан кичик матнлар тўплами. ЎзМУ. 2003.
16. Колодяжная Л. This is Great Britain Москва 2000.
17. Болибекова М. М. Политология бўлими магистр ва талабалари учун мутахассисликка оид матнлар тўплами. УзМУ. 2008.
18. R. Murphy English Grammar in Use. Cambridge University Press/1985
19. Болибекова М. М. Инглиз тилида оғзаки мавзулар тўплами. ЎзМУ 2003.
20. Лутфуллаева М. English in topics . . . Т. 2002
21. Агзамова З.И. Турдиева С.Х. Физика факультети бакалавриат талабалари учун инглиз тилидан матнлар тўплами. НУУЗ. Т. 2007
22. Бабаева С.Р. Иқтисодиёт факультети талабалари учун мутахассисликка оид матнлар топлами Т-2013.
23. Назарова Д.О. Famous people of English speaking countries. Тошкент 2015
24. Болибекова М.М. «Социология» Т.2009.
25. Юсупова З.Ш.Сборник английских текстов для неязыковых факультетов. НУУЗ. Т. 2003

Интернет сайтлари

<http://iteslj.org/>
<http://iteslj.org/Techniques/Yang-Writing.html>
<http://iteslj.org/Techniques/Ross-ListeningComprehension.html>
<http://www.teachingenglish.org.uk/think/articles/listening>
http://www.usc.edu/dept/education/CMMR/CMMR_BTSA_home.html#Resources_BeginningTeachers
<http://www.teachermentors.com/MCenter%20Site/BegTchrNeeds.html>
<http://www.inspiringteachers.com/>
<http://teachnet.org/ntpi/research/prep/Cooper/http://www.alt-teachercert.org/Mentoring.html>
www.examenglish.com
<http://www.education.gouv.fr/>
<http://www.educnet.education.fr/>
<http://www.educationprioritaire.education.fr/>
<http://www.educasource.education.fr/> (Base des ressources en ligne)

**MINISTRY OF HEALTHCARE OF THE REPUBLIC OF UZBEKISTAN
TASHKENT PHARMACEUTICAL INSTITUTE
LANGUAGES CHAIR**

"Confirmed"

Vice-rector on educational affairs

Z.A.Yuldashov _____

2019 "____" _____

**PHARMACEUTICAL FACULTY
FOR STUDENTS OF THE 5th COURSE
SYLLUBUS OF THE SUBJECT "FOREIGN LANGUAGES"**

Science branch: 5 00000- Healthcare and social guarantee

Educational branch: 510000 - Healthcare

Educational directions

specialization: 5510 500 - Pharmacy (Pharmaceutical affair)

5510 500 - Pharmacy (Pharmaceutical analysis)

5510 500 - Pharmacy (Clinical pharmacy)

5111000 - Professional education (5510500 - Pharmaceutical affair)

Total teaching time - 9 – semester:

Pharmacy(pharmaceutical affairs) -**56** hours

-Practical lessons – 34 hours; Self-study – 22 hours

Pharmacy (pharmaceutical analyses) - **54** hours

-Practical lessons – 34 hours; Self-study – 20 hours

Pharmacy (clinical pharmacy) – **57** hours

-Practical lessons – 34 hours; Self-study – 23 hours

Professional education - **54** hours .

-Practical lessons – 34 hours; Self-study - 20 hours

TOSHKENT - 2019

The syllabus of the subject was approved by the order of the Ministry of Higher and Secondary Special Education of the Republic of Uzbekistan dated October 20__ " __ " _____ (order of invitation) " English Language " .

The program was approved by the Decree of the Council of the Tashkent Pharmaceutical Institute dated ____ ____ 20__.

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2019 "----" -----

INTRODUCTION

1. Methodological instruction on teaching the subject

English language is to teach the students for understanding pharmaceutical terms, using literately, reading literatures on pharmaceutical sphere, being able to translate and communicate in English.

The following requirements apply to the knowledge, skills and qualifications of students in the field of subject.

The student:

- to read the text on the specialty and public issues and understanding the basic meaning;
- to separate and simplify of the necessary information in the field of specialty;
- to communicate in English on the topic of specialty;
- to prepare an information in English.
- specific scientific - methodological bases literature on specialty;
- to simplify scientific texts and make reports;
- to have methods of working independently with the English literature;
- to have the **skills of** writing business correspondence .

English Integration with other scientific subjects:

In order to become a master of English proficiency, students must possess sufficient knowledge, skills and qualifications in the following subjects:

- Uzbek language
- Russian language
- Pharmaceutical terminology;
- Botany;
- Chemistry ;
- Pharmacognozy;
- Organization of pharmaceutical affairs.

This program is December 10, 2012, the President of the Republic of Uzbekistan " tightened measures to further improve the system of learning foreign languages No. PP-1875" On the Cabinet of Ministers of the Republic of Uzbekistan, on May 8, 2013, "The requirements of prepared level of all postgraduates in all degree of Education System "on Resolutions No. 124 and the Council of Europe" European master a foreign language and Common European Competences: "Evaluation of the unit and on the universally recognized international norms (CEFR - Common European Framework of Reference), according to manufacturer affairs. According to the Resolution of the Cabinet of Ministers "Requirements for graduates of all levels of foreign language education" faculties of non-foreign faculties of foreign specialties who have studied at the end of their four-year education, language B1 must occupy B2 degrees.

Based on this foreign language curriculum, foreign language teachers can develop working curricula, teaching materials and teaching aids, taking into account their specificity. The program "Foreign Language" refers to the teaching of science is divided into two stages:

- **The total phase** (General purposes).
- **Vocational oriented** (Specific purposes).

The educational hours for each course will be divided in equal to 50%. Courses are taught in a variety of topics, such as subject matter, lexical system, curriculum text, speaking skills, and positioning skills, common grammar topics, similar pseudo-sketch, speech abilities, are trained interrelated and uninterrupted in mastering their qualifications. Foreign language teaching is based on the "**Foreign Language Special Purpose**" and communicative, integrative competency approaches, based on the specialty.

Communicative-oriented approach - develops educational, functional and communicative skills of learning and promotes learning efficiency. In the course of education, this approach helps students develop reflection, self-development, and self-expression; to organize foreign language education as intercultural communication; During the lesson, the teacher ensures that students reflect themselves as equal participants; application of interactive forms of education; develop new language skills in students, acquire self-cognition skills, social sciences and cultural skills.

Personality-oriented approach - teaching not only scientific knowledge in teaching foreign languages, but also on active forms of interaction of participants in the educational process (students, teachers, parents); studying the character of the student and methods of his / her development; creating favorable conditions for students to develop individuality; Changing the perceptions of the psychic development standards of a person who is born in our culture (rather than horizontally, vertically, ie by comparing students' dynamics to their previous state rather than comparing it with others).

Integrative approach - the development of knowledge, skills, expertise and experience gained in a variety of subjects, including the development of communication, communication skills, social competence in foreign languages.

A competency-based approach to education is focused on achieving specific results and achieving critical competences. Competence depends on the future professional activity. Under these conditions, the learning process has a new meaning, which becomes a process of learning and teaching, ie self-study of professional and socially significant competencies, social-labor, cultural, foreign languages are used in recreational areas.

Objectives and tasks of subject

The purpose of foreign language is to form in students of multicultural world of professional, scientific and consumer fields communicative competence (*its parts of the linguistic functioning, sotsio- linguistic, pragmatikvaestablish and defy the other*).

Competence of the purpose of education and communication development of knowledge, skills, experience and personal qualities, which represents the sum.

Communicative Competence of foreign language - to study the language with the fountain talking about communication and the ability to carry out even with the students, as well as on the country to familiarize themselves with the culture of their country and culture better To understand, it refers to the process of dialogue can offer. The main objectives of this course are to develop the following competencies in students:

Linguistic Competence - to communicate with the owners of language (*phonetics, language, grammar*) Listen to a speech and know enough (*b understanding, speaking, reading and refers to the summer learning to know*) .

Social and linguistic competence of the speaker, but a summary of the situation, communicative purpose, and I want to soft-x g total, have the necessary linguistic form, method and skills to express itself .

Socio-cultural competence is the ability to present the national characteristics of authentic speech : the traditions, values, ceremonies and other national-cultural features of the country in which it lives, comparing it with the language studied .

Social Competence - *social- linguistic* and *socio News Competence* right to have the concept of foreign language learning in modern multicultural world is the concept of foreign language learning , the formation and development of the need to use foreign language as a means of self-employment and social adaptation , the cultivation of civic, patriotism , and demonstrate a desire to carry out the dialogue.

Pragmatic competence is as follows:

Discursive competence (*badly - oral or written text*) and the correct interpretation of the text, and also to select the type of language to communicate orally and in writing (stylistic and structural elements of mind to know) composing texts and skills .

(Compensatory) strategic competence is an ability of a foreign language environment, speech and social networking experience to fill the gaps and shortcomings in some verbal / spoken devices, communication misunderstandings appears repeatedly ask for an apology, and so on through difficult situations with grit refers to the ability of a series.

Training and knowing competence contains the recipient's independent knowledge in diagnostic study of languages and cultures competences the sum of the entities associated with the use of modern educational technologies, methodological norms and limitations .

Foreign language teaching is based on the use of didactic, methodological, linguistic and modern teaching technologies.

The requirements for subject of students skills

In the "Requirements for graduates from all stages of foreign language education", the faculties of non-foreign faculties of higher education institutions have a B2 foreign language studying at the end of their four-year education they must occupy a degree. Undergraduate students should have the following communicative competences that support B2 level:

Linguistic Competence:

Listen comprehension

- ✓ understanding and perceiving the texts with long conversations and complex evidence;
- ✓ comprehension, conversation, excellent instruction, academic and professional presentations, understanding the basic content of question and answer;

- ✓ understanding of advertising, announcements and notifications;
- ✓ to understand sophisticated authentically speech in a familiar and unfamiliar context;
- ✓ understand the conversations and discussions of the language speakers;
- ✓ full understanding of radio and internet materials, interviews (interviews).

Speak

Dialog

- Negotiate with a business partner;
- For information on issues;
- participation in language support for longer term negotiations, support, and negotiation, if necessary;
- Discussion on daily issues, active participation in negotiations;
- (specialization) c yes, interviews, participate in the conversation;
- contributing to the development of the idea, the reflection and development of the debate;
- problems in the process of negotiations to resolve equipped with master;
- asking questions and answering the situation.

Monologue

- a whole separate subject presentations;
- specialty equipment a clear and precise description;
- oral presentation on a particular topic;
- clear and explicit summaries of articles, essays, debates;
- be able to express an opinion on the basis of a detailed, adequate and familiar subject based on a clear system.

Reading

- An understanding of key / necessary information, personal and professional correspondence (letters) from texts created on familiar and non-relevant subjects;
- diagram, chart, c short-c Yes description of the service;
- Understand complex information;
- understand specific, sophisticated written guides and guides;
- obtaining necessary information from professional articles and reports;
- reading out some or all of the text, reading and understanding conference programs to determine the necessity or the point.

Writing.

- to write special information (emails, information, e-mails);
- writing essays and essays;
- writing scientific articles and scientific research with clear logic;
- written proposals, reports and resumes;
- to be able to write graduation qualification works when necessary.

Language competence

Lexical competence

- vocational lexicon and terms;

- using speech-related lexicon in communicative situations;
- understand and apply international words.

Grammatical competence

- use of complex grammatical and syntactic devices in communicative situations;
- dressing c hi words correctly;
- the specialty texts are required to analyze the text to understand its content.

Interaction with the other subjects in educational plan

Foreign languages are interconnected with socio-economic sciences and specialization subjects. This science is taught with other subjects integrated.

The role of the subject in science, education and industry

English is not directly linked to the process of production. Students will be able to apply other specialization subjects from their knowledge of the subject (to use industry data in the field of language research, analysis and learning) and their future professional work.

Modern information and pedagogical technologies in teaching

"Foreign language" teaching uses the following advanced and advanced technologies and techniques:

- pedagogical skill technology
- talk of scientists;
- take your position - a slogan;
- active methods of teaching: "Keys", workbench games.

