

**O'ZBEKISTON RESPUBLIKASI OLIY VA O'RTA MAXSUS TA'LIM
VAZIRLIGI**

**ABU ALI IBN SINO NOMIDAGI BUXORO DAVLAT TIBBIYOT
INSTITUTI**

“INGLIZ TILI” KAFEDRASI

“TASDIQLAYMAN”

O'quv va tarbiyaviy ishlari prorektori

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XORIJIY TIL (ingliz tili)

DAVOLASH, TIBBIY PEDAGOGIKA

VA PEDIATRIYA FAKULTETLARI UCHUN

O'QUV – USLUBIY MAJMUA

III - kurs

Ta'lim yo'nalishi

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Ushbu o'quv uslubiy majmua namunaviy o'quv dasturi va o'quv reja asosida stomatologiya va pediatriya yo'nalish bo'yicha tuzilgan va Buxoro davlat tibbiyot instituti markaziy uslubiy kengashida muhokama qilingan va tasdiqlangan.

Bayonnoma ----- “ “ 2019 y.

ANNOTATSIYA

Mustaqilligimiz tufayli respublikamizda bo'layotgan iqtisodiy, siyosiy va ijtimoiy o'zgarishlar hayotimizning turli sohalarida, shuningdek ta'lim – tarbiya bo'yicha yuksak ijobiy siljishlarga sabab bo'lmoqda. Har qanday kasbni yaxshi egallash uchun dunyo miqyosida o'sha soha yangiliklaridan xabardor bo'lmoq lozim. Bu niyatga erishish maqsadida bo'lganlar birorta xorijiy tilni, xususan, ingliz tilini o'rganishi darkor.

Ana shu yaxshi niyatni ro'yobga chiqishida tibbiyot instituti talabalariga mo'ljallab yozilgan mazkur majmua o'qitish sifati hamda samaradorligini oshirishga ijobiy samara beradi degan umiddamiz. Bu o'quv majmuadan nafaqat talabalar balki, tibbiyot bilan shug'ullanuvchi kishilar ham foydalanishlari mumkin.

Sizga havola qilinadigan o'quv uslubiy majmua tibbiyot instituti talabalariga ingliz tilini o'rganishni o'z oldiga maqsad qilib qo'ygan.

Majmuaning qimmatli tomonlaridan biri unda ingliz tili mutaxassislik bilan, ya'ni tibbiyot bilan bog'lab berilgan.

Har bir darsga fonetik, leksik hamda grammatik mashqlar kiritilgan. Olingan materiallar tarbiyaviy xarakterga ega bo'lganligi ta'lim va tarbiya birligiga e'tibordan dalolat beradi. Ingliz tilida to'g'ri talaffuzga o'rgatish qiyinligini inobatga olib, majmuada uchraydigan aksariyat so'zlarning transkripsiyasi berilgan.

Istalgan chet tilini ongli o'zlashtirish uchun uni ona tili bilan qiyoslab o'qitish maqsadga muvofiq. Shuning uchun ingliz tilidagi ayrim materiallar o'zbek tili bilan bog'lab berilgan. Ushbu majmua o'z ichiga shu fan bo'yicha o'quv va ishchi dasturlarini, amaliy mashg'ulotlarni o'tish uchun asos bo'ladigan uslubiy materiallarni, jumladan, tayanch konspektini, o'quv qo'llanmasini va ta'lim texnologiyalarini hamda tarqatma materiallarni, talabalar bilimini aniqlash uchun umumiy savollar, nazorat savollari mustaqil ish mavzularini, baholash mezonlari va talabalar shu fanni o'zlashtirishi uchun zarur bo'ladigan o'quv materiallarni, adabiyotlar ro'yxatlarini, mashqlar to'plamini o'z ichiga olgan.

MUNDARIJA

1. O'quv materiallari.....	4 bet
2. Mustaqil ta'lim mavzulari.....	82 bet
3. Glossariy.....	83 bet
4. Ilovalar	
4.1. Fan dasturi.....	87 bet
4.2. Ishchi o'quv dasturi.....	88 bet
4.3. Tarqatma materiallar.....	105 bet
4.4. Baholash.....	164 bet
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1. O'quv materiallar.

Unit 1. A District Doctor

Oral introduction and training of new words and word combinations. Vocabulary training.

Text: The working day of a district doctor. Analytical work

Text. The working day of a district doctor. Exercises. Grammar: Present Participle.

Dialogue: "My friend has fallen ill"

1. The place of class, equipments for training:

- The Chair of the English Language
- dictionary.
- tables
- distributive materials.

2. The continuation of the lesson: 8 hours

3. The aims of the lesson:

3.1. training aim:

- to gain theoretical knowledge and to fix it;
- to gain practical skills;
- to use gained knowledge and skills;
- to form the deontological education;
- to educate practical communication and cultural responsibility.

3.2. educational aim:

- to form interests and feelings of responsibility.
- to form the humanity;
- to form responsibility for the practical training.

3.3. developing aim:

- to grow mental ability;
- to develop logical thinking.

List of practical skills on theme:

- reading the text correctly;
- rules of reading;
- learning the new words;
- finding the right information from the questions;
- translating the text using the dictionary.

The students must know:

- rules of reading of the new words of the text;
- the ways of its usage;
- the main idea of the text
- to put general questions to the text;
- to put special questions to the text.

The students must gain skills of:

- translating by dictionary;
- making affirmative sentences
- making negative sentences
- making up questions to the text;
- reading the text correctly.
- retelling the text scientifically.

The students are able to do:

- to retell the main idea of the text

- to make up sentences with the new words of the text;
- to make situations with the new words of the text;
- to put questions to the text

4. Intrasubject connections

Informations received on the lesson help to realize some matters in Anatomy, Chemistry, Biology, Physiology . A grammar material is explained with the comparison of the Russian and Uzbek grammars.

5. Chronological list of the lesson

Lesson stages	Form of training	Time in minutes
Introducing		5
Discussing the theme of the practical training, controlling the students' last level knowledge by using new methods of innovation technology(trainings in a small groups, discussions, problematic exercise and others)	Control, explanation	20
To overcome the theme.		10
Explaining new theme by using equipments for training and giving instructions to use them in their speech.	Explanation	15
Making sentences by using new grammar theme.	In written form	15
To fix new theme by exercises.	Oral form	10
Conclusion of teacher. Home assignments for the next practical class.	Oral form	5

6. The theoretical part

Presentation of a new item

ORAL INTRODUCTION AND TRAINING OF NEW WORDS AND WORD COMBINATIONS

to make the daily round of visits when a doctor examines his patients at their homes going from house to house in his district, it means: he makes the daily round of visits.

Can you make the daily round of visits? Why can't you make the daily round of visits? When will you be able to begin your daily round of visits? Who makes the daily round of visits? When does this doctor make his daily round of visits? Why do doctors make their daily rounds of visits?

to apply a stethoscope to means to put a stethoscope to a patient's chest in order to listen to his lungs or heart.

Who applies a stethoscope to a patient's chest? When does a doctor apply a stethoscope? To what does a doctor apply a stethoscope while listening to a patient's lungs? Can you apply a stethoscope? Who taught you to apply a stethoscope?

to put smb on a sick-leave means to give a patient a written permission to be absent from duty (his work) because of illness.

Do you put a patient on a sick-leave? Who puts a patient on a sick-leave? When does a doctor put a patient on a sick-leave?

to give smb an injection of some medicine means to introduce some medicine into the body under the skin or into a vein or muscle.

Who gives an injection of morphine? When does a nurse give an injection of morphine? Can you give injections of some medicine? Why can't you give injections?

to undergo a course of means to be treated for some disease following a definite prescribed regime

When did you undergo the course of physiotherapy? Where did you undergo the course of physiotherapy? Why did you undergo the course of physiotherapy?

TEXT. THE WORKING DAY OF A DISTRICT DOCTOR

Some days ago Anvar was on duty at the polyclinic, which is in Farabiy Street. There he got acquainted with Comrade Kurbanov, a district doctor. He is an experienced therapist, working in his field for more than ten years. It was useful to Anvar to be present at the examinations and watch some of his cases.

Dr. Kurbanov's working day begins at nine o'clock in the morning-at the polyclinic, where he sees about ten and sometimes even 15 out-patients 2 during his consulting hours. In the afternoon he usually makes his daily round of visits to the district. He examines all those patients, who are seriously ill and can't come to the polyclinic. These patients must follow a strict bed regime.