Methods of solving creative tasks by group:

- **delfy style** - to identify five shortcomings based on the statistical method from the proposed solution, and to select and evaluate the best of them, to identify the cause of the shortcomings;
- **black box style** - to analyze the problem, identify the cause of the deficiencies in the creative discussion;
- **daairy style** - side analysis of the records of the members of the group and invited them to discuss the comments, the general idea;
- **"direct-team brain storm"**(Dj.Donald Phillips) - A large audience of 20-60 people will be involved in mini-groups and ideas, and ideas will be discussed in the community;
- **"mental attack"** - EAAlexandrov and G.Yu.Bush - Activation of creative ideas of group participants with ideas, ideas and their evaluation;
- **senectical style** (U.Gordon) - teaching the problem, defining its parts, finding similarities in the problem. To cultivate creativity, to discover the natural tendencies of simple phenomena, to identify creative abilities;
- **"ARIZ - TRIZ"** (GIS Altshuller and its School, TRIZ - Development Technology Development Technology) - The system of logic operations that are subject to the system development system under study system consists of 40 methods: "joining", "matryoshka", "Turning profit into profit" and so on.

MAIN PAGE

Speech topics:

Daily topics (about yourself, family, leisure time, etc.).

Social theme (environment, social and personal relationships).

Teaching subjects (education institution, teaching aids and their relationships, specialization subjects currently being taught, etc.)

Social Cultural (Historical, geographical, climatic, cultural, household characteristics of the country studied in Turkish and French).

Vocational orientation (history of the specialty, trends, major people of the industry, actual problems, professional ethics, etc.).

Occupational orientation

The main objective of the work-based stage ch:

- types of speech ch a professional field, c Het language and practical skills;
- develop student as a creative person;
- the height of the industry to translate literature, training and skills development;

Listening comprehension:

- ✓ authentic materials aimed at one time to hear and understand the contents of the necessary information;
- ✓ news about daily events, understanding of the interview, understanding of the speech of the filmmakers.

Speaking:

Dialogue speech

- free communication with linguists and proving their opinions on professional topics;
- know how to start and stop conversation, invite suggestions and advice, answer questions, share information, clarify, discuss, and discuss what's being discussed;
- speaking on the basis of the lexical and syntactic devices representing the main content of the text;
- based on associative thinking, to formulate his own argument with argumentation, criticism, argumentation;
- improving communication skills with rhetorical character;
- vocabulary discussions, conferences, symposiums, conversations, discussions and discussions, improving skills and abilities.

Monologue Speech:

- to present their opinion on the actual issue with all arguments "For" and "Against";
- to speak the content of the text that you are listening to and reading;
- evaluation of the content;
- topics studied information on subject;
- analyze and interpret the text read;
- read or listened to short describes the contents of a text;
- studied the subject ;
- reading and commenting on social texts.

Reading:**Familiarity with reading**

- ✓ read the text with a dictionary, a question or a general context;
- ✓ text: 10% a strange word, scientific, social, political, literary texts;
- ✓ speak the language or the content of the text, paragraphs, renaming testing.

Skimming

- ✓ the main highlight of the full and clear understanding of the content of the information read.

Reading speed, Size:

- ✓ use the dictionary to read 1600 printed characters in 10 academic hours.
- ✓ text: special, popular science 12% a strange word.

Reading The Eyes:

- define the content of the text;
- finding the necessary information in text;
- to understand the meaning of the word (context) on a contextual basis;
- allocation of primary (basic) secondary information in the text;
- separating text keywords;
- title of text components.

Writing speech**Writing speeches:**

- aimed at the professional level formed at improving skills;
- Improvement of abstract, annotation techniques;
- knowing how to make the documents (structure, style, document language) and drawing up the documents according to the model in accordance with the requirements of the working conditions, taking into account the information using the clichés and frauds;
- topic, essay, resume preparation, a branch of literature abstract.

Linguistic competence

Lexical competence is intended to increase the use of passive, potentially vocabulary, which is widely used in the foreign language, including fixed vocabulary, vocabulary, vocabulary, and vocabulary. This lexical minimum language is the culture of the country in which it is studied. The lexical minimum on the specialty is based on the principles of vocational oriented foreign language based on the principles of multilingualism, thematic and word-for-word principles. According to the aforementioned principles lexical minimum consists of B2 species:

- a) general education;
- b) vocational lexicon

Grammatical competence**Active grammar minimum**

- The use of simple, questioning, denial, simple expressions;
- deny the imperative things, the use of joint c filled with incontinence;
- application of condition;
- and, but not with common c .
- if, that is because, when, before, as soon as, till, until, after c is supposed to bind the joint use of words followed.

Passive grammar minimum

- The use of arduous, high quality, harmonious devices.

Sociolinguistic Competitiveness:

☒ language materials, professional speech situation and the requirements of each level choice and access.

Social and cultural competence:

- ☒ knowing and understanding vocabulary without using vocabulary (using questionnaires), lexicon meaning the names of equipment and equipment;
- ☒ ability to communicate professionally in accordance with communicative communication and communication rules.

Social Competitiveness:

- ☒ to improve their professional skills, to work with their colleagues and collective, to be tolerant toward them, to respect the language and culture of others, and to have a close relationship with partners.

Discursive Competence:

- ☒ authentic discs in various genres - to distinguish characteristics of professional communicative situations based on this stage of education from books, articles, documents, rules and regulations.

Strategic competence:

- ☒ to make the speech logically accurate and consistent with the task, to achieve the goals that are in line with the vocabulary context of the educational process.

Educational competence:

- ☒ organizing professional activities in the classroom, at home, in the library, with the use of modern teaching technologies to obtain diverse information and information from authentic-specialized resources.

Speaking on the types of activities that the distribution of time

In order to achieve these goals, it is desirable for every subject to have the following ratio:
listening comprehension - 25%;

speaking - 30 %;

reading - 25 %;

writing - 20%.

II. THE PLAN OF LESSONS ON “THE PRACTICAL ENGLISH”
Lesson plan on the Practical English for the 5th year students
of Pharm. Affairs, Pharm. Analyses, Clinical Pharmacy and Professional Education
directions of Pharmacy faculty
(9th term of the academic year 2019 -2020)

No	Themes	Hours	Max ball	Duration
1	Introduction. Topic 1 Overview of drugs Text: Uzbekistan (Speaking)	2	-	04.09- 10.09.19
2	Topic 2 Drugs and awareness Text: Tashkent (Speaking)	2	100	11.09- 17.09.19
3	Topic 3 Drug dynamics and kinetics Text: Great Britain(Speaking)	2	100	18.09- 24.09.19
4	Topic 4 Drug dynamics and kinetics (Effectiveness and Safety) Text: London (Speaking)	2	100	25.09- 1.10.19
5	Topic 4 Drug administration, distribution and elimination (Absorption) Text: The USA (Speaking)	2	100	2.10- 8.10.19
6	Topic 4 Drug administration, distribution and elimination (Metabolism) Text: Washington (Speaking)	2	100	9.10- 15.10.19
7	Revision Preperation for International exams	2	100	16.10- 22.10.19
8	Topic 5 Pharmacodynamics Text: Practice of pharmacy(Speaking)	2	100	23.10- 29.10.19
9	Topic 6 Factors Affecting Drug Response Text: The Ancient cities of Middle Asia	2	100	30.10- 5.11.19

10	Topic 6 Factors Affecting Drug Response (Changes in Metabolism) Text: Avicenna (Speaking)	2	100	06.11.- 12.11.19
11	Revision Preparation for International exams	2	100	13.11- 19.11.19
12	Topic 7 Drugs and Aging Text: Our Chemical Lab (Speaking)	2	100	20.11- 26.11.19
13	Topic 8 Drugs That Pose Increased Risk To The Elderly Text: Forms of drugs (Revision)	2	100	27.11- 3.12.19
14	Topic 9 Adverse drug reactions Text: Lake Baykal (Speaking)	2	100	4.12- 10.12.19
15	Topic 9 Adverse drug reactions (Testing the Safety of New Drugs)	2	100	11.12- 17.12.19
16	Revision	2	100	18.12- 24.12.19
17	Final lesson	2	100	25.12- 31.12.19
	Total:	34		

III. The plan of the lesson (chronological map) :

1. The introduction part is 5 minutes;
2. To check orally students' knowledge with questions of the subject - 20 minutes ;
3. Explanation of the topic: the teacher corrects mistakes and summarizes answers, depending on the answers of the students - 20 minutes;
4. Strengthening the new theme : Interactive methods and exercises in textbooks are based on 4 speeches) By a teacher to monitor the technological process takes 20 minutes;
5. Completed tasks check (4 speeches activity) - 15 minutes.

Total : 80 minutes .

IV. The form and content of independent learning organization

The purpose of independent studies in foreign language is to form and develop students' professional communicative activities, to enhance their creative activity, and to develop and develop skills to work independently on a foreign language. To achieve this overall goal, it is envisaged to perform some of the following tasks:

- increase the quality of the students' language training, language skills and expertise to work a whole literature on the formation and development;
- to create and maintain their own professional knowledge and skills later, independently fill and upgrade, develop and develop skills and knowledge created in a foreign language;
- correctly organize the work that the student is supposed to do, find out how to predict the perceived problems, and find ways to eliminate them.

V. Recommended themes for self-study

The self-study of the students includes with requirements below:

Read: (introduction, skimming, scanning), writing, listening comprehension and speaking;

Listening comprehension: the size of a video and audio texts, listening comprehension, answer questions, speaking, writing, annotation;

Speaking of students: the pop-up conversations and monologues a independent work, training will be organized on the basis of texts taught in classrooms. Independently speaking, it is possible to prepare tasks on the subject, to teach the content of the text, to make stories based on lexical materials, to discuss the problematic issues and to discuss situations. Speaking skills to develop multimedia programs and focus on the application of on-line technologies;

Reading: The student should get acquainted with the literature in the field of study and understand the information that is interesting and relevant to him, to read publishes, scientific and public literature, and get the necessary information. Since training and development of the abovementioned skills and abilities are very complex, it is organized through self-study, self-care, and self-examination. Controlling these types of reading is done by translating the whole text or translating it into selected parts.

Introduction for an independent business in the form of reading at home. This type of study he or she authentic adaptation of the literary, scientific and popular literature will be selected. Forms of Control: Questions and answers related to understanding the content of the training, obtaining information on the issues discussed, conducting debates, preparing information, and so on.

Reading this type of media, political, and journalistic texts, newspapers and magazines, materials, and each lesson will be a short. The student provides information on a newspaper article or prepares information on a number of newspapers and magazines on the subject.

Writing. The independent work of the Writing will include the ability to comment on the language studied. This includes the following:

- annotation, referral, resuscitation;
- oral speech to make sure it is un plan or theses;
- various letters, greetings, suggestions, letters of complaint;
- writing and applying for employment;
- filling various industry-related documents;
- writing essays, essays, essays; the profession of a business (notes) to carry out the work.

Translated material is used in course studies and referrals.

**Self -study plan on Practical English for the 5th year students
of Pharmaceutical Affairs direction of Pharmacy faculty
(9-term of the academic year of 2019-2020)**

Themes	Tasks and recommendations for self-study	Hours	Duration
Elderly people drugs	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	5	25.09.19
Children drugs	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	6	23.10.19
Over-The-Counter (OTC) Drugs	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	5	20.11.19

Diabetes drugs	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	6	18.12.19
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**Self -study plan on Practical English for the 5th year students
of Pharmaceutical Analyses direction of Pharmacy faculty
(9-term of the academic year of 2019-2020)**

Themes	Tasks and recommendations for self-study	Hours	Duration
Elderly people drugs	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	5	25.09.19
Children drugs	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	5	23.10.19
Over-The-Counter (OTC) Drugs	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	5	20.11.19
Diabetes drugs	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	5	18.12.19

**Self -study plan on Practical English for the 5th year students
of Clinic Pharmacy direction of Pharmacy faculty
(9-term of the academic year of 2019-2020)**

Themes	Tasks and recommendations for self-study	Hours	Duration
Coronarydilation	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	5	25.09.19
Antimicrobial drugs	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	6	23.10.19
Over-The-Counter (OTC) Drugs	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	5	20.11.19
Diabetes drugs	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	7	18.12.19

**Self -study plan on Practical English for the 5th year students
of Professional Education direction of Pharmacy faculty
(9-term of the academic year of 2019-2020)**

Themes	Tasks and recommendations for self-study	Hours	Duration
Analgesic, analgetic drugs	1. Make crosswords 2. Make tests 3. Write an essay	5	25.09.19

	4. Translate the text.		
Antipyretic, antifebrile	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	5	23.10.19
Children drugs	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	5	20.11.19
Elderly people drugs	1. Make crosswords 2. Make tests 3. Write an essay 4. Translate the text.	5	18.12.19

The instruction for establishing of the laboratory affairs

It is not considered in the curriculum of the subject.

The methodological instruction for establishing of the course affairs

V. The criteria of evaluation and assessment of the students' knowledge on subject

Methods of Assessment	Test, writing tasks and orally questionnaires
Evaluation criteria	<p>86-100 points "excellent"</p> <ul style="list-style-type: none"> - excellent English speaking, writing, reading and speaking skills; - quick and accurate reading ammunition ; - lexical unit orthography error - analyze the subject , use and gather - active in the lesson - do home tasks without errors <p>71-85 all "good"</p> <ul style="list-style-type: none"> - in the English language to display the hearing to speak o ' winter and ' nikmalari well -balanced franchise store ; - words ammunition 1 , 2 y error in the case ` 1 Support PRINT ; - lexical unit 1 error , 2 Orthography ` 1 PRINT val or 2 ` s own b and despise the other ; -analyze the subject, understanding and support , - actively participates in the lesson - he performs the function 2 error ;

	- do home tasks with 1 error 56-70 "Satisfactory" - English speaking, writing, reading and speaking skills are well-established; 2 words reading error y o l Support PRINT - lexical unit 2.3 Orthography error y o l Support PRINT - 2 does not know the word, knows and understands the subject , saying , participates in a bad lesson . - carrying out the function of grammatical mistakes Committee PRINT ;		
	0-55 "unsatisfactory" -Learning, writing, reading and speaking skills are not formed in English; - It does not write Lexical Unity - dropped the subject , misunderstanding lesson, not be active in the lesson -not to do home tasks		
	Types of assessment rayting	Max. ball	Passing time
	Current control: Activity in practical exercises, answers to questions correctly and orally, and performance of tasks	45	From the start of the semester to the last session, from the second training to the last one, each session will be evaluated in the 100-point system, then the average score will be deducted from 0.4 to 0 .
	Self-study	5	
	Intermediate control : It is accepted in the form of oral inquiry in practical lesson. Practical occupation teacher. Questions and instructions to control 2 h weeks before the ads placed on the whiteboard. The intermediate control is 20 points, from which: (86-100%) 17,2-20,0 Excellent "5" (71-85%) 14,2-17,1 Good "4" (56- 70%) 11-14,1 Satisfactory "3" (0-55%) Less than 11 points Unsatisfactory "2"	20	
	Final control (written, verbal, test)	30	
	TOTAL	100	

VI. References

The main literature

11. Каримов И.А. Юксак маънавият – енгилмас куч. – Т.: Ўзбекистон. 2008.
2. “Оммавий ахборот воситалари соҳасида кадрлар тайёрлаш ва қайта тайёрлаш Давлат дастури ҳақида” ЎзР Вазирлар Маҳкамасининг Қарори. 2006 йил 7 августда қабул қилинган. Ҳалқ сўзи. 2009 йил 27 июн.
3. Каримов И.А. Жаҳон молиявий-иқтисодий инқирози, Ўзбекистон шароитида уни бартараф этиш йўллари ва чоралари. – Т.: Ўзб. 2009.
4. Дудкина Г. А. и др. English for businessmen, 1 қисм, Тошкент, 2000.
5. Кудрявцева О. Е. и др. English for businessmen, 2- қисм, Тошкент, 2000.
6. Абдалиева Е. А. “Инглиз тили дарслиги” Тошкент 2000 й.
7. " Oral Theme Manual On Practical English For Students Bachelor Degree" 2013.
8. Zamonaviy medicines annotations for educational and methodological manuals translated into English in 2015.
9. Krylova L.R. Sbornik upgrade po grammatik angliyskogo yazyka. - M., Kniznyy dom, 2003
10. Boqieva GX, Iriskulov A .T. In Touch Forever - T a shkent, 2006
11. Muminov O. Public Relations. Istoriya and theory. - Tashkent, Creative World, 2004
12. English-Russian, Russian-English, English-Uzbek dictionary (all publications)
13. Thomas A. Angelo / K. Patricia Cross, Classroom Assessment Techniques . 2nd Edition. Jossey -Bass: San Francisco, 1993.
14. Alison Morrison- Shetlar / Mary Marwitz , Teaching Creatively: Ideas in Action . Outernet: Eden Prairie, 2001.
15. Silberman , Mel. Active Learning: 101 Strategies to Teach Any Subject . Allyn and Bacon: Boston, 1996.
16. Van Gundy, Arthur. 101 Activities for Teaching Creativity and Problem Solving . Pfeiffer: San Francisco, 2005.
17. Watkins , Ryan. 75 e-Learning Activities: Making Online Learning Interactive . San Francisco: Pfeiffer, 2005.
18. Brown S. Learning, Teaching and Assessment in Higher Education: Global Perspectives. 2015. UK.-345p.
19. Theory of drug development, eric b. holmgren. october 24, 2013 by chapman and hall/crc reference - 261 p.- 50 b/w illustrations ISBN: 9781466507463 - cat# k14671series: chapman & hall/cr
20. David Bolke, Dorothy E. Zemach, Skillful 1 (Reading&Writing), Macmillan, 2013.
21. Louis Rogers&Jennifer Wilkin, Dorothy E. Zemach, Skillful 2 (Reading&Writing), Macmillan, 2013.
22. Malcolm M., Steve Taylore-Knowles, Destination (book 3&4), Macmillan Education UK, 2013
23. Mike Boyle, Ellen kisslinger, Skillful Listening & Speaking (Full set), Macmillan Education UK, 2013

The extra literature

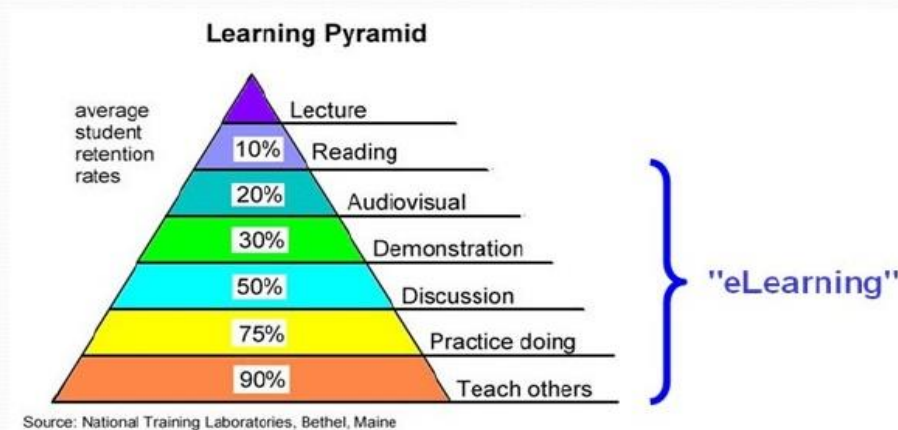
1. Sh.M.Mirziyoyev. "Together we build a free and prosperous democratic state of Uzbekistan." Tashkent, "Uzbekistan" NMIU, 2017.-29b
- 2.Sh.M. Mirziyoyev. "The rule of law and the interests of the people are the basis of the development of the country and the well-being of the people". Tashkent, "Uzbekistan" NMIU, 2017.-47b
- 3.Sh.M. Mirziyoyev. "We will build our great future with our brave and noble people". Tashkent, "Uzbekistan" NMIU, 2017-485 B
- 4.Decree of the President of the Republic of Uzbekistan on February 7, 2017 "On the Strategy of Action for the Eradication of the Republic of Uzbekistan" No. UP-4947. Collection of the legislation of the Republic of Uzbekistan, 2017, No. 6, Art.

Internet sites

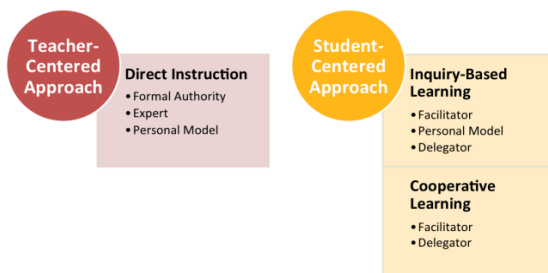
1. [www . TOEFL . com](http://www.TOEFL.com)
2. www . englishtraining . ru
3. www . lingua . ru
4. www.teachingenglish.org.uk
5. www.onestopenenglish.com
6. www.businessenglishonline.net

IX. TEACHING METHODS

Step into New Method of teaching



Teaching involves an opened-minded plan for helping students meet and exceed educational goals. Teaching styles may differ from teacher to teacher, class to class and school to school. Yet every teaching objective must include a structured but flexible process for student advancement.



Interactive teaching styles incorporate a multitude of goals beneath a single roof. Interactive classes are designed around a simple principle: Without practical application, students often fail to comprehend the depths of the study material. Interactive training styles provide four basic

forms of feedback:

Measurable student accomplishments — Teachers making use of interactive teaching styles are better equipped to assess how well students master a given subject material.

- Flexibility in teaching — Applying training methods that involve two-way communications enable the teacher to make quick adjustments in processes and approaches.
- Practice makes perfect — Interactive instruction enhances the learning process.
- Student motivation — Two-way teaching dispels student passivity.

Applying interactive education

Whereas students often lose interest during lecture-style teaching, interactive teaching styles promote an atmosphere of attention and participation. Make it interesting. Make it exciting. Make it fun. Telling is not teaching and listening is not learning.

The ARMA International Center for Education offers the following guidelines to express the focus of interactive educational teaching styles:

- Encourage student participation.
- Use questions that stimulate response, discussion and a hands-on experience.
- Use teaching aids that press for answers, and capture and hold the student's attention.
- Set up a work group environment.
- Involve yourself as well as the student.

Interactive methods in classroom

Method	Technology	Benefit
Pyramid	Word, PowerPoint (layout)	information gathering, opinion exchange
Flash	PowerPoint (animation effects)	waking up, activation of cognitive structures
Brainstorming	Word (web layout), Excel	generation of ideas
Divided poster	PowerPoint (layout, animation effects)	conceptualization of science notions

Brainstorming — various techniques

Interactive brainstorming is typically performed in group sessions. The process is useful for generating creative thoughts and ideas. Brainstorming helps students learn to pull together. Types of interactive brainstorming include:

- Structured and unstructured
- Reverse or negative thinking
- Nominal group relationships
- Online interaction such as chat, forums and email
- Team-idea mapping
- Group passing
- Individual brainstorming

Think, pair and share

Establish a problem or a question. Pair the students. Give each pair sufficient time to form a conclusion. Permit each participant to define the conclusion in his or her personal voice. You can also request that one student explain a concept while the other student evaluates what is being learned. Apply different variations of the process.

Buzz session

Participants come together in session groups that focus on a single topic. Within each group, every student contributes thoughts and ideas. Encourage discussion and collaboration among the students within each group. Everyone should learn from one another's input and experiences.

Incident process

This teaching style involves a case study format, but the process is not so rigid as a full case study training session. The focus is on learning how to solve real problems that involve real people. Small groups of participants are provided details from actual incidents and then asked to develop a workable solution.

Q&A sessions

On the heels of every topic introduction, but prior to formal lecturing, the teacher requires students to jot down questions pertaining to the subject matter on 3×5 index cards. The lecture begins after the cards are collected. Along the route, the teacher reads and answers the student-generated questions. Some tips for a good session are as follows:

- Randomize — Rather than following the order of collection or some alphabetical name list, establish some system that evokes student guesswork concerning the order of student involvement.
- Keep it open-ended — If necessary, rephrase student questions so that participants must analyze, evaluate and then justify the answers.
- Hop it up — Gradually increase the speed of the Q & A. At some point, you should limit the responses to a single answer, moving faster and faster from question to question.