That day his first patient was a young man who said that he felt rotten. Indeed, this patient was in a poor condition: his hands and face were damp with sweat; his pulse was accelerated and faint. He was running a high temperature. The doctor asked him to lie down on the couch and began questioning him thoroughly. Making the physical examination the doctor applied a stethoscope to the patient's chest and listened to his lungs and heart. The patient's respiration was accelerated and turned out to be 30 per minute. Some moist rales could be heard. Dr. Kurbanov made the diagnosis of lobar pneumonia and said that the patient had to be admitted to the hospital. It was necessary to arrest the process in his lungs immediately to avoid any complications.

A woman of about 45 entered Dr. Kurbanov's consulting room next. She complained of a sore throat and a bad pain in her back, so that she couldn't sleep.

"Well," the doctor said, "let me have a look at your throat, I see, there is a bad inflammation. Is it hard to swallow?" When the doctor examined her thoroughly it turned out 'the woman suffered from quinsy. He prescribed to her an antiseptic mouth-wash with which she had to gargle her throat five or six times a day. The doctor said it would give her an instant relief. As her condition was rather bad the doctor put her on a sick-leave for several days. A nurse had to come to her place to give penicillin injections. When the patient felt better she had to undergo a five day course of physiotherapy. The doctor also advised her to apply mustard plasters to her back every other day before going to bed.

The next patient complained of a sharp pain in his stomach. The doctor examined his stomach and made the initial diagnosis of the Ulcer of the stomach. But to be sure of his diagnosis the doctor directed the patient to be X-rayed. He prescribed to the patient a light diet. The patient had to follow it strictly, because heavy food wasn't useful to him. The patient had to take the prescribed tablets before meals to relieve the pain..

After his consulting hours at the polyclinic Dr. Kurbanov and Anvar made several calls. He was called to two patients whom he had visited before. One, of the patients was ill with lobar pneumonia, the other suffered from angina pectoris. First they visited the patient ill with angina pectoris. Before examining the patient Dr. Kurbanov washed his hands, put on his white gown and only then entered the room, where the patient was lying. The doctor asked the patient: "How are you feeling today? Do you feel any pain in the chest?" The doctor was eager to know if the medicine, which the patient was taking, relieved the pain.

Unfortunately the patient couldn't say that the medicine gave him any relief. The pain in the substernal area was particularly sharp on physical exertion. Dr. Kurbanov asked the patient to strip to the waist, listened to his heart and lungs, took his blood pressure, felt his pulse and palpated his abdomen. After five days of home treatment the patient did not feel any relief, and the doctor decided to hospitalize him.

Then they visited the patient ill with lobar pneumonia. This patient was recovering: he felt better and was cheerful. He thanked the doctor for his kind attention and care. As the condition of the recovering patient was rather good the doctor advised him to be out in the open air as much as possible, to start his morning exercises again, to have rubdowns and by and by begin going in for sports.

Anvar saw that doctor Kurbanov dealt with every case carefully and attentively and tried to calm those who were excited. In some cases his words seemed to act better than any medicine. It's no wonder that all his patients love and respect Dr. Kurbanov.

Notes:

to watch some of his cases — uning ba'zi bemolarini kuzatmoq

Tibbiy adabiyotda **case** so'zi ikki hil asosiy ma'noga ega:

1) kasal: There were five cases, that the doctor had to see in the morning.

Ertalab doctor qabul qilishi kerak bo'lgan beshta kasallari bor edi.

2) kasallik, kasallik tarixi: The doctor had to describe this case of the grippe in detail.

Vrach bu gripp kasalligini batafsil tasvirlab berishi kerak edi.

* **15 out-patients**—15 ta kunduzgi bemorlar

out-patient department – kunduzgi (ambulator) bo'lim

in-patient department - stationar bo'lim

3. he usually makes his daily round of visits — u odatda bemorlarni kundalik ko'rigi (obxod) ni o'tkazadi

Round - ko'rik (obxod) so'zi quyidagi hollarda ishlatiladi:

a night round - tungi ko'rik (obxod); a morning round- ertablili ko'rik (obxod)

an evening round -kechki ko'rik (obxod)

to come back from one's morning round - ertablili ko'rik (obxod) dan qaytmoq

doctor's round - vrach ko'rigi (obxodi)

to start out on one's round of the wards – palatalar ko'rigi (obxodi) ni boshlamoq

4. physical examination —tibbiy (fizikal) tekshiruv

Fizikal tekshiruv o'z ichiga bemorni auskultatsia, palpatsia, perkussiya yordamida tekshirishni, hamda tashqi tana, teri va muskullarni ko'zdan kechirishni o'z ichiga oladi.

laboratory examination – laboratoriya (qon, siydik, oshqozon shirasi va h.k.) analizlarini natijalari laboratoriya tekshiruvini tashkil qiladi.

5. and turned out to be 30 per minute — minutiga 30 edi
per - predlogi ma'lum bir vaqtni tez-tez va doimiy qaytarilishini ifodalash kerak bo'lgan hollarda qo'llaniladi.: six times per day- kuniga olti marta
60 beats per minute – minutiga 60 marta

6. moist rales could be heard — nam xirillashlar eshitilar edi.
to hear — eshitmoq fe'lini to listen to – tinglamoq fe'li bilan adstirib yubormang. Birinchisi his qilish, sezgini bildirsa, ikkinchisi harakatni, ba'zan holatni bildiradi:
I was listening to him, but did not hear anything. - Men uni tinglar edim, lekin hech narsani eshitmasdim.

7. She complained of a bad pain in her back — u beldagi kuchli og'riqdan sikoyat qildi

pain — og'riq (asosan o'tkir, birdan boshlanadigan, sanchadigan) ache — og'riq (asosan davomiy, sust, vaqti-vaqti bilan huruj qiladigan)
pain sozi **ache** soziga qaraganda keng ma'noda ishlatiladi. Alohida organlardagi og'riqlarda **ache** so'zi ishlatiladi:

a headache - bosh og'rig'I; a toothache - tish og'rig'I;
an earache - quloq og'rig'I; a stomachache - oshqozon og'rig'i

8. five or six times a day — kuniga besh –olti marta

Ingliz tilida agar marta sozi sonni bildirib, ikkitadan ortiq ekanligini ifodalasa times so'zi qo'llaniladi: three times - uch marta; five times - besh marta
several times - bir necha marta; Biroq : once - bir marta; twice - ikki marta

9. course of physiotherapy — fizioterapiya kursi **therapy** so'zi ikki xil ma'noga ega:
1) terapiya (tibbiyot sohasi), 2) terapiya- terapiya, davolash.
X-ray therapy - rentgenoterapiya; penicillin therapy - penisillinterapiya;
vitamin therapy - vitaminterapiya

10. and tried to calm - va tinchlantirishga harakat qilar edi
to calm - tinchlantirimoq (o'timli fe'l); to calm down - tinchlanmoq
This doctor calms his patients his kind words and attention. -
Bu vrach o'z bemorlarini yaxshi so'zlar va diqqat bilan tinchlantirardi.
Please calm down. Everything is over. - Iltimos, tinchlaning. Hammasi tugadi.

11. It's no wonder —ajablanarli joyi yo'q, tabiiy: I wonder birikmasi odatda qiziq, qiziqaman degan ma'noda ham ishlatiladi:
I wonder where she will go for her summer vacation. -Men uni yozgi ta'tilda qaerga borishiga qiziqaman

Active Words and Word Combinations for the microcontrol

to make the daily round of visits; to be damp with sweat; to accelerate; to apply a stethoscope to smth; respiration; to turn out; moist; rale; lobar pneumonia; to arrest the process of smth in smth; to avoid; inflammation; to swallow; quinsy; mouth-wash; to gargle one's throat; instant; relief; to put smb on a sick-leave; to give smb an injection of some medicine; to undergo a course of smth; to apply a mustard plaster to smth; initial; ulcer; to direct; diet; tablet; to relieve; angina pectoris; gown; substernal; physical exertion; to hospitalize; to recover; to deal with; to calm; to excite.