A **CASE STUDY** is a "published report about a person, group, or situation that has been studied over time." If the case study is about a group, it describes the behavior of the group as a whole, not behavior of each individual in the group. Case studies can be produced by following a formal research method. These

case studies are likely to appear in formal research venues, as journals and professional conferences, rather than popular works. The resulting body of 'case study research' has long had a prominent place in many disciplines and professions, ranging from psychology, anthropology, sociology, and political science to education, clinical science, social work, and administrative science.

In doing case study research, the "case" being studied may be an individual, organization, event, or action, existing in a specific time and place. For instance, clinical science has produced both well-known case studies of individuals and also case studies of clinical practices. However, when "case" is used in an abstract sense, as in a claim, a proposition, or an argument, such a case can be the subject of many research methods, not just case study research.

Thomas offers the following definition of case study:

"Case studies are analyses of persons, events, decisions, periods, projects, policies, institutions, or other systems that are studied holistically by one or more method. The case that is the *subject* of the inquiry will be an instance of a class of phenomena that provides an analytical frame — an *object* — within which the study is conducted and which the case illuminates and explicates."

According to J. Creswell, data collection in a case study occurs over a "sustained period of time."

One approach sees the *case study* defined as a *research strategy*, an empirical inquiry that investigates a phenomenon within its real-life context. Case-study research can mean single and multiple case studies, can include quantitative evidence, relies on multiple sources of evidence, and benefits from the prior development of theoretical propositions. As such, case study research should not be confused with qualitative research, as case studies can be based on any mix of quantitative and qualitative data. Similarly, single-subject research might be taken as case studies of a sort, except that the repeated trials in single-subject research permit the use of experimental designs that would not be possible in typical case studies. At the same time, the repeated trials can provide a statistical framework for making inferences from quantitative data.

The case study is sometimes mistaken for the case method used in teaching, but the two are not the same.

An average, or typical case, is often not the richest in information. In clarifying lines of history and causation it is more useful to select subjects that offer an interesting, unusual or particularly revealing set of circumstances. A case selection that is based on representativeness will seldom be able to produce these kinds of insights. When selecting a subject for a case study, researchers will therefore use information-oriented sampling, as opposed to random sampling. Outlier cases (that is, those which are extreme, deviant or atypical) reveal more information than the potentially representative case. Alternatively, a case may be selected as a key case, chosen because of the inherent interest of the case or the circumstances surrounding it. Alternatively it may be chosen because of a researchers' in-depth local knowledge; where researchers have this local knowledge they are in a position to "soak and poke" as Fennoputs it, and thereby to offer reasoned lines of explanation based on this rich knowledge of setting and circumstances.

Three types of cases may thus be distinguished for selection:

1. Key cases
2. Outlier cases
3. Local knowledge cases

Whatever the frame of reference for the choice of the subject of the case study (key, outlier, local knowledge), there is a distinction to be made between the *subjestorical unity* through which the theoretical focus of the study is being viewed. The object is that theoretical focus – the analytical frame. Thus, for example, if a researcher were interested in US resistance to communist expansion as a theoretical focus, then the Korean War might be taken to be the *subject*, the lens, the case study through which the theoretical focus, the *object*, could be viewed and explicated.

Beyond decisions about case selection and the subject and object of the study, decisions need to be made about purpose, approach and process in the case study. Thomasthus proposes a typology for the case study wherein purposes are first identified (evaluative or exploratory), then approaches are delineated (theory-testing, theory-building or illustrative), then processes are decided upon, with a principal choice being between whether the study is to be single or multiple, and choices also about whether the study is to be retrospective, snapshot or diachronic, and whether it is nested, parallel or sequential. It is thus possible to take many routes through this typology, with, for example, an exploratory, theory-building,

multiple, nested study, or an evaluative, theory-testing, single, retrospective study. The typology thus offers many permutations for case-study structure.

A closely related study in medicine is the case report, which identifies a specific case as treated and/or examined by the authors as presented in a novel form. These are, to a differentiable degree, similar to the case study in that many contain reviews of the relevant literature of the topic discussed in the thorough examination of an array of cases published to fit the criterion of the report being presented. These case reports can be thought of as brief case studies with a principal discussion of the new, presented case at hand that presents a novel interest.

Brainstorming

Definition: Brainstorming is a group process that collects as many ideas as possible in a short time, without concern for quality. Ideas don't have to be practical or original.

Uses: To develop a list to help find solutions to problems or create new opportunities.

Facilitator needs to:

Ask one or two volunteers to write all ideas on a board or flip chart where people see ideas while they hear the ideas.

Review the rules of brainstorming with the group:

The rules are:

- List as many ideas as possible.
- Feel welcome to add ideas quickly
- "Free-wheeling" and wild ideas are welcome
- It's O.K. to expand an idea that's already been mentioned
- No judgment is allowed regarding any idea that is offered
- At minimum, a key word from every idea will be noted
- Brainstorming will continue until no new ideas are added.
- Invite comments from individuals who have not spoken.
- Stop the brainstorm session when no new ideas are added.

- Invite the participants to review and discuss the list of ideas

Buzz Group

Definition: a buzz group involves every member of a larger group, directly in a discussion process.

Uses: To help expand thoughts and opinions about a controversial topic; or to gather potential solutions to a problem.

Facilitator needs to:

- Divide a large group into smaller groups (3-5)
- Pose a question or topic
- Allow a limited time
 - 5 minutes for a simple topic
 - 10 minutes for a more complex topic
- Allow small group discussion to be valuable in it's own right
- Or, ask each group to report (1-2) key thoughts from their discussion

Case Study

Definition: A story or situation is written for learners to read and consider. It may be presented on paper, read or seen on video.

Uses: A case study helps learners develop skills in identifying concerns, analyzing problems, and considering solutions.

Facilitator needs to:

- Select or develop a written situation that incorporates opportunities for learning concepts that facilitator wants to convey
- Distribute written case study and review case study with the group.
- Have a common set of questions for all learners or groups of learners to address.
- Questions should reinforce learning objectives
 - Complete the process by giving individuals/small groups an opportunity to share analysis and discussion with larger group.

Demonstration

Definition: Visual presentation or explanation of a fact, idea or process.

Uses: To show “ingredients” or steps to accomplish a task or end result

Facilitator needs to:

Determine if this concept is best learned by showing it, step-by-step, to learner

Decide whether:

- Facilitator or learners will demonstrate
- Groups or individuals will present the demonstration.
- The demonstration will be planned and practiced or impromptu?

Gather supplies.

Plan the step-by-step approach

Discussion Group

Definition: Two or more people discuss a topic informally. One topic may be assigned to the entire group . Several related topics may be assigned to small group. Small groups may select their own topic from a broad, general issue.

Uses:

- Increase the opportunities for all learners to contribute to discussion.
- To encourage adults to share experiences
- To invite a larger number of ideas

Facilitator needs to:

- Plan and state discussion questions clearly
- Assign a time deadline
- State expectations as to whether or not groups will need to report key elements back to the larger group, or if a written report will be submitted

Drama

Definition: To experience events or ideas when we cannot confront a situation in its real form.

Uses: To have fun and learn through interaction.

Facilitator needs to:

Choose a type of dramatization that best fits the learning situation or type of learners

Choose a drama such as a:

- Skit
- Role-play
- Writing or analyzing prepared “Dear Abby” type situations
- A learner designed commercial

Key Word Match

Description: Matching key words or definitions with situations or processes that are necessary for doing a task or job.

Uses: To instill accuracy of information

Facilitator needs to:

- Provide a list of key words or phrases that are necessary to learn.
- Provide second list of definitions or situations that can be connected to the key words, but List #2 is in a “Mixed Up Order”
- Invite learners to draw lines to connect each key word with its appropriate concept or definition.

Modeling

Description: Facilitator will select specific words or behavior to use within a situational context, while learners observe.

Uses: Facilitator may “model” correct words, posture, and behavior to use within a conflict situation. Or greet everyone at the door with a special greeting—as modeling for hospitality and extra customer service.

Facilitator needs to:

- Consider Specific learning objectives you can deliver via modeling
- Tell learners that you are going to model specific behavior or methods immediately before modeling. This enables the greatest degree of learning. For variation, facilitator may discuss it immediately following modeling.
- Demonstrate by using words and actions within a situation
- Invite learners to share observations made during the modeling situation.
-

Panel

Description: A dialogue between three to seven invited individuals who are experts on an assigned topic in front of an audience. A facilitator or moderator ensures that each panel member receives equal time and that the sufficient depth of the topic is covered. The audience or facilitator may ask question of the panel.

Uses: A panel may be used to examine several views on an issue, different phases of a problem or a variety of potential solutions. Panel presentations may be followed by audience comments and questions.

Facilitator needs to:

- Choose panel members with experience or knowledge about aspects of a topic
- Communicate specific assignments per panel member
- Introduce panel to learners stating each member's unique contribution to the panel discussion.
- At the close of the panel, invite open discussion from others.

Quotes

Description: Quotes can stimulate advanced, “metaphor” learning, by inviting learners to think about words that are related, but not the same as the learning concept.

Uses: Quotes can stimulate thinking and open learners to learning

Facilitator needs to:

- Select one or several quotes that relate to the topic.
- Provide print copies to individuals or small groups
- Encourage individuals or small groups to discuss and determine their personal interpretation of the quote. (There is no “right” answer.)
- Invite learners to share their quote and individual interpretation with the larger group.

Role Playing

Description: A small group of participants acts out a real-life situation in front of a larger group. Usually there is no script. Participants make up their parts as they act. The larger group discusses the roles and behaviors that were observed, in relation to the situation or problem under consideration.

Uses: Best and worst scenarios can provide an educational role-play. Skills and attitudes can be portrayed for observation and discussion. Humor is often a part of this experience.

Facilitator needs to:

- State the goal of this role-play, such as: to observe the worst behavior between a nurse and the emotional spouse of the patient.
- Remove personal aspects of the role-play, by stating: These colleagues are actors now. Their choice of words and actions shall not be judged as how they would respond in “real life”
- The facilitator watches for key concepts to be presented, then ends the role-play by thanking the “actors”

Skill-a-thon

Description: A task or idea is divided into small, progressive (1-5) assignments. Each assignment becomes a “station.” Learners will attend each station in progressive order and completes that assignment. By the final station, the learner will have successfully accomplished a task.

Uses: To assist learners in understanding the parts of a whole task or concept.

Facilitator needs to:

- Determine if task (concept) can be divided into parts.

- Determine if there is an interactive assignment that each learner can accomplish with each part of this task.
- Break a task (concept) into parts
- Gather equipment/materials and place into stations
- Place a number and written instructions at each station.

Skit

Description: A short rehearsed drama.

Uses: A skit can present or interpret a situation for a group to discuss. It differs from a role-play because it usually involves a fully developed situation.

Facilitator needs to:

- Provide a narrative or suggest key concepts to use
- Bring a variety of props that “actors” may choose
- Allow actors time to prepare for the skit
- Thank the actors
- Invite others to comment on the concepts they observed.

Teachable Moment (or Nano-Second)

Description: Unplanned, “aha moments” when learners suddenly make the connection between their experience and a new concept. These may occur between facilitator and learner, between learners or individually

Uses: To take advantage of digression from the topic (or a learner’s comments) in order to reinforce lessons or build on the foundation the learner already possesses

Facilitator needs to:

- Watch and listen for opportunities to reinforce learning—even if that objective is not on your lesson plan today!
- Be willing to set aside a lesson plan in order for a participant to relate an experience or make a connection with another concept.
- Listen for that “aha” or nano-second to occur. Focus on that message. Help all learners understand the message. Reflect on it. Celebrate it.

Video (TV or Movie) Viewing

Description: This is a concrete example, if exaggerated, where learners can recognize similarities to life, without emotional involvement.

Uses: Popular entertainment can present difficult topics in a fun or humorous way.

- Stimulate new learning through presenting media that has high emotions conveyed

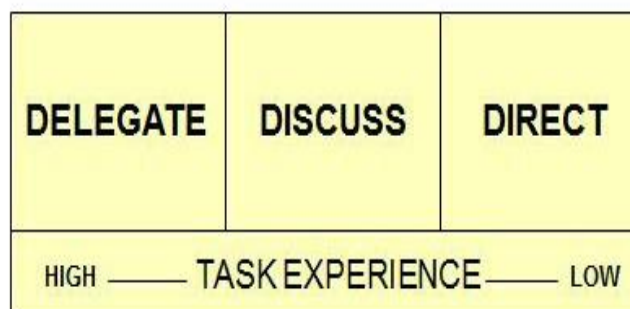
Facilitator needs to:

- Select a video that has message(s) that reinforce concepts
- Guide learner observations by posing questions before the video
- Pose questions after the video to help viewers recall concepts and reinforce learning.

The most effective teachers vary their styles depending on the nature of the subject matter, the phase of the course, and other factors. By so doing, they encourage and inspire students to do their best at all times throughout the semester.

It is helpful to think of teaching styles according to the three Ds: Directing, Discussing, and Delegating.

Teaching STYLES



The directing style promotes learning through listening and following directions. With this style, the teacher tells the students what to do, how to do it, and when it needs to be done. The teacher imparts information to the students via lectures,

assigned readings, audio/visual presentations, demonstrations, role playing, and other means. Students gain information primarily by listening, taking notes, doing role plays, and practicing what they are told to do. The only feedback the teacher looks for is “Do you understand the instructions?”

Suggestions for using the directing style:

- **Start with the big picture.** Provide the context before launching into specifics.
- **Be clear and concise.** Students need to know exactly what they must do to succeed and by what criteria their work will be evaluated. Clear goals, specific deadlines, and concise directions increase student motivation and eliminate confusion. Wordy, sloppily written, and poorly organized instructional materials confuse, overwhelm, and discourage students.
- **Provide sufficient detail.** Communication breakdowns occur when important details are omitted or instructions are ambiguous. For example, when I once neglected to specify the font size students should use, the papers they turned in had font sizes ranging from 8 to 14!
- **Don’t sugar-coat the message.** There are times when teachers need to be very direct and candid to get through to students.

The discussing style promotes learning through interaction. In this style, practiced by Socrates, the teacher encourages critical thinking and lively discussion by asking students to respond to challenging questions. The teacher is a facilitator guiding the discussion to a logical conclusion. Students learn to have opinions and to back them up with facts and data.

Suggestions for using the discussing style:

- **Prepare questions in advance.** Great discussions don’t just happen. Ask one question at a time. Be open, curious, and interested in learning what each student thinks.

- **Don't allow one or two students to dominate the discussion.** Solicit everyone's ideas and opinions. Gently draw out students who seem insecure and reticent to participate. I sometimes start my classes by saying, "I want to give each of you one minute to discuss your views on this topic. Let's go around the room and hear from everyone." Get closure by reviewing the key points you want to make.
- **Have students create questions.** I like to have my students read a case study and formulate three questions to ask their classmates. We then discuss their answers in class.
- **Utilize clickers.** Clickers are an easy way to get students involved during class. Pose a multiple-choice question and their responses are tabulated on the screen. You can then open it up for discussion as students share why they selected a certain answer.

The delegating style promotes learning through empowerment. With this style, the teacher assigns tasks that students work on independently, either individually or in groups.

Suggestions for using the delegating style:

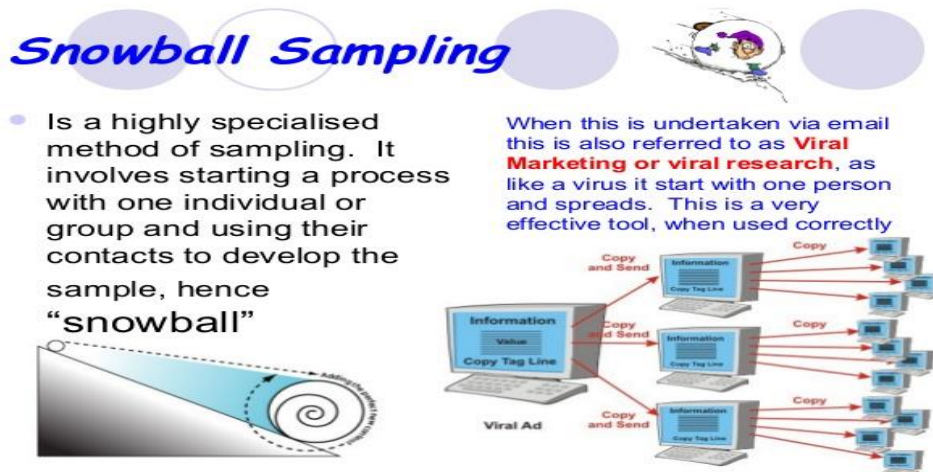
- **Assign research projects.** In my management course I require students to interview a manager of a local business to get answers to questions like the following:
 - What are the main performance measures your company uses to evaluate each employee's performance?
 - What are the key lessons you, as a manager, have learned about conducting effective performance appraisals?
- **Assign team projects.** Have each team select a team leader, define roles and responsibilities, and hold each other accountable for completing the project on time. In my management class, I have teams of students analyze the

management and leadership behaviors on movies like Remember the Titans and Crimson Tide.

- **Assign a capstone project.** Let students show you what they can do when working independently on a topic that's important to them.
-

Use an appropriate mix of each teaching style. I typically structure each of my classes to include some amount of each teaching style. However, during the first part of a semester I use more of the directing style. In the middle part of a semester I typically rely more on the discussing style. And in the latter part of a semester I generally lean more heavily on the delegating style.

Using an appropriate mix of teaching styles helps students learn, grow, and become more independent. Too much reliance on one style causes students to lose interest and become overly dependent on the teacher.



The term "learning styles" speaks to the understanding that every student learns differently. Technically, an individual's learning style refers to the preferential way in which the student absorbs, processes, comprehends and retains information. For example, when learning how to build a clock, some students understand the process by following verbal instructions, while others have to physically manipulate the clock themselves. This notion of individualized learning styles has

gained widespread recognition in education theory and classroom management strategy.

Individual learning styles depend on cognitive, emotional and environmental factors, as well as one's prior experience. In other words: everyone's different. It is important for educators to understand the differences in their students' learning styles, so that they can implement best practice strategies into their daily activities, curriculum and assessments.

UNDERSTANDING VARK

One of the most accepted understandings of learning styles is that student learning styles fall into three "categories:" Visual Learners, Auditory Learners and Kinesthetic Learners. These learning styles are found within educational theorist Neil Fleming's VARK model of Student Learning. VARK is an acronym that refers to the four types of learning styles: Visual, Auditory, Reading/Writing Preference, and Kinesthetic. (The VARK model is also referred to as the VAK model, eliminating Reading/Writing as a category of preferential learning.) The VARK model acknowledges that students have different approaches to how they process information, referred to as "preferred learning modes." The main ideas of VARK are outlined in *Learning Styles Again: VARKing up the right tree!* (Fleming & Baume, 2006)

- Students' preferred learning modes have significant influence on their behavior and learning.
- Students' preferred learning modes should be matched with appropriate learning strategies.
- Information that is accessed through students' use of their modality preferences shows an increase in their levels of comprehension, motivation and metacognition.

Identifying your students as visual, auditory, reading/writing or kinesthetic learners, and aligning your overall curriculum with these learning styles, will prove to be beneficial for your entire classroom. Allowing students to access information in terms they are comfortable with will increase their academic confidence.

Visual

- Visual learners prefer the use of images, maps, and graphic organizers to access and understand new information.

Auditory

- Auditory learners best understand new content through listening and speaking in situations such as lectures and group discussions. Aural learners use repetition as a study technique and benefit from the use of mnemonic devices.

Read & Write

- Students with a strong reading/writing preference learn best through words. These students may present themselves as copious note takers or avid readers, and are able to translate abstract concepts into words and essays.

Kinesthetic

- Students who are kinesthetic learners best understand information through tactile representations of information. These students are hands-on learners and learn best through figuring things out by hand (i.e. understanding how a clock works by putting one together.)

By understanding what kind of learner you and/or your students are, you can now gain a better perspective on how to implement these learning styles into your lesson plans and study techniques.

SWOT STRATEGIES

Referred to as SWOT (“Study Without Tears”), Flemings provides advice on how students can use their learning modalities and skills to their advantage when studying for an upcoming test or assignment.

Visual SWOT Strategies

- Utilize graphic organizers such as charts, graphs and diagrams.
- Redraw your pages from memory.
- Replace important words with symbols or initials.
- Highlight important key terms in corresponding colors.

Aural SWOT Strategies

- Record your summarized notes and listen to them on tape.
- Talk it out. Have a discussion with others to expand upon your understanding of a topic.
- Reread your notes and/or assignment out loud.
- Explain your notes to your peers/fellow “aural” learners.

Read/Write SWOT Strategies

TESTS

I can see Amanda. _____ is waiting for the New York plane.

A) I B) She C) His D) He

2. The clerk is speaking to the women. He is talking to _____ .

A) them B) they C) him D) he

3. I haven't got the keys. Father has got _____ .

A) him B) her C) it D) them

4. Can you see those boys and _____ father?

A) they B) them C) their D) him

5. Today _____ weather is very hot.

A) a B) an C) the D) _

6. He is Mrs. Taylor's _____ husband.

A) a B) _ C) the D) an

7. Butterflies are _____ insects.

A) a B) an C) the D) them

8. Is a bee _____ insect?

A) a B) an C) _ D) the

9. I'll wait for you half _____ hour.

A) _ B) an C) a D) the

10. I haven't got _____ paint.

A) any B) some C) _ D) many

11. We are late. The teacher will get angry with _____ .

A) we B) they C) us D) I

12. My father is _____ engineer.

A) a B) the C) _ D) an

13. This is not my bicycle. It is my _____ bicycle.

A) _ B) father C) father' D) father's

14. Cats can wash _____ paws and fur.

A) they B) is C) its D) their

15. There is some milk. I'd like to drink _____ .

A) they B) it C) them D) its

16. Terry is talking to two _____ .

A) women B) woman C) woman's D) women's

17. All the _____ are following the man.

A) policeman B) woman C) dog D) children

18. There are many _____ on the shelf.

A) paper B) magazines C) book D) dust

19. I can see a lot of _____ outside the building.

A) person B) man C) people D) child

20. There is a lot of ice in _____ refrigerator.

A) a B) _ C) an D) the

21. Give me two _____ cake, please.

A) piece B) pieces C) slice D) pieces of

22. _____ students are looking for their ball.

A) That B) Those C) This D) They

23. Please hand me _____ dictionary.

A) that B) these C) it D) them

24. A: Is this your suitcase?

B: No, _____ is my suitcase.