Vocabulary Training

1. regime, a bed regime, a strict bed regime, to follow strict bed regime

2. sweat, to be damp with sweat, his face is damp with sweat, his hands are damp with sweat
3. accelerate , accelerated, to be accelerated, his pulse was accelerated, the patient's respiration is accelerated
4. a stethoscope , to apply a stethoscope to smth, the doctor applied the stethoscope to the patient's chest, the doctor applied the stethoscope to my back
5. rales, moist rales, dry rales, the doctor heard moist rales, moist rales could be heard
6. respiration, the respiration is accelerated, the respiration turned out to be 30 per minute
7. lobar pneumonia, to make the diagnosis of lobar pneumonia, to be ill with lobar pneumonia, to fall ill with lobar pneumonia
8. inflammation , a bad inflammation, to have a bad inflammation, there is a bad inflammation
9. to swallow, it is hard to swallow, it hurts me to swallow, is it hard to swallow? you must swallow this tablet, swallowing, to feel pain on swallowing
10. quinsy, to be ill with quinsy, to fall ill with quinsy, to suffer from quinsy, to make the diagnosis of quinsy, to treat a patient for quinsy
11. a mouth-wash an antiseptic mouth- wash, the doctor prescribed an antiseptic mouth-wash, this antiseptic mouth-wash will be useful to you
12. to gargle one's throat , to gargle one's throat three times a day, to gargle one's throat with an antiseptic mouth-wash
13. relief , an instant relief, a great relief, a considerable relief, to feel a considerable relief, to give an instant relief
14. an injection , to give smb penicillin injections, to receive injections, a nurse gives this patient penicillin injections every day, to give a medicine by injection
15. mustard plaster , to apply a mustard plaster, a nurse applied mustard plasters to the patient's back, to apply mustard plasters every other day
16. initial , initial findings, initial findings were important, initial diagnosis, to make an initial diagnosis, to make the initial diagnosis of measles
17. ulcer, to suffer from an ulcer, an ulcer of the stomach, to have an ulcer of the stomach, to treat the patient for an ulcer of the stomach
18. a diet , a light diet, to prescribe to a patient a light diet, to follow a light diet strictly
19. to relieve , to relieve a pain, these tablets
20. relieve a bad pain, the course of physiotherapy relieved the pain in my side
21. angina pectoris, to be ill with angina pectoris, to fall ill with angina pectoris, to suffer from angina pectoris; to treat for angina pectoris
22. substernal , the substernal area, to feel pain in the substernal area, the pain in the substernal area was particularly sharp
23. physical exertion, on physical exertion, to feel pain on physical exertion, sometimes physical exertion causes pain
24. to hospitalize , to be hospitalized, to hospitalize a patient, this patient suffering from angina pectoris must be hospitalized
25. to calm down, to calm a person, the doctor must calm the patients; calm down, please.

Exercises

I. Answer the following questions:

1. Whom did Anvar get acquainted with .being on duty at the polyclinic?
2. What does Dr. Kurbanov do during his consulting hours?
3. What patients does Dr. Kurbanov examine during his round of visits?
4. Describe the condition of Dr. Kurbanov's first patient who came to the polyclinic.
5. What did the physical examination of this patient reveal?
6. Why did the patient have to be admitted to the hospital?
7. What can you say about Dr. Kurbanov's second patient?
8. What did the doctor prescribe to that woman?
9. Why did the doctor put her on a sick leave?
10. What did the third patient complain of?
11. What was the doctor's initial diagnosis?
12. Why did

the doctor direct the patient to be X-rayed? 13. Why did the patient have to follow a light diet? 14. When did the patient have to take the prescribed tablets? 15. What patient did they visit first? 16. What did the medical examination of the patient with angina pectoris reveal? 17. Why did the doctor decide to hospitalize this patient? 18. What was the second patient ill with? 19. What was his condition? 20. What did the doctor advise this patient to do next? 21. How did Dr. Kurbanov deal with every case? 22. Whom did he try to calm? 23. Why all his patients love and respect Dr. Kurbanov?

II. Find English equivalents for the following word combinations or sentences:

1. Doctor Kurbanov har bir bemoriga g'amxo'rlik va e'tibor bilan muomala qilar edi; 2. og'riq asosan jismoniy zo'riqishda kuchayar edi; 3. Bemorga yengil parhez yozib berdi; 4. belga xantal qo'ymoq; 5. u tomoq og'rig'idan shikoyat qildi; 6. uni pulsi tezlashgan edi; 7. odatda u bemorlarni kundalik ko'rikdan o'tkazadi; 8. og'riqni qoldirish uchun tabletkani ovqatgacha qabul qilmoq; 9. vrach ungabir necha kunga kasallik varasi berdi; 10. o'pkadagi jarayonni toxtatmoq; 11. bemor tez-tez nafas olar edi; 12. unind qollari va yuzi ter bilan qoplandi; 13. bemor tuzaldi; 14. qattiq ovqatlar; 15. besh kunlik fizioterapiya kursidan o'tmoq; 16. kuchli yallig'lanish; 17. qat'iy yotoq tartibiga rioya qilishingiz kerak; 18. ruxsat bersangiz tomog'ingizni ko'rsam; 19. ajablanarli joyi yo'q; 20. bemorni kasalxonaga yotqizish kerak; 21. nam xirillashlarni eshtish mumkin edi; 22. o'zingizni qanday his qilayapsiz? 23. hamshira unga penicillin ineksiya qilishi kerak edi; 24. vrach uni batafsil so'radi? 25. yutinish qiyinmi? 26. birlamchi oshqozon yarasi tashxisini qo'ydi.

III. Fill in the blanks with prepositions or adverbs where required:

1. When the doctor was examining me he applied a stethoscope ... my chest to listen. . . my heart. 2. Yesterday I read a very interesting article dealing ... the new ways . . . the treatment . . . lobar pneumonia. 3. Heavy food wasn't useful . . . this patient and the doctor advised him to follow. . . a light diet. 4. It is necessary to avoid any possible complications. . . scarlet fever. 5. You must undergo the course . . . X-ray therapy . . . this hospital. 6. The patient... the inflammation . . . the lungs was put. . . a sick-leave. . . two weeks. 7. Patients, who are ill . . . tuberculosis, are often damp . . . sweat . . . night. 8. Last night I did not sleep because. . . a sharp pain. . . the left side. 9. The nurse gave this patient an injection . . . morphine as he complained ... a severe pain ... his back. 10. When the doctor felt my pulse it turned ... to be 70 .. minute.

IV. Make the following sentences interrogative and negative:

1. In his childhood he often had a bad earache. 2. My fellow student had a sore throat two days ago. 3. My friend had a good time yesterday. 4. My mother often has a headache. 5. My friends and I usually have dinner at our Institute canteen. 6. I have a cold rubdown in the morning. 7. My sister had a bad headache the other day.

V. Put the pronouns in brackets in the required form:

1. This medicine will give (they) an instant relief. 2. The doctor prescribed to (he) a proper treatment. 3. Do you know (we) district doctor? Yes, I know (she). We got acquainted with (she) when] was on duty at the out-patient department. 4. This medical examination will take (I) some hours. The doctor will have to examine (I) thoroughly. 5. The young doctor asked (he) to strip to the waist and listened to (he) heart and lungs. 6. You must be out in the open air as much as possible: fresh air is useful to (you). 7. What is the matter with (she)? She says she feels rotten.

VI. Find equivalents for the words and expressions in bold type:

1. Will you take this medicine? Try it. You will feel an immediate relief. 2. When a doctor is listening to the patient's lungs and heart he must put a stethoscope to the patient's chest. 3. Students usually go through the necessary course of treatment at the in-patient department of the students' polyclinic. 4. His pulse turned out to be faster than normal. 5. Oh, I'm glad you have completely recovered. 6. The doctor does his best to stop the process of the patient's disease. 7. My friend tried to make me quiet. 8. I want very much to go in for sports. 9. This worker got a written permission to be absent from his work because of illness. 10. All my fellow students managed to do this work successfully.

VII. Use antonyms for the following words or word combinations:

to graduate from the institute, to come into the room, ill, to fall ill with, easy, to be in a good condition, his hands and face were dry, his pulse was slow, the process continued, a slight pain, light food, to excite, to feel rotten, to be indoors all day long, an out-patient department, dry rales, slow relief, it makes the pain stronger, to put on a gown.