A) that B) these C) it D) they

25. Bill and Jack are going to _____ house.

A) they B) their C) them D) his

26. My brother and I are hungry. _____ are thirsty too.

A) They B) He C) We D) Us

27. Take Janet and Anna to _____ rooms.

A) her B) them C) they D) their

28. Father is calling Ali and me. He wants _____ .

A) we B) us C) them D) him

29. Serpil dropped some books, so I picked _____ up for her.

A) them B) it C) its D) they

30. The boys are holding up _____ hands.

A) their B) there C) they D) them

31. Seda and I washed _____ hands.

A) us B) our C) ours D) we

32. Look at that house. All _____ windows are broken.

A) their B) his C) it D) its

33. The sea is dirty. There is oil on _____ .

A) them B) they C) it D) her

34. The girls can go home. They have finished _____ work.

A) its B) ours C) hers D) their

35. Do you want those shoes? I don't want _____ .

A) them B) they C) him D) its

36. We called Allan. He came to _____ .

A) our B) us C) we D) ours

37. Look at these books. Are _____ yours?

A) they B) them C) this D) that

38. We went to _____ seaside and played on the beach.

A) a B) the C) an D) _

39. Many tourists visit _____ Turkey.

A) a B) the C) an D) _

40. There is only _____ water in the glass. Please give me some more.

A) many B) much C) a few D) a little

41. There were not _____ people at the market yesterday.

A) many B) much C) a few D) a little

42. I put _____ sugar on the fruit. I do not like sugar very much.

A) many B) much C) a few D) a little

43. We can all get on the bus. There are only _____ passengers on it now.

A) many B) much C) a few D) a little

44. The policeman is holding the _____ right arm.

A) robber B) robber's C) robbers D) robbers'

45. It was my _____ watch.

A) grandfathers B) of grandfather

C) grandfather's D) grandfather

46. I can see the _____ bicycles.

A) boys' B) boys C) boy D) of the boys

47. I checked the answers. Two of _____ were wrong.

A) it B) its C) them D) they

48. The postman gave me two letters, so I gave _____ to my mother.

A) them B) its C) they D) it

49. The army lost the battle because _____ was not strong.

A) they B) them C) it D) its

50. My parents are coming. I'll open the door for _____ .

A) they B) them C) him D) her

51. Is this radio _____ ?

A) to you B) of you C) you D) yours

52. Give that ball to Tom and me. It _____ .

A) is mine B) is ours C) is theirs D) is our

53. We washed _____ and then had our dinner.

A) myself B) himself C) herself D) ourselves

54. You must learn to defend _____ , Tom.

A) yourself B) yourselves C) himself D) ourselves

55. I cut _____ on that piece of wire.

A) himself B) myself C) oneself D) herself

56. I saw the girls, so I spoke to _____ .

A) she B) her C) they D) them

57. You can have these books. _____ are too hard for me.

A) It B) They C) Its D) There

58. The rope was not very strong, so we did not use _____ .

A) them B) its C) they D) it

59. The policeman spoke to my sister and me. He told _____ about the bridge.

A) us B) he C) I D) we

The bananas were not ripe, so we did not buy _____ .

A) it B) its C) them D) they

61. Please open the window. I can't reach _____.
A) him B) her C) them D) it
62. My father listened to the news. He was very pleased with _____.
A) they B) them C) it D) its
63. Can you tell me _____ best way to the station?
A) a B) an C) the D) _
64. She works as _____ clerk in a very large bank.
A) a B) an C) the D) _
65. Cyprus is _____ island in the Mediterranean.
A) a B) _ C) the D) an
66. There is _____ excellent film on television this evening.
A) a B) _ C) the D) an
67. In England there is a saying. "_____ apple a day keeps the doctor away". This means that apples keep you healthy.
A) An B) A C) The D) _
68. It is going to rain. I must buy _____ umbrella quickly.
A) an B) a C) the D) _
69. _____ other day I had a letter from my friend.

A) A B) An C) _ D) The

70. They enjoyed _____ at the party.

A) himself B) themselves C) them D) _

71. My friend cut _____ when she was cooking.

A) myself B) himself C) herself D) her

72. Help _____ to some more coffee.

A) yourself B) myself C) you D) yours

73. I taught _____ to play the guitar. I've never had lessons.

A) me B) myself C) himself D) herself

74. The cow hurt _____ when it tried to get through the fence.

A) himself B) herself C) itself D) themselves

75. That machine is automatic. It runs by _____ .

A) itself B) it C) themselves D) herself

76. She is wearing _____ unusual dress .

A) a B)_ C) the D) an

77. The car was traveling at more than 90 miles _____ hour when the accident happened.

A) an B) a C) _ D) the

78. It's _____ time for us to go home.

A) _ B) a C) the D) an

79. This cake was made with _____ butter so it should be good.

A) a B) _ C) the D) an

80. His parents and _____ went to a concert last weekend.

A) me B) our C) mine D) us

81. I enjoyed _____ vacation. Did you enjoy _____ too ?

A) me

/yours B) my/yourself C) mine/yours D) my/yours

82. _____ of the children is sick today.

A) One B) Fewer C) Many D) Some

83. Everyone is responsible for _____ own composition.

A) his B) their C) nobody's D) all their

84. I asked her _____ was on the phone.

A) which B) who C) whom D) whomever

85. I don't have _____ petrol in my car.

A) some B) no C) any D) lots of

86. He knows _____ about sports.

A) nothing B) anything C) at all D) something

87. The children ran screaming into _____ own rooms.

A) his B) they're C) their D) its

88. _____ of us are staying home.

A) Some B) A little C) Couples D) Much

89. There is _____ food in the house.

A) none B) some C) no D) any

90. Misfortunes like that aren't _____ fault.

A) each B) anybody C) no one's D) anybody's

91. This test is for students _____ native language is not English.

A) that B) whose C) of whom D) which

92. Please lend me _____ dollar.

A) a B) an C) any D) a few

93. Her mother wants _____ to wash the dishes.

A) she B) her C) hers D) she herself

94. Each of the children _____ given a box of chocolate.

A) was B) were C) are D) aren't

95. Everyone _____ in the room now.

A) are B) is C) were D) weren't

96. Everybody in the classroom _____ sleepy.

A) is B) has C) are D) weren't

97. They were here, but they have gone back to _____ apartment.

A) they're B) theirs C) hers D) their

98. A couple of the players _____ leaving now.

A) is B) are C) was D) were

99. All the businessmen _____ staying at the hotel.

A) isn't B) was C) is D) are

100. A: Whose coat is that?

B : It's _____ .

A) my daughter's B) of my daughter

C) to my daughter D) of my daughter's

101. A: Do you have five dollars?

B: No, I don't, but Oswald has _____ money with him.

A) a lot of B) much of C) many D) lots

102. Someone forgot an umbrella. I'll try to find out _____ it is.

A) whom B) of whom C) whose D) who

103. Most of the students _____ in the classroom now.

A) were B) was C) are D) is

104. A: May I help you?

B: Yes, I want three _____ .

A) cans beans B) cans of beans C) can of beans D) can beans

105. Half of the salad _____ yours.

A) is B) were C) are D) aren't

106. "That coat is expensive, isn't it?" "Yes, it costs _____ ."

A) very many B) a lot of

C) too much money D) too many

107. A: Let's have lunch at the Sultan Restaurant.

B: I can't. I didn't bring _____ money today.

A) some B) any C) none D) no

108. A: Would you like some coffee?

B: Yes please, but just _____ .

A) few B) a few C) little D) a little

109. A: Whose house is that?

B: It's _____ .

A) the Taylor B) the Taylors C) the Taylor's D) the Taylors'

110. Would you like _____ of this cake?

A) some B) a few C) few D) little

111. The boy has a knife. Don't let him cut _____ .

A) himself B) itself C) herself D) yourself

112. A: Do you read a lot?

B: Yes, I read _____ books every year.

A) a lot B) a lot of C) too much D) very few

113. A: What is the matter with the baby?

B: She is _____ hungry.

A) a few B) a little C) little D) few

114. My niece can't find her umbrella. Is this blue one _____ ?

A) of her B) his C) mine D) hers

115. He paid for an ice-cream for _____ .

A) I B) mine C) my D) me

116. A: Have you read this new book by Robert O'Neill?

B: No, I haven't. _____ like to read it.

A) He'd B) She'd C) We'd D) I'd

117. A: Is Ashley's new dress blue?

B: No, _____ is green. Helen's is blue.

A) hers B) her C) mine D) ours

118. If the police _____ arrive soon, they'll be too late.

A) isn't B) doesn't C) don't D) wasn't

119. He has two friends. That's not very _____ .

A) few B) many C) much D) a lot

120. There _____ some fish very near the coast.

A) weren't B) was C) wasn't D) were

121. The police _____ looking for a man who escaped from prison.

A) is B) was C) are D) has been

122. Plastic surgery doesn't cost _____ .

A) a lot of B) much C) many D) very few

123. He knows _____ about classical music.

A) a lot B) a lot of C) many D) a few

124. He is very honest. He is _____ than David.

A) honest B) more honestly C) more honest D) honestly

125. Some people think that life was _____ a hundred years ago.

A) badly B) worst C) well D) better

126. A bee is _____ than a bird.

A) smaller B) smallest C) the smallest D) small

127. A bicycle moves _____ than a car.

A) slowly B) fast C) very slow D) more slowly

128. Concorde is _____ other planes.

A) the safest B) safest C) as safe as D) safer

129. The news _____ bad.

A) was B) are C) were D) aren't

130. _____ everybody here?

A) Are B) Is C) Were D) Does

131. He has a lot of friends. He is _____ than Tony.

A) much less friendly B) less friendly

C) the most friendly D) more friendly

132. Other planes are not so _____ Concorde.

A) more expensive B) expensive

C) expensive as D) as expensive

133. The Boeing 747 makes _____ noise than Concorde.

A) much B) less C) most D) least

134. It was a very _____ journey.

A) interesting B) more interested

C) interested D) interestingly

135. Venus is the _____ planet to the earth.

A) far B) nearest C) farther D) near

136. What are the _____ sports in Turkey?

A) interested B) as interesting C) better than D) most popular

137. This team is bad. It plays _____ .

A) badly B) bad C) not good D) well

138. He runs _____ than David.

A) better B) slowly C) well D) very fast

139. Jim is 19 years old. Tony is 15. Jim is _____ than Tony.

A) younger B) oldest C) older D) youngest

140. He came late because he can't run _____ the others.

A) as fast as B) faster C) the fastest of D) quickly as

141. Bill swims _____ than Robert.

A) faster B) very badly C) good D) worst

142. How _____ butter do you need?

A) much B) many C) few D) a lot

143. Colombia is the _____ country in the world.

A) as wet as B) wetter than C) wetter D) wettest

144. He thinks that their team is the _____ one in Italy.

A) better than B) better C) best D) good

145. Who sings the _____ in your class?

A) happy B) more happily C) happily D) most happily

146. My father is sick. I'm worried about _____ .

A) his B) him C) her D) me

147. I saw Ann at the party but I didn't talk to _____ .

A) hers B) him C) she D) her

148. A: Why doesn't Pete have any teeth?

B: Because he _____ brushed them.

A) usually B) often C) frequently D) never

149. Almost all of my father's teeth are good because he _____ brushes them.

A) usually B) ever C) never D) sometimes

150. Paul doesn't feel very good now. In six weeks he's going to feel _____ .

A) bad B) better C) best D) badly

151. Kate is _____ than any other actress on TV.

A) as pretty B) not pretty C) prettier D) the prettiest

152. It's very _____. It's going to rain.

A) cloudy B) cloudless C) clouds D) more cloudy

153. They're good players, but we can beat _____ .

A) their B) they C) theirs D) them

154. Lisa likes to read _____ horoscope.

A) hers B) her C) mine D) yours

155. The kitchen looks beautiful. Have you cleaned _____, Mary?

A) its B) it's C) it D) them

156. Sam and Bob went swimming with _____ sister, Lisa.

A) their B) theirs C) hers D) them

157. I think he was driving _____ .

A) dangerous B) less careful C) hardly D) carelessly

158. I don't know why she behaves so _____ sometimes.

A) careless B) badly C) worse D) strange

159. This bag isn't _____ it looks.

A) as lightly as B) lighter C) as light as D) the lightest

160. I haven't _____ been as fat as I'm now.

A) ever B) never C) usually D) sometimes

161. She is a _____ driver. She drives her car _____ .

A) carelessly / careless B) slowly / slow

C) well / good D) careful / carefully

162. He is _____ at painting. He paints _____ .

A) bad / worse B) bad / badly

C) worse / bad D) badly / the worst

163. She behaves _____ every day.

A) good B) strange C) bad D) worse

164. Not every American _____ English.

A) doesn't speak B) don't speak

C) speak D) speaks

165. Terry hasn't come to school _____ .

A) almost B) yet C) just D) never

166. Janet has _____ left home.

A) just B) yet C) almost D) ever

167. I can't find my homework _____ .

A) nowhere B) everywhere C) anywhere D) somewhere

168. I've looked for my book _____ but I can't find it.

A) anywhere B) somewhere C) nowhere D) everywhere

169. I'm sure it's here _____ .

A) somewhere B) everywhere C) anywhere D) nowhere

170. The bus is very _____ .

A) quickly B) slow C) well D) noisily

171. She listens to the teacher very _____ .

A) good B) carefully C) better D) careless

172. The author writes _____ .

A) bad B) good C) well D) careful

173. He plays the piano _____ than his father.

A) very good B) better C) the best D) very well

174. A: _____ did you go yesterday? B: I went to a restaurant.

A) Where B) Why C) When D) What

175. A: _____ didn't you phone him?

B: I haven't got his telephone number.