VIII. Translate the following sentences into English using the active vocabulary of this Step:

1. He was slowly recovering from his long disease. 2. This medicine can give an instant relief. 3. As the patient was complaining of the pain in his stomach, the doctor had to palpate it. 4. The patient had such a sharp pain in the liver, that his hands and face were damp with sweat. 5. Our district doctor usually makes his daily round of visits in the afternoon after his consulting hours at the polyclinic. 6. He has to get a sick-leave, as he has a high temperature. 7. In what field of science does your friend work? 8. "What is troubling you? What do you complain of?" "I'm afraid; I have a very bad cold. I feel rotten and have a sore throat". 9. The injections of this medicine will have to arrest the process of the disease. 10. In the evening the nurse gave this patient an injection of promidole, because he had severe pains in his side. 11. The patient is so pale and she is complaining of a bad (severe) pain in the right side of the abdomen.

Dialogue № 1 "My friend has fallen ill"

Aziz: Oh, Jasur, hallo. Where are you hurrying so early?

Jasur: Hallo, Aziz. I am running to our district Polyclinic to call in a doctor.

Aziz: What is the matter? Who has fallen ill?

Jasur: It's my best friend Karim. Several days ago he was at the skating-rink and, probably, caught a bad cold.

Aziz: What is he complaining of now?

Jasur: He is running a high temperature and is complaining of a sore throat. We have given him some medicine, but it doesn't relieve the pain, and he is still running a high temperature. So, we have decided to call in a doctor.

Aziz: My best wishes to Karim. Hope he'll be well again in no time.

(In the afternoon a district doctor comes to the students' hostel where Jasur and his fellow student Karim live.)

Doctor: May I come in?

Jasur: How do you do, doctor. We are waiting for you. Please, take your seat here.

Doctor: Just a minute! I'll take off my overcoat, wash my hands and put on my gown. Well, what is troubling you, young man?

Karim: You see, doctor, my temperature has been 39° since Monday; I have become so weak that I am damp with sweat almost all the time. When I am coughing I feel a sharp pain in the left side.

Doctor: What about your throat? Have you gargled it with any antiseptic mouth-wash?

Karim: Yes, I have. And now it's much better, and I even don't feel any pain. But the pain in my side was so sharp that I couldn't sleep last night.

Doctor: Well, my dear boy let me listen to your lungs. Your respiration is rather accelerated, and I do hear some moist rales. I am afraid, it's pneumonia. We must try to arrest the process immediately. Here is the prescription for penicillin and streptomycin injections. Must I send in a nurse or your friend will be able to give you these injections?

Jasur: Oh, doctor, certainly, I'll do it myself. We are medical students and have already had enough practice in giving injections.

Doctor: Well, you must apply a mustard plaster to your side. Penicillin and streptomycin injections must be given every 4 hours; it will give you an instant relief. And tomorrow I'll call on you again. So, calm down, you'll be well again soon!

TOPICAL VOCABULARY

accelerate v - tezlatmoq, tezlashtirmoq; accelerated pulse (respiration)
 admit v - qabul qilmoq, ichkariga kirgizmoq, yo'l qo'y moq
 to admit - qabul qilmoq
 to be admitted to the hospital in a bad state (condition) on the 12th of March
 angina pectoris - stenokardiya, yurak qisishi kasalligi
 arrest v - to'xtash, to'xtatish; to arrest the process of the disease in the lungs
 calm v – tinchlantirish; to calm down
 case n - holat (kasallik); bemor (kasal); a severe (difficult) case
 in case of angina pectoris
 condition n - ahvol
 a satisfactory (good, bad) condition; general condition; to be in a poor condition
 course n - kurs; deal with smb. - muomala qilmoq
 department - bo'lim; excite - hayajonlanmoq
 gargle - chayqamoq (tomoqni); gown - xalat
 inflammation - yallig'lanishi; inflammation of the lungs (throat, eyes)
 initial a - dastlabki, eng avvalgi, boshlang'ich; an initial diagnosis (findings, dose)
 injection n - emlash, inyeksiya(teri ostiga); to give smb an injection of some medicine
 instant a - tezkor, kechiktirib bo'lmaydigan; meal n – ovqat; before (after) meals
 mouth-wash - og'iz chayish uchun suyuqlik; mustard plaster - gorchichnik
 to apply a mustard plaster to one's chest (back)
 pain - og'riq; sharp (severe, constant, persistent) pain; a pain in the chest (back, side, leg, hand)
 to feel (cause, suffer, suffer from, bear) pain;
 patient - bemor, kasal; per (prep.) (лат.)-da, -ga; per day (hour, minute) kuniga (soatiga, minutiga)
 pneumonia - o'pka yallig'lanishi (pnevmoniya); lobar pneumonia
 rale – xirillash; dry (moist, fine) rales; to hear moist rales; moist rales appeared (disappeared)
 recover v - tuzalmoq, sog'aymoq; to recover from a disease; to recover soon (quickly, slowly)
 relief n - yengillik, yengillashish; an instant relief ; to give a relief
 respiration n – nafas; round n - ko'rik; doctor's round
 sick-leave - kasallik varaqasi

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Unit 2. At the Chemist's

Oral introduction and training of new words and word combinations. Vocabulary training.
 Text: “George orders the prescriptions at the Chemist's”. Analytical work
 Text: “George orders the prescriptions at the Chemist's”. Exercises.
 Grammar: Past Participle. Passive Voices in Indefinite and continuous tenses.
 Dialogue: “A Doctor's call.”

1. The place of class, equipments for training:

- The Chair of the English Language
- dictionary.
- tables

- distributive materials.

2. The continuation of the lesson: 8 hours

3. The aims of the lesson:

3.1. training aim:

- to gain theoretical knowledge and to fix it;
- to gain practical skills;
- to use gained knowledge and skills;
- to form the deontological education;
- to educate practical communication and cultural responsibility.

3.2. educational aim:

- to form interests and feelings of responsibility.
- to form the humanity;
- to form responsibility for the practical training.

3.3. developing aim:

- to grow mental ability;
- to develop logical thinking.

List of practical skills on theme:

- reading the text correctly;
- rules of reading;
- learning the new words;
- finding the right information from the questions;
- translating the text using the dictionary.

The students must know:

- rules of reading of the new words of the text;
- the ways of its usage;
- the main idea of the text
- to put general questions to the text;
- to put special questions to the text.

The students must gain skills of:

- translating by dictionary;
- making affirmative sentences
- making negative sentences

- making up questions to the text;

- reading the text correctly.

- retelling the text scientifically.

The students are able to do:

- to retell the main idea of the text

- to make up sentences with the new words of the text;

- to make situations with the new words of the text;

- to put questions to the text

4. Intrasubject connections

Informations received on the lesson help to realize some matters in Anatomy, Chemistry, Biology, Physiology . A grammar material is explained with the comparison of the Russian and Uzbek grammars.

5. Chronological list of the lesson

Lesson stages	Form of training	Time in minutes
1. Introducing		5
2. Discussing the theme of the practical training, controlling the students' last level knowledge by using new methods of innovation technology (trainings in a small groups, discussions, problematic exercise and others)	Control, explanation	20
3. To overcome the theme.		10
4. Explaining new theme by using equipments for training and giving instructions to use them in their speech.	Explanation	15
5. Making sentences by using new grammar theme.	In written form	15
6. To fix new theme by exercises.	Oral form	10
7. Conclusion of teacher. Home assignments for the next practical class.	Oral form	5

6. The theoretical part

Presentation of a new item

ORAL INTRODUCTION AND TRAINING OF NEW WORDS AND WORD COMBINATIONS

to order a prescription

means to go to a chemist's and get some medicine, which must be prepared there according to a doctor's written direction.

When did you order a prescription?

When did student Jalilov order a prescription?

At what chemist's did you order a prescription?

At what chemist's did student Jalilov order a prescription?

Who ordered a prescription at the chemist's in Farabiy street?

to stick smth on smth

means to attach something on something using gum.

Am I sticking anything?

What am I sticking? Am I sticking a stamp or a picture?

Am I sticking the stamp on an envelope or on a sheet of paper?

On what am I sticking the stamp?
If you have a cut finger then you apply some medicine to it.
In some days your finger becomes well again, or your finger heals.
Does any wound heal?
Does a light wound heal slowly or quickly?
Does a bad wound heal slowly or quickly?
What wound heals quickly?
What wound heals slowly?

to be wrong with smb/smith

means that something hurts somebody or something.

Why may anything be wrong with a person's stomach?
Why may anything be wrong with a person's heart?
What is wrong with student Jalilov, who is absent today?
What was wrong with you (her) yesterday?