A) What B) Why C) When D) How

176. A: _____ did you come to school?

B: On the school bus.

A) When B) What C) Why D) How

177. Horses _____ drive automobiles.

A) often B) usually C) never D) sometimes

178. Students _____ shout in the library.

A) always B) often C) frequently D) seldom

179. Tourists _____ visit museums.

A) often B) seldom C) never D) rarely

180. The sun is _____ hot.

A) always B) often C) usually D) never

181. A: Do you ever fail tests?

B: No. I _____ fail tests.

A) sometimes B) usually C) never D) ever

182. Susan fails all of her history exams. She _____ passes them.

A) ever B) never C) often D) seldom

183. Bob saw only one film last year. He _____ goes to the cinema.

A) often B) seldom C) sometimes D) never

184. David eats a lot of pears and apples. He _____ eats fruit.

A) sometimes B) rarely C) ever D) frequently

185. We can't do our homework. Can you help _____ ?

A) we B) me C) them D) us

186. I'm a strong player, he can't beat _____ .

A) I B) mine C) me D) him

187. Swimming is _____ excellent sport.

A)___ B) a C) an D) the

188. Mike wants to watch TV _____ tonight.

A)_ B) a C) an D) the

189. I'd like _____ bowl of soup, please.

A) an B) a C) _ D) the

190. Can you see those two men? They are _____ policemen.

A) __ B) the C) a D) an

191. My father hates _____ hospitals.

A) _ B) the C) a D) an

192. _____ traffic in Turkey is bad.

A) The B) _ C) A D) An

193. I'd like _____ ice-cream, please.

A) a few B) few C) a little D) a lot

194. A: How _____ apples did you eat?

B: I ate _____ apples.

A) many / a few B) much / some

C) many / a little D) a lot of / a few

195. Carol writes well. Andy writes _____ than Carol. Mary writes _____.

A) good / the best B) better / better

C) good / better D) better / the best

196. Maria sings _____ Julia.

A) better than B) as good as C) as bad as D) worse

197. Julia gets up early. Mike gets up _____ than Julia. Anderson gets up _____ .

A) as early as / earlier B) earlier / the earliest

C) early / earlier D) the earliest / earlier

198. She arrives at work much _____ than anyone else.

A) earliest B) the earliest C) earlier D) as early as

199. Robert works less _____ than Tom.

A) carefully B) careful

C) careless D) as carelessly as

200. Which student in the class works _____ ?

A) more careful B) less careful

C) the most carefully D) the least careful

201. Tom wasn't hungry, so he ate only _____ soup.

A) a few B) a little C) a lot D) little

202. Which is _____ place you've ever been to?

A) more beautiful B) as beautiful as

C) the most beautiful D) the most beautifully

203. David's sister is thin but not _____ Mike's.

A) so thin B) thinner C) the thinnest D) so thin as

204. _____ Amazon is _____ longest river in the World.

A) The / the B) _ / the C) _ / _ D) The / _

205. _____ Lake Oregon is _____ large lake.

A) The / a B) ___ / a C) A / a D) _ / _

206. He always drinks _____ tea with _____ milk.

A) the / _ B) _ / _ C) a / _ D) a / a

207. A: Where is _____ coffee I bought?

B: It's in _____ kitchen.

A) _ / the B) _ / _ C) the / the D) the / a

208. They went to France by _____ plane but we're planning to go on _____ bus.

A) the / the B) _ / a C) _ / _ D) a / a

209. My father has gone into _____ hospital for _____ operation.

A) _ / _ B) _ / an C) the / _ D) the / an

210. _____ ABC cinema is opposite _____ hospital.

A) _ / the B) The / ___ C) An / the D) The / the

211. We visited _____ Birmingham Museum _____ last year.

A) _ / _ B) the / the C) the / _ D) _ / the

212. _____ Atlantic Ocean is larger than _____ Mediterranean Sea.

A) The / the B) The / _ C) _ / _ D) _ / the

213. He is _____ vegetarian. He doesn't eat _____ meat.

A) _ / _ B) a / _ C) a / the D) the / _

214. There is _____ horror film on _____ TV tonight.

A) a / the B) an / _ C) _ / _ D) a / _

215. _____ earth moves round _____ sun.

A) An / the B) The / _ C) _ / the D) The / the

216. What is _____ capital of _____ Switzerland?

A) the / the B) the / _ C) a / _ D) _ / a

217. _____ milk is good for you. Why don't you drink _____ milk in your glass?

A) The / the B) _ / the C) _ / a D) A / the

218. Tracey has been in _____ prison for a year. Last Sunday his father went to _____ prison to see him.

A) _ / _ B) the / the C) a / the D) _ / the

219. _____ weather was terrible yesterday, so we spent all day at _____ home.

A) The / _ B) _ / the C) The / the D) A / _

220. Good health is _____ than money.

A) more important B) very important

C) as important as D) the most important

221. Who is _____ footballer in Turkey?

A) very good B) a better C) the best D) best

222. The world's population is getting _____ every year.

A) big B) bigger C) very big D) the biggest

223. Janet is almost _____ her father. She's 176 cm and he is 178 cm.

A) tall as B) as tall as C) taller than D) a little shorter

224. Today isn't _____ yesterday.

A) cold as B) as sunny as C) a little warmer D) a lot hotter

225. Where is the _____ place in the world?

A) hottest B) as peaceful as

C) more interesting D) colder

226. I can't speak English as _____ my elder brother.

A) good as B) fluently as C) better than D) well

227. The plane arrived _____ than we'd expected.

A) very late B) later C) as late as D) lately

228. I've got very _____ money.

A) few B) a few C) little D) some

229. She's got _____ records of classical music.

A) very much B) very little C) a few D) plenty

230. A: Were there _____ passengers on the plane?

B: Not _____ .

A) a few / many B) a lot of / many

C) many / a few D) a lot of / much

231. Only _____ Simon's friends went to the match, not _____ .

A) a few / much B) a few of / many

C) some / much D) a lot of / many

232. _____ I want is a cup of tea.

A) All B) Every C) Whole D) Everything

233. Listen to me. I can explain _____.

A) all B) every C) everything D) whol

Choose the best alternative.

234. The series of TV programs that has just finished _____ very useful.

A) are B) weren't C) wasn't D) were

235. A new means of detecting gold in travelers' luggage _____ recently been brought into use.

A) has B) have C) is D) was

236. Physics _____ a subject that has grown enormously in importance during this century.

A) are B) was C) is D) have been

237. A pack of cards _____ scattered over the table.

A) is B) are C) were D) have been

238. The few words he spoke _____ well chosen.

A) is B) was C) were D) wasn't

239. Some of his advice _____ funny.

A) are B) were C) was D) aren't

240. Let's get _____ lettuce.

A) head of B) a head of C) head of a D) a head

241. There were _____ snow on the car.

A) two feet of B) two feet C) a two-feet D) a foot

242. The poor _____ unable to look after themselves.

A) are B) is C) was D) has been

243. Two dozens of cows _____ lying peacefully in the shade.

A) were B) was C) has been D) is

244. The Town Council _____ against raising the rents of its houses.

A) are B) were C) is D) aren't

245. A _____ of vitamin C results in skin infections and slow healing.

A) short B) shortage C) shorten D) shortly

247. What is the difference in _____ between the Amazon and the Nile?

A) long B) wide C) length D) deep

248. How many of _____ are present in class?

A) the girls B) girls C) girls' D) the girl's

249. This isn't _____ bottle.

A) a big enough B) big enough

C) big enough a D) enough big a

250. We don't have _____ vacation.

A) long enough B) a long enough

C) long enough a D) enough a long

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A) -/of B) of/of C) to/to

D) to/of E) by/of

252. ____ summer holidays many boys and girls like to go ____ the country ____ their teachers.

A) at/by/to B) into/at/with C) -/to/to

D) during/to/with E) during/to/by

253. The girl saw a beautiful garden ____ the end of the corridor with red flowers ____ it.

A) at/in B) at/on C) to/in

D) in/in E) of/on

254. At night when there are no clouds ____ the sky you can see many stars.

A) on B) in C) at

D) to E) a/an

255. He is very good ____ maths.

A) in B) at C) -

D) about E) with

256. He's got a very good head ____ his shoulders.

A) over B) beyond C) on

D) since E) for

257. I asked him ____ help.

A) in B) about C) for

D) by E) with

258. Father was very angry ____ his son: "You'll be punished according ____ the seriousness ____ your guilt.

A) to/-/of B) for/to/to C) to/to/to

D) with/to/of E) with/-/of

259. An electric lamp hangs from the centre ____ the ceiling ____ the table.

A) to/in B) of/above C) to/on

D) in/from E) on/near

260. Everybody wanted to come here ____ time.

A) by B) for C) in

D) without E) at

261. It is very warm. I am going to take ____ my scarf.

A) out B) in C) off

D) for E) of

262. There is something very attractive ____ him.

A) in B) about C) with

D) by E) at

263. What is there ____ the ground floor ____ your school?

A) in/in B) on/at C) on/of

D) in/at E) near/in

264. They will be fighting ____ political reforms.

A) in B) on C) at

D) by E) for

265. It's better to wait for five minutes before crossing the street than stay ____ a month at the hospital.

A) at B) on C) for

D) of E) till

266. The famous explorer left ____ the North ____ the fifth of March.

A) to/on B) to/in C) for/at

D) from/on E) for/on

267. They put ____ illuminations ____ front of all buildings.

A) down/over B) up/on C) down/near

D) up/at E) -/in

268. In England the cars go ____ the left side.

A) in B) near C) of

D) to E) on

269. ____ general everything was all right. They thought they were walking ____ the direction ____ the village when they lost the way.

A) for/-/to B) in/to/of C) in/in/of

D) by/to/to E) in/in/to

270. I know that he is a noisy boy, but ____ the same time I can't be angry ____ him.

A) -/to B) at/with C) -/with

D) in/about E) by/for

271. What are curtains usually made ____?

A) in B) with C) of

D) - E) at

272. Great Britain consists ____ three parts.

A) of B) with C) from

D) in E) by

273. The train stopped ____ all the stations and long before we got ____ London every seat was taken and people were standing ____ the corridors.

A) to/at/in B) in/to/ C) at/in/on

D) at/to/in E) -/in/at

274. I congratulated all my classmates ____ passing the exam.

A) for B) with C) on

D) in E) within

275. - ____ what time will you arrive?

- I don't know. It depends ____ the traffic.

A) at/- B) in/from C) -/on

D) by/with E) for/out of

276. My father died three years ago ____ a sudden heart attack.

A) from B) on C) at

D) by E) in

277. This house reminds me ____ the one I lived ____ when I was a child.

A) of/in B) about/at C) near/-

D) -/in E) on/with

278. We shall be waiting ____ a bus ____ 2 till 3.

A) -/to B) -/until C) for/from

D) for/to E) of/for

279. There is a place ____ 6 stamps ____ each page ____ Nick's stamp book.

A) for/on/of B) to/in/in C) for/at/of

D) at/on/for E) for/in/of

280. Alice drank ____ the bottle and turned ____ a very small girl.

A) of/in B) for/at C) out/of

D) from/on E) from/into

281. When we draw we make pictures ____ a pen, a pencil or chalk.

A) by B) with C) of

D) at E) in

282. He suddenly jumped ____ a bus.

A) by B) at C) to

D) on E) of

283. Who is the girl ____ the blue dress, sitting ____ the head of the table?

A) with/in B) on/upon C) in/at

D) without/in E) in/of

284. Children are very fond ____ swimming.

A) of B) about C) till

D) at E) in

285. The old woman could go ____ foot, but she preferred going ____ car.

A) with/in B) without/at C) in/on

D) on/to E) on/by

286. ____ the top of the hill the tourists could see hundreds of cars running quickly ____ the road.