**TEXT. ANVAR ORDERS THE PRESCRIPTIONS
AT THE CHEMIST'S**

As you remember the other day ² Anvar's room-mate Sarvar fell ill. After the doctor's call Anvar had to go to the nearest chemist's to order all the prescribed drugs.

There are two departments in the chemist's shop where Anvar went: at the chemist's department one can have some medicines right away, ³ other drugs have to be ordered at the prescription department.

At the chemist's they keep all drugs in drug cabinets. Every small bottle or box has a label with the name of the medicine stuck on it. There are labels of three colors: white ones are stuck ⁴ to indicate drugs for internal use; yellow ones are stuck to indicate drugs for external use, and blue ones are stuck to indicate drugs, used for injections. The dose to be taken ⁶ is usually indicated on a signature ⁶ or a label. As a rule, the directions for the administration of a drug are written on the signature. It is well known that chemists, nurses, doctors, as well as patients themselves must not confuse different remedies, ⁷ because some of them are poisonous and their, over dosage may cause untoward reactions ⁸ and sometimes even death.

In the drug cabinets Anvar saw small parcels of different powders; ampoules of glucose and camphor used for intravenous and intramuscular injections; tubes of healing ointments, ⁹ which are rubbed in to relieve pain or skin irritation; different pills for internal use; sedatives and tonics, such as bromide, vitamins, cod' liver oil and sleeping-draughts; laxatives administered orally ¹⁰ in case something is wrong with the patient's stomach because of indigestion, bottles of iodine and so on. At this chemist's shop one can get drugs of all kinds, as well as hot-water bottles, medicine droppers and many other things which are quite necessary for medical care. At the chemist's department Anvar bought some tablets for headache.

Then Anvar went to the prescription department as it was necessary for him to order the prescribed medicines. There he saw two drug cabinets with the big letter's *A* and *B*. It turned out, that poisonous drugs were kept in the drug cabinet marked with the letter *A*, and all strong effective drugs are kept in the drug cabinet having the letter *B*. Anvar handed in the prescription for the cough mixture and the other drugs written out by the doctor. He also had a

prescription for 50 gm of alcohol to sponge Sarvar's skin and rinse his own hands before the injections which he had to give Sarvar himself.

The chemist gave him five bottles of penicillin 200,000 units each, three bottles of streptomycin 500,000 units each and eight ampoules of 0.25% novocaine 2 ml each right away and said that the mixture would be ready only in two hours and a half.

Then Anvar was receiving the cough mixture, the chemist advised him to keep it in a cool place and shake it before using. Sarvar had to take a tablespoonful of this mixture three times a day to relieve his cough.

Notes

- ¹ Anvar orders the prescriptions at the chemist's.— Anvar aptekaga dori buyuradi
Qaratqich kelishigidagi otdan keyin maxsuslashtirilgan magazin yoki apteka nomlarida shop so'zi ko'pincha tushib qoladi - at the chemist's shop
- ² the other day —bir kuni, boshqa kun
- ³ right away — to'g'ridan-to'g'ri, bevosita
- ⁴ white ones are stuck — oq etiketkalar yopishtirilgan
- ⁵ the dose to be taken — qabul qilish dozasi
- ⁶ signature — signature, belgi
- ⁷ must not confuse different remedies — turli dorilarni chalkashtirmaslik kerak
- ⁸ over dosage may cause untoward reactions — yuqori doza o'limga sabab bo'lishi mumkin
- ⁹ healing ointment — davolovchi maz
- ¹⁰ laxatives administered orally — og'iz orqali qbul qilinadigan xapdorilar
- ¹¹ all strong effective drugs—barcha kuchli dorilar

Active Words and Word Combinations for the microcontrol

prescription; chemist's, to order a prescription; drug; chemist's department, prescription department, drug cabinet, label; to stick smth on smth; to indicate; administration; chemist; remedy; poisonous; overdosage; untoward; powder; ampule; intravenous; intramuscular; tube; to heal; ointment; to rub in; irritation; pill; sedative; tonic; cod liver oil; a sleeping-draught; laxative; to administer; to be wrong with smb/smth; indigestion; dropper; to mark; effective; to sponge; to rinse; to take a table-spoonful of.

Vocabulary Training

1. a prescription , prescriptions, to write out a prescription for some medicine, to order the prescriptions
2. a chemist , to work as a chemist, the chemist's, to work at the chemist's, at a chemist's department
3. a label labels of three colors, a white label, a yellow label, a blue label, to stick a label on a bottle, the dose of the drug is indicated on a label
4. to administer , to administer some medicine, to administer some drug orally, a doctor administers a proper treatment, administration, the administration of a drug, the directions for the administration of a drug
5. poisonous , a poisonous drug, a poisonous remedy, poisonous remedies may cause death, every nurse must know which drugs are poisonous
6. dose, dosage , the dose to be taken, the dose is indicated on a label, overdosage of a drug may cause untoward reactions, take only the indicated dose of the drug
7. powder , powders for cough, powders for head-ache, take these powders three times a day, these are the powders for internal use
8. an ampule , ampules, ampules of camphor, ampules of glucose , glucose is kept in ampules

9. intravenous, intramuscular, intravenous injections, intramuscular injections, intravenous injections of glucose, intramuscular injections of vitamin B.
10. sedatives , tonics], cod liver oil, sleeping-draughts [drafts], laxatives, vitamins, bromide , iodine , to take sleeping- draughts before going to bed, to prescribe laxatives if some-thing is wrong with the patient's stomach, to administer sedatives orally
11. to sponge , to sponge the skin, to sponge the skin with alcohol, to sponge the skin with alcohol before injections
12. to rinse , to rinse the mouth, to rinse the mouth after meals, to rinse the hands with alcohol before the operation

EXERCISES

I. Answer the following questions:

1. Whose room-mate fell ill the other day? 2. Why did Anvar have to go to the chemist's? 3. How many departments are there in the chemist's shop? 4. At what department do some drugs have to be ordered? 5. Where are all drugs kept? 6. What is stuck on every bottle and box containing some drug? 7. What labels are stuck to indicate drugs for internal use? 8. What drugs have yellow labels stuck on? 9. What is usually written on a signature or a label, which is stuck on a bottle? 10. Why must the name of the medicine and the directions for the administration be written on a label? 11. What else must be indicated on the label? 12. Why is the dose to be taken indicated on the label? 13. What did Anvar see in the drug cabinets? 14. What did Anvar buy at the chemist's department? 15. What did Anvar hand in to the prescription department? 16. When did Anvar have to come for the ordered mixture?

II. Find English equivalents for the following word combinations and sentences:

1. bu aralashmani bir osh qoshiqdan qabul qilmoq; 2. faqat ikki yarim soatdan so'ng; 3. bemorni oshqozonini nimadir bezovta qilayapti; 4. ortiqcha dozadagi dori noxush holatni keltirib chqarishi mumkin; 5. yo'talga qarshi aralashma; 6. ba'zan ortiqcha dozadagi dori o'limga sabab bo'lishi mumkin; 7. resept bo'yicha dori buyurmoq; 8. dorini salqin joyda saqlamoq; 9. dorini qo'llash yo'riqnomasi; 10. reseptura bo'limida 11. kuchli ta'sir etuvchi dorilar; 12. davolovchi malhamlar; 13. dorini kuniga 3mahal qabul qilmoq; 14. ichiladigan xapdorilar; 15. qollashdan oldin chayqatmoq;

III. Fill in the blanks with prepositions or adverbs where required:

A. Some days ago I learned . . . Comrade Baratov, one. . .my fellow-students, that my friend was ill. He lived. . .the Institute hostel, so I went there. . . once to find out what he was ill. ... It turned. . . that he was ill. . . the grippe. I came just . . . time because there was nobody . . .that moment to go. . . the chemist's to order all the prescriptions. My friend was running a high temperature and was. . .a poor condition. I took the prescriptions written the district doctor, and went . . . the nearest chemist's. . . Beruniy Street. ... the chemist's department I bought pills and powders right. ... I ordered the cough mixture. . . the prescription department. . . .two hours I came. . .the drugs which I had ordered. When the chemist gave me the bottle. . . mixture he said to keep it. . . a cool place and shake it. . . using.