A) from/along B) at/to C) on/along

D) from/in E) with/for

287. Please go on ____ your work while I am out.

A) to B) with C) in

D) up E) at

288. We arrived ____ London ____ 6 p.m. ____ a foggy November day.

A) in/at/on B) to/at/in C) at/in/in

D) on/of/- E) -/in/on

289. He started going ____ school ____ the age of five.

A) to/in B) at/on C) to/at

D) before/of E) into/on

290. I'm going to wait ____ it stops raining.

A) till B) before C) on

D) at E) for

291. He came ____ . I told him about my plan and he ____ once agreed ____ it.

A) into/at/with B) in/at/to C) in/-/with

D) out/for/- E) -/at/to

292. We have worked ____ the plan ____ the new district ____ six months.

A) over/off /about B) at/of/for C) of/in/in

D) about/of/to E) of/at/for

293. There is a man sitting ____ the TV set ____ the hall.

A) to/at B) before/on C) near/at

D) towards/or E) in front of/in

294. Did they enjoy ____ their trip down the river?

A) - B) with C) in

D) for E) into

295. I think Dan fell ____ love with Alice.

A) for B) with C) in

D) to E) into

296. My friends went ____ a cycling tour last week.

A) to B) on C) in

D) for E) before

297. She was ___ duty and had to stay ___ the classroom ___ classes.

A) after/at/at B) on/in/after C) on/at/at

D) in/in/in E) on/with/at

298. "Be careful ___ the crossing," he said ___ the children.

A) for/at B) at/to C) for/to

D) to/at E) on/for

299. It was difficult ___ him to earn money ___ the country, so he went ___ town.

A) at/in/after B) through/under/to C) for/in/to

D) on/at/before E) for/to/in

300. They drove ___ London ___ Paris, stopping ___ Vienna.

A) into/from/at B) from/to/on C) to/for/near

D) from/to/in E) to/from/on

301. We lived ___ the suburb ___ a big city ___ the factory where father worked.

A) at/in/at B) in/before/of C) of/by/to

30. He thought ___ a plan and stayed there ___ a few weeks.

A) on / of B) about / at C) of / in

D) of / for E) on / for

303. He stared ___ her ___ amazement.

A) at/in B) -/with C) to/of

D) with/besides E) on/at

304. Pete was tired, he lay down ___ the sofa ___ his fur coat and fell asleep.

A) in/to B) on/under C) at/by

D) near/by E) near/at

305. We've neither been ____ the theatre, nor ____ the cinema ____ a long time.

A) to/to/for B) at/with/on C) on/to/at

D) with/at/for E) at/on/to

306. The captain looked ____ his glasses and saw a man ____ the sea not far ____ the ship.

A) after/on/at B) through/at/in C) with/by/to

D) through/in/from E) for/of/about

307. The teacher explained the new rule ____ the pupils and they listened ____ her attentively.

A) at / - B) to / of C) from / to

D) by / of E) to / to

308. ____ looking ____ his papers he understood it was time ____ him to type them.

A) on / by / to B) on / after / in C) in / at / before

D) after / through / for E) for / through / in

309. Don't tell anybody ____ this. It's only ____ us.

A) -/besides B) about/between C) on/by

D) on/within E) about/among

310. The girl wanted to cook the meal herself, but Sophia insisted ____ helping her.

A) on B) to C) from

D) in E) for

311. He should take care ____ his health.

A) for B) on C) at

D) to E) of

312. You must work hard ____ your English.

A) on B) at C) for

D) from E) by

313. We are very busy ____ weekdays.

A) out of B) in C) on

D) at E) of

314. Mr. Brown had to hurry up as his friend was waiting ____ him ____ the corner ____ the street.

A) for/at/of B) for/in/- C) -/in/-

D) with/at/in E) for/in/for

315. He decided to marry ____ Rose ____ money.

A) -/for B) for/to C) on/with

D) by/for E) after/-

316. I remember being met ____ zoo station ____ one of their pupils.

A) near/from B) in/with

C) besides/among D) of/for

E) at/by

317. They dined ____ a small restaurant which had been “decorated” ____ rather bad pictures ____ young people.

A) at/with/on B) near/by/of C) in/with/by

D) to/-/with E) at/towards/from

318. Go ____ the kitchen and get a bottle ____ milk ____ the refrigerator.

A) at/of/from B) to/of/out of C) in/-/from

XI.

EVALUATING CRITERIA

The criteria of evaluation and assessment of the students' knowledge on subject

Methods of Assessment	Test, writing tasks and orally questionnaires		
Evaluation criteria	86-100 points "excellent" <ul style="list-style-type: none"> - excellent English speaking, writing, reading and speaking skills; - quick and accurate reading ammunition ; - lexical unit orthography error - analyze the subject , use and gather - active in the lesson - do home tasks without errors 		
	71-85 all "good" <ul style="list-style-type: none"> - in the English language to display the hearing to speak o ' winter and ' nikmalari well -balanced franchise store ; - words ammunition 1 , 2 y error in the case ` 1 Support PRINT ; - lexical unit 1 error , 2 Orthography ` 1 PRINT va1 or 2 ` s own b and despise the other ; -analyze the subject, understanding and support , - actively participates in the lesson - he performs the function 2 error ; - do home tasks with 1 error 		
	56-70 "Satisfactory" <ul style="list-style-type: none"> - English speaking, writing, reading and speaking skills are well-established; 2 words reading error y o l Support PRINT - lexical unit 2.3 Orthography error y o l Support PRINT - 2 does not know the word, knows and understands the subject , saying , participates in a bad lesson . - carrying out the function of grammatical mistakes Committee PRINT ; 		
	0-55 "unsatisfactory" <ul style="list-style-type: none"> -Learning, writing, reading and speaking skills are not formed in English; - It does not write Lexical Unity - dropped the subject , misunderstanding lesson, not be active in the lesson -not to do home tasks 		
	Types of assessment rayting	Max. ball	Passing time

	Current control: Activity in practical exercises, answers to questions correctly and orally, and performance of tasks	45	From the start of the semester to the last session, from the second training to the last one, each session will be evaluated in the 100-point system, then the average score will be deducted from 0.4 to 0 .
	Self-study	5	
	Intermediate control : It is accepted in the form of oral inquiry in practical lesson. Practical occupation teacher. Questions and instructions to control 2 h weeks before the ads placed on the whiteboard. The intermediate control is 20 points, from which: (86-100%) 17,2-20,0 Excellent "5" (71-85%) 14,2-17,1 Good "4" (56- 70%) 11-14,1 Satisfactory "3" (0-55%) Less than 11 points Unsatisfactory "2"	20	
	Final control (written, verbal, test)	30	
	TOTAL	100	

The main literatures

- 1.Каримов И.А. Юксак маънавият – енгилмас куч. – Т.: Ўзбекистон. 2008.
- 2.“Оммавий ахборот воситалари соҳасида кадрлар тайёрлаш ва қайта тайёрлаш Давлат дастури ҳақида” ЎзР Вазирлар Маҳкамасининг Қарори. 2006 йил 7 августда қабул қилинган. Ҳалқ сўзи. 2009 йил 27 июн.
- 3.Каримов И.А. Жаҳон молиявий-иқтисодий инқирози, Ўзбекистон шароитида уни бартараф этиш йўллари ва чоралари. – Т.: Ўзб. 2009.
- 4.Дудкина Г. А. и др. English for businessmen, 1 қисм, Тошкент, 2000.
- 5.Кудрявцева О. Е. и др. .English for businessmen, 2- қисм, Тошкент, 2000.
- 6.Абдалиева Е. А. “Инглиз тили дарслиги” Тошкент 2000 й.
- 7." Oral Theme Manual On Practical English For Students Bachelor Degree" 2013.
- 8.Zamonaviy medicines annotations for educational and methodological manuals translated into English in 2015.
9. Krylova L.R. Sbornik upgrade po grammatik angliyskogo yazyka. - M., Knijnyy dom, 2003
10. Boqieva GX, Iriskulov A .T. In Touch Forever - T a shkent, 2006
11. Muminov O. Public Relations. Istoriya and theory. - Tashkent, Creative World, 2004
12. English-Russian, Russian-English, English-Uzbek dictionary (all publications)
13. Thomas A. Angelo / K. Patricia Cross, Classroom Assessment Techniques . 2nd Edition. Jossey -Bass: San Francisco, 1993.
- 14.Alison Morrison- Shetlar / Mary Marwitz , Teaching Creatively: Ideas in Action . Outernet: Eden Prairie, 2001.
- 15.Silberman , Mel. Active Learning: 101 Strategies to Teach Any Subject . Allyn and Bacon: Boston, 1996.
16. Van Gundy, Arthur. 101 Activities for Teaching Creativity and Problem Solving . Pfeiffer: San Francisco, 2005.
- 17 .Watkins , Ryan. 75 e-Learning Activities: Making Online Learning Interactive . San Francisco: Pfeiffer, 2005.
18. John and Liz Soars “New Headway” Pre-intermediate Student’s book Oxford University Press, 2010
- Raymond Murphy “Essential Grammar in Use” Cambridge University Press, 2005
19. Sue Kay and Vaughan Jones “New Inside Out” Elementary Student’s book. Macmillan, 2012

20. Macmillan English dictionary for advanced learners. Macmillan, 2005.
21. Oxford Advanced Learner's Dictionary. Oxford University Press, 2012.
22. H. Fry, S. Ketteridge, S. Marshall. A Handbook for Teaching and Learning in Higher Education. Enhancing Academic Practice. Third edition. New York. 2009. - 544 p. ISBN 0-203-89141-4
23. Use of Simulation in Pharmacy School Curricula, Health Workforce of Australia. Accessed March 15, 2014. <https://www.hwa.gov.au/resources/publications>.
24. DiVall MV, Hayney MS, Marsh W, . Perceptions of pharmacy students, faculty members, and administrators on the use of technology in the classroom. *Am J Pharm Educ*. 2013;77(4):Article 75.
25. Vassiliou A, and at all. Report to the European Commission on. New modes of learning and teaching in higher education. Luxembourg. 2014. ISBN: 978-92-79-39789-9 doi:10.2766/81897
26. Brown S. Learning, Teaching and Assessment in Higher Education: Global Perspectives. 2015. UK.-345p.
27. Theory of drug development, Eric B. Holmgren. October 24, 2013 by Chapman and Hall/CRC Reference - 261 p.- 50 b/w illustrations ISBN: 9781466507463 - cat# k14671 series: Chapman & Hall/Cr
28. David Bolke, Dorothy E. Zemach, Skillful 1 (Reading & Writing), Macmillan, 2013.
29. Louis Rogers & Jennifer Wilkin, Dorothy E. Zemach, Skillful 2 (Reading & Writing), Macmillan, 2013.
30. Malcolm M., Steve Taylore-Knowles, Destination (book 3 & 4), Macmillan Education UK, 2013

The extra literatures

1. 1. Sh.M. Mirziyoyev. "Together we build a free and prosperous democratic state of Uzbekistan." Tashkent, "Uzbekistan" NMIU, 2017.-29b
2. 2. Sh.M. Mirziyoyev. "The rule of law and the interests of the people are the basis of the development of the country and the well-being of the people". Tashkent, "Uzbekistan" NMIU, 2017.-47b
3. 3. Sh.M. Mirziyoyev. "We will build our great future with our brave and noble people". Tashkent, "Uzbekistan" NMIU, 2017-485 B
4. 4. Decree of the President of the Republic of Uzbekistan on February 7, 2017 "On the Strategy of Action for the Eradication of the Republic of

Uzbekistan" No. UP-4947. Collection of the legislation of the Republic of Uzbekistan, 2017, No. 6, Art.

Internet sources

1. www.Ziyonet.Uz
2. www.edu.Uz
3. www.infocom.uz Infocom.uz электрон журнали
4. www.press-service.uz Ўзбекистон Республикаси Президентининг Матбуот маркази сайти
5. www.gov.uz Ўзбекистон Республикаси Давлат Ҳокимияти портали
- www.lugat.uz, www.glossaiy.uz Axborot-kommunikatsiya texnologiyalari izohli lug'ati, 2004, UNDP DDI: Programme
6. www.uz Ўзбек интернет ресурсларининг каталоги
7. <http://learnenglish.britishcouncil.org/en/>
8. http://www.englisch-hilfen.de/en/download/test_tenses_en.pdf