III. Put the pronouns in brackets in the required form:

1. Don't confuse different remedies because some of (they) are poisonous. 2. When the doctor finished the physical examination of (I) sister, he prescribed to (she) some pills, powders and an

antiseptic mouth-wash for quinsy. 3. The patient was in a very poor condition. The nurse gave (he) an injection of camphor and caffeine. 4. Please take these tablets. They will give (you) an instant relief. 5. Let (she) take these powders. They will be useful to (she). 6. When I entered the consulting-room the doctor asked (I) to strip to the waist and listened to (I) heart and lungs. 7. What is the matter with (he)? (He) hands and face are damp with sweat. 8. "Have you any sleeping-draughts?" "Yes, we have a lot of (they). Which of (they) do you want to have?" 9. "Do you know that woman?" "Yes, I know (she). She is an experienced therapist working in (she) field for many years."

IV. Paraphrase the following sentences according to the model.

Model:

**I stick a label.
The label is stuck by me.**

1. The nurse sponges the patient's skin. 2. A poisonous remedy causes death. 3. This healing ointment relieves skin irritation. 4. The child takes cod liver oil. 5. The surgeon rinses his hands. 6. The doctor administers healing ointments.

V. Change the following sentences from the Active Voice into the Passive Voice:

1. She is rubbing in a healing ointment to relieve pain and skin irritation. 2. The nurse was giving me the injection of camphor when my friend came in. 3. The students are taking notes of the lecture now. 4. The chemist was marking bottles of poisonous drugs. 5. The doctor is taking the patient's blood pressure now.

VI. Put the questions to the words in bold type:

1. He is being asked by his teacher now. 2. He is often asked at the English lessons. 3. Yesterday at 12 a. m. the students of our group were being delivered a lecture in Anatomy. 4. Lectures in Anatomy are usually delivered on Mondays. 5. Sleeping-draughts are usually prescribed in case of sleeplessness. 6. The old woman was being prescribed sleeping-draughts as she could not sleep. 7. My father was being examined thoroughly before the operation. 8. Patients are always examined thoroughly to enable the doctor to make a correct diagnosis.

VII. Translate the sentences paying attention to the words in bold type:

1. The patient rubbed in the healing ointment. 2. The healing ointment rubbed in every three hours gave relief. 3. The chemist stuck a yellow label on a box of medicine. 4. The label stuck on this bottle indicated a drug for external use. 5. You must take the prescribed drug after meals. 6. The neurologist prescribed to me sleeping draughts. 7. The untoward reaction caused by the overdosage of this drug caused a bad pain in his stomach. 8. A marked effect in the patient's condition was the result of X-ray treatment. 9. The doctor marked some changes in the patient's blood pressure. 10. The drug kept in a cool place must be shaken before using. 11. The chemist kept all strong effective drugs in a special drug cabinet.

VIII. Find equivalents for the following words and word combinations:

1. the department where we can have the medicine right away; 2. the department where we order some prescriptions; 3. a small slip of paper on which the name of the medicine is written; 4. to show or to make known how to do smth; 5. drugs taken orally; 6. unfavorable reaction; 7. the drugs which may cause an untoward reaction or sometimes even death; 8. the method of introducing some medicine into the vein; 9. the method of introducing some medicine into the

muscle; 10. a substance made of oil or fat and applied to the skin to heal wounds; 11. the medicine which is prescribed in case of sleeplessness; 12. I am unwell; 13. to mix the medicine in the bottle moving it quickly up and down; 14. a small instrument used for dropping some medicine; 15. the drug which produces an extremely marked influence; 16. the treatment which causes good results; 17. to go to the chemist's and order some drugs; 18. to rub; 19. at once; 20. neither a cold nor a hot place; 21. something hurts my stomach.

IX. Translate the following sentences into English using the active vocabulary of this Step:

1. Gargle your throat with this medicine twice a day and don't forget to shake it before using. 2. "Doctor, how many times a day must I take this drug?" "Take a tablespoonful of this drug three times a day before meals". 3. I shall prescribe to you powders and mixture for cough. They must help you. 4. After the physical examination the doctor will direct the patient to be X-rayed. 5. The patient was prescribed tonics and sedatives as he complained of weakness and sleeplessness. 6. The nurse gave the patient an injection because he complained of a severe pain in the substernal area. 7. At the chemist's department I bought powders for a headache and two medicine droppers. 8. "What can you tell me about this drug?" "It is a strong effective remedy which must be taken only by the doctor's direction." 9. It is an ointment for skin irritation. 10. These pills are for stomachache. 11. These powders are for a high temperature. 12. These tablets are for the pain in the heart. 13. This mixture is for cough. 14. These tablets are for a cold. 15. This mixture is for gargling the throat.

Dialogue №2 "A Doctor's Call"

Some days ago my younger brother fell ill. My mother rang up our District Polyclinic and called in a doctor. It was two o'clock in the afternoon when our district doctor came.

Doctor: May I come in?

Mother: Please do. We are waiting for you.

Doctor: What is the matter? Who has fallen ill?

Mother: You see, doctor, this time it's my younger son. Yesterday he skated too long, and the day was windy. Probably, he has caught a cold.

Doctor: Let me have a look at him! Oh, my dear boy, I see you're running a high temperature. Your forehead is so hot! May I have a thermometer? (*The mother gives the doctor a thermometer.*) Will you keep it in your armpit just for some minutes? Well, what do you complain of?

Shahzod: Just a trifle! I have a sore throat and a bad headache.

Doctor: And what about cough?

Shahzod: Oh, it doesn't trouble me at all.

Doctor: Now, may I see the thermometer. Oh, your temperature is rather high, it's 38.5°. I must listen to your lungs and heart. Will you strip to the waist?

Shahzod: I am ready, doctor!

Doctor: I see that your lungs are quite clear and you have no heart troubles.

Shahzod: Oh, I am so glad! Mother was much worried. Shall I be well again soon?

Doctor: You must stay in bed for at least three or four days. I'll prescribe to you some medicine to keep the fever down, and besides you must have a scalding footbath; it will be useful to you. I hope you'll be well again quite soon.

Shahzod: Doctor, when may I go out?

Doctor: We shall see to that with your mother! Now be a good boy and follow my instructions. (*The doctor and Shahzod's mother leave the room.*) Now, I think it's the gripe. Shahzod has to follow my treatment properly for, you see, he

- isn't a very strong boy and there may be complications after the grippe.
- Mother: What are your directions?
- Doctor: Don't let him get out of bed. Give the boy the medicine and be sure to follow my instructions. When he is up and about again let him have cold rubdowns in the morning and see that he is out in the open air as much as possible. He must go in for sports regularly.
- Mother: I hope, Shahzod will be well again in no time. He hates staying in bed.

TOPICAL VOCABULARY

administer <i>v</i> bermoq(<i>dori</i>) buyurmoq,	intramuscular <i>amushak ichi</i>
belgilamoq qo'llamoq(<i>dori vositasi</i>)	to give an intramuscular injection -
to administer a proper treatment	intravenous <i>avena ichi</i>
to administer some drugs orally	iodine <i>n yod</i>
administration <i>n</i> tayinlash, qo'llanishi (<i>dori</i> ,	to paint the skin with iodine-
parxez, davolash yo'li)	irritation <i>n</i> qichishish, yallig'lanish,
alcohol <i>n</i> spirt	asabiylashish
ampule <i>n</i> ampula	irritation of the skin (eyes)-
cabinet <i>n bu yerda. quti</i>	label <i>netiketka</i> , yorliq qog'oz
a drug cabinet	to stick a label on a bottle
medicine cabinet	laxative <i>n</i> suslashtiruvchi
chemist <i>n</i> farmaseft, dorishunos	mark <i>v</i> belgilamoq, qayd qilmoq
chemist's (shop) <i>dorixona</i>	mixture <i>mikstura</i>
a chemist's department	a cough mixture-
cod liver oil <i>n</i> baliq yog'i	to take a tablespoonful of mixture
direction <i>n</i> ko'rsatma, yo'llanma	ointment <i>n</i> maz, malham
the direction for the administration of a	a healing ointment
drug-	to rub in (apply) a healing ointment-
the direction from the polyclinic	overdosage <i>n</i>
dose <i>n</i> doza	pill <i>n</i> xap <i>dori</i> , dumaloq <i>dori</i>
an initial dose-	poisonous <i>azaharli</i> , og'uli, toksik
a dose to be taken-	a poisonous drug (compound)
dropper <i>n</i> pipetka	a poisonous action
a medicine dropper	powder <i>n</i> kukun
drug <i>n</i> <i>dori</i>	a powder of aspirin
an effective drug the drugs for headache-	prescription <i>n</i> resept
to prescribe (order) some drug-	a prescription for some medicine
indicate <i>v</i> ko'rsatmoq, bildirmoq, namoyish	remedy <i>n</i> <i>dori</i> , kasallikdan vosita
qilmoq	a good (wonderful, new, strong, effective)
internal <i>aichki</i>	remedy
for internal use	the remedy for a cold (disease)

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Unit 3.At the Polyclinic.

Oral introduction and training of new words and word combinations. Vocabulary training.

Text: How I got my certificate of health.Analytical work

Text: How I got my certificate of health.Exercises.

Dialogue: The patient has come to the doctor.

1. The place of class, equipments for training:

- The Chair of the English Language
- dictionary.
- tables
- distributive materials.

2. The continuation of the lesson: 8 hours

3. The aims of the lesson:

3.1. training aim:

- to gain theoretical knowledge and to fix it;
- to gain practical skills;
- to use gained knowledge and skills;
- to form the deontological education;
- to educate practical communication and cultural responsibility.

3.2. educational aim:

- to form interests and feelings of responsibility.
- to form the humanity;
- to form responsibility for the practical training.

3.3. developing aim:

- to grow mental ability;
- to develop logical thinking.

List of practical skills on theme:

- reading the text correctly;
- rules of reading;

- learning the new words;
- finding the right information from the questions;
- translating the text using the dictionary.

The students must know:

- rules of reading of the new words of the text;
- the ways of its usage;
- the main idea of the text
- to put general questions to the text;
- to put special questions to the text.

The students must gain skills of:

- translating by dictionary;
- making affirmative sentences
- making negative sentences
- making up questions to the text;
- reading the text correctly.
- retelling the text scientifically.

The students are able to do:

- to retell the main idea of the text
- to make up sentences with the new words of the text;
- to make situations with the new words of the text;
- to put questions to the text

4. Intrasubject connections

Informations received on the lesson help to realize some matters in Anatomy, Chemistry, Biology, Physiology . A grammar material is explained with the comparison of the Russian and Uzbek grammars.

5.Chronological list of the lesson

Lesson stages	Form of training	Time in minutes
1. Introducing		5
2. Discussing the theme of the practical training, controlling the students' last level knowledge by using new methods of innovation technology(trainings in	Control, explanation	20

a small groups, discussions, problematic exercise and others)		
3. To overcome the theme.		10
4. Explaining new theme by using equipments for training and giving instructions to use them in their speech.	Explanation	15
5. Making sentences by using new grammar theme.	In written form	15
6. To fix new theme by exercises.	Oral form	10
7. Conclusion of teacher. Home assignments for the next practical class.	Oral form	5

6. The theoretical part

Presentation of a new item

Oral introduction and training of new words and word combinations. Vocabulary training.

to examine a patient

means to study the state of a person's health carefully.

Does a doctor examine his patients thoroughly?

Why does a doctor examine his patients thoroughly? Where does a doctor examine his patients?

When does this doctor examine his patients?

How does this doctor examine his patients?

Can you examine patients?

Why can't you examine patients?

When will you be able to examine patients?

to make smb's blood analysis

means to make a careful study of smb's blood

Can you make a patient's blood analysis?

Can Student X. make a patient's blood analysis?

Why can't you make a patient's blood analysis? Why can't student X. make a patient's blood analysis?

Can junior students make a patient's blood analysis? Who can make a patient's blood analysis?

to X-ray

means to examine organs by means of X-rays. X-rays are also called Roentgen ['rontʃan] rays

Did the doctor X-ray your chest (lungs)?
When did the doctor X-ray your chest (lungs)?
Where did the doctor X-ray your chest (lungs)?
What did the doctor X-ray?
Who X-rayed your chest (lungs)?
Were you X-rayed?
When were you X-rayed?
Where were you X-rayed?
Why were you X-rayed at the polyclinic last week?
Who was X-rayed at the district polyclinic last week?

to see a patient

means to receive a patient at the polyclinic or at the hospital.

Does your district doctor see his patients?
Where does your district doctor see his patients?
When does your district doctor see his patients?
Who sees his patients at the polyclinic?

to take smb's temperature

means to measure (to define) a person's temperature.

Does a nurse take a patient's temperature?
Who takes patients' temperature at the hospital?
When does a nurse take patients' temperature at the hospital? When do you take your temperature?
Why do you take your temperature sometimes?

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to make a diagnosis

means to find out what disease a patient is ill with.

Does a nurse make a diagnosis?
Who makes a diagnosis?
When does a doctor make a diagnosis?
Can you make a correct diagnosis?
Why can't you make a correct diagnosis?

to follow the treatment

means to do or fulfil everything the doctor prescribes to a patient.

Do you always follow the treatment?
Does that student always follow the treatment?
Who follows the treatment?
Why do you follow the treatment?
Must you follow the treatment?
Must everybody follow the treatment?
Who must follow the treatment?
Why must we follow the treatment?

to have a sore throat

means that the throat is painful and it hurts smb. to drink water or eat something.

Did you have a sore throat last week?

Did your neighbour have a sore throat last week?

When did you have a sore throat?

Why did you have a sore throat?

Who was absent last week because of a sore throat?

to strip to the waist

means to take one's clothes off, but only up to the middle of one's body.

Must you strip to the waist while the doctor is listening to your lungs?

Must you strip to the waist when the doctor is examining your throat?

When must you strip to the waist?

to feel smb's pulse

means to put one's fingers on a person's wrist and find out how fast the heart beats.

Does a doctor feel the patient's pulse?

When does a doctor feel his patient's pulse?

Why does a doctor feel his patient's pulse?

Why must you feel a patient's pulse?

When must you feel a patient's pulse?

What must you do to feel a patient's pulse?

to be out in the open air

means to go out and have some fresh air.

Must people be out in the open air?

Why must people be out in the open air?

How long must people be out in the open air?

When must you be out in the open air?

When is it pleasant to be out in the open air?

Why is it pleasant to be out in the open air in good weather?

to stay in bed

means to be in bed because of some illness.

Do you stay in bed when you are ill with the grippe? Does he stay in bed when he is ill with the grippe? When must you stay in bed?

Why must you stay in bed sometimes?

Who must stay in bed sometimes?

to keep the fever down

means to lower the patient's temperature by giving him some medicine, or by other medical procedures.

Does aspirin keep the fever down in case of the grippe? What medicine keeps the fever down?
Must you take antibiotics to keep the fever down?
What must you take to keep the fever down?

T E X T . H O W I G O T M Y C E R T I F I C A T E O F H E A L T H

Before I entered the Institute I had to get a certificate of health. Now let me tell you about my call to our district polyclinic.

When I came to the polyclinic I went to the registry first. A registering clerk on duty asked my name and address, and found my patient's card. Several specialists had to examine me that's why the medical examination took me about two hours.² The doctors including a therapist, a neurologist³ and the others had to listen to my heart and lungs; they had to check my kidneys, liver, stomach, eye-sight, and hearing as well. Besides they had to make my blood analysis, take my blood pressure, and X-ray me, too.

I had an appointment with our district Dr. Ivanov for 10 o'clock. He usually saw his patients in Consulting Room 2.⁴ When I entered the waiting room there were two patients there, whom Dr. Ivanov had to examine, too.

Soon a nurse came from Dr. Ivanov's consulting room and asked me to take my temperature. I went to a special room where the nurse gave me a thermometer which I had to keep in my armpit for about ten minutes.⁵ When the nurse took the thermometer she saw that my temperature was 36.5°C.⁶ Then the nurse asked me to come in and I entered Dr. Ivanov's consulting room.

I must say, that Dr. Ivanov is an experienced therapist. He questions his patients thoroughly and examines them carefully. He usually makes a correct diagnosis and prescribes a proper treatment. His treatment helps the patients if they follow it. He works at our polyclinic every day. If his consulting hours are from 9 till 12 a.m. then he goes out to the calls⁷ in the afternoon. Dr. Ivanov asked me to take a seat. Then he wanted to know what my troubles were.⁸ I didn't complain of⁸ anything. Yet the doctor asked me to strip to the waist and listened to my heart and lungs. He also felt my pulse and took my blood pressure. My blood pressure and pulse were normal. Then the doctor asked me to lie down on the couch and palpated my abdomen. After the examination the doctor began to fill in my patient's card and asked me: "What diseases did you suffer in your childhood?"¹⁰ I answered him: "I suffered scarlet fever at the age of six,¹¹ measles and chicken-pox when I was eight years of age."

But I must say, that now I am a very strong and healthy person because I always take care of myself. As a rule, I feel well and am always cheerful because I go in for sports, have cold rubdowns and do my exercises every morning. I know that fresh air is useful to everybody so I am out in the open air as much as possible.¹² But when I do catch a bad cold¹³ and feel rotten, I stay in bed for at least three or four days.

If I cough, sneeze, have a sore throat or I am running a high temperature, I always follow the prescribed treatment to be well again¹⁴ as soon as, possible. It is well known, that if one doesn't follow the prescribed treatment this may cause serious complications especially after the grippe.¹⁵

Sometimes in addition to the medicine, which I take, I have a scalding foot-bath, or put a hot-water bottle to my feet and have much hot tea with raspberry jam. It also helps to keep the fever down. Really, it helps wonderfully! Try it yourself when you are ill with the grippe¹⁶ and you'll be well again in no time.

But let me go on with my story. When Dr. Ivanov finished his thorough examination I went to an X-ray room where my chest was X-rayed. The results of my X-ray examination were normal. The doctors revealed no lung and heart troubles. In the laboratory, where I came next, the nurse

As soon as possible	как	можно	скорее
As quick as possible	как	можно	быстрее
As early as possible	как	можно	раньше
As many(much) as possible	как	можно	больше

13. but when I do catch a bad cold — но когда я все-таки простуживаюсь. . .

Употребление вспомогательного глагола do в утвердительных предложениях усиливает значение глагола:

Do come to see me tomorrow! Непременно приходите ко мне завтра!

14. to be well again — поправиться, выздороветь

To be well чувствовать себя хорошо, быть здоровым

15. the gripe — грипп

Как правило, названия различных заболеваний употребляются без артикля.

Исключения составляют: the gripe грипп

the flu; сокр. от influenza инфлюэнца a cold простуда

the plague чума

16. you are ill with the gripe — вы больны гриппом

Ill больной употребляется только в качестве предикативного члена:

My sister is ill with the gripe. Моя сестра больна гриппом,

В качестве определения употребляется слово sick.

My sick daughter was running a high temperature. Моя больная дочка сильно температурила.

Active Words and Word Combinations

health; registry; registering clerk; to examine a patient; medical examination; therapist; thoroughly; eyesight; to make smb's blood analysis; to take smb's blood pressure; to X-ray; to have an appointment with the doctor for a certain hour; to see a patient; consulting room; waiting room; to take smb's temperature; to keep a thermometer in one's armpit; to make a diagnosis; to prescribe; proper; to follow the treatment; consulting hours; call; headache; to have a sore throat; to strip to the waist; to feel smb's pulse; to palpate; patient's card; disease; to suffer; scarlet fever; measles; chicken-pox; healthy; to have a cold rubdown; to be out in the open air; to catch a (bad) cold; to feel rotten; to stay in bed; to cough; to sneeze; to have a headache; to be running a (high) temperature; to cause; complication; medicine; scalding foot-bath; to put a hot-water bottle to smth; to keep the fever down; to be ill with smth; to reveal.

Vocabulary Training

Listen to the teacher or to the tape-recorder and practise the pronunciation of the following words and word combinations. Translate them:

1. a registry ['redsistri], at the registry, to work at the registry, to come to the registry, a registering clerk, to work as a registering clerk, the registering clerk on duty
2. blood , to make somebody's blood analysis, to take blood from somebody's finger, to take somebody's blood pressure, his blood pressure is normal, her blood pressure is abnormal
3. X-ray ['eks'rei], to be X-rayed, to X-ray, an X-ray examination, an X-ray room, to X-ray a patient's stomach, his lungs were X-rayed
4. appointment [a'pointmant], to have an appointment with the doctor, to make an appointment with the friend at the canteen, to make (to have) an appointment for 10 o'clock
5. a nurse, nurses, an experienced nurse, a nurse on duty, to work as a nurse
6. a therapist [0era'pju:tist], an experienced therapist, to work as a therapist, the therapist listens to the patient's heart and lungs, the therapist examined me thoroughly
7. a diagnosis, diagnoses, to make a diagnosis, to make a correct diagnosis, the therapist made the diagnosis of the grippe
8. to prescribe , to prescribe a treatment, to prescribe some medicine for the grippe
9. a trouble , a serious trouble, to trouble, don't trouble trouble till trouble troubles you, to complain of some troubles, a heart trouble, a lung trouble, a liver trouble, a stomach trouble
10. a headache , to have a headache, to have a bad headache, to complain of a headache, to suffer from a bad headache
11. a throat , a sore throat, to have a sore throat, to suffer from a sore throat
12. a waist [weist], to strip to the waist, the doctor asked the patient to strip to the waist
13. a pulse , to feel somebody's pulse, his pulse is normal, her pulse was abnormal
14. a rubdown , to have a rubdown, to have a cold rubdown, everybody must have a cold rubdown in the morning, cold rubdowns are useful
15. to catch , caught [ko:t], to catch (a) cold, to catch (a) bad cold, he caught (a) bad cold
16. a cough , to cough, to cough badly, I don't cough, to have a bad cough
17. to sneeze [sni:z], to sneeze badly, he doesn't sneeze, why do you usually sneeze?
18. to cause [ko:z], to cause pain, to cause a complication, to cause a serious complication, what caused these complications?
19. a scalding foot-bath, to have a scalding foot-bath, to prescribe a scalding foot-bath, the doctor prescribed a scalding foot-bath to me.
20. fever , a bad fever, to keep the fever down, to have a bad fever

21. to reveal , revealed, the medical examination reveals, the X-ray examination revealed lung troubles

I. Answer the following questions:

1. What did George have to get when he was entering the Institute? 2. Where did George go first when he came to the polyclinic? 3. What did the registering clerk on duty ask George? 4. What did the registering clerk find? 5. Why did the medical examination take George about two hours?

6. What did the doctor have to listen to? 7. What did the doctors have to check? 8. What analysis did the doctors have to make? 9. For what time did George have an appointment with Dr. Ivanov? 10. Where did Dr. Ivanov usually see his patients? 11. Whom did George see in the waiting room?

12. What did the nurse ask George to do? 13. How long did George have to keep the thermometer in his armpit? 14. What are Dr. Ivanov's consulting hours at the polyclinic? 15. When does he go out to the calls? 16. What did the medical examination include? 17. What were George's blood pressure and pulse? 18. What diseases did George suffer in his childhood?

19. Why is George out in the open air as much as possible?

20. Why does George always follow the prescribed treatment?

21. What helps George to keep the fever down? 22. Where did George go after the medical examination? 23. What did his X-ray examination reveal? 24. What did the nurse do when George came to the laboratory?

II. Find English equivalents for the following word combinations and sentences:

1. врачи не обнаружили заболеваний легких и сердца;

2. он ходит по вызовам; 3. вы поправитесь моментально;

4. но когда я действительно сильно простужен; 5. сбить температуру; 6. кладу горячую грелку к ногам; 7. я занимаюсь спортом; 8. я записался к участковому врачу Иванову на

10 часов; 9. вы больны гриппом; 10. у меня ушло около двух часов на медосмотр; 11. он обычно принимал своих больных в кабинете №2; 12. измерять температуру, 13. чувствую себя отвратительно; 14. должны были прослушать мне сердце и легкие; 15. я лежу (больной) в постели; 16. мне сделали рентгеноскопию грудной клетки; 17. делаю холодные обтирания; 18. они должны были обследовать почки, печень и желудок; 19. я бываю на свежем воздухе как можно больше;

20. я делаю горячую ножную ванну; 21. измерить кровяное давление;

III. Make the following sentences negative:

1. There is a call to No. 15, Pushkin street. 2. He follows his doctor's treatment. 3. We had an appointment with our district doctor yesterday. 4. The X-ray examination reveals some lung troubles. 5. That patient will stay in bed for a week. 6. There are many hospitals in this town. 7. I am interested in this patient's blood pressure. 8. This disease gives very serious complications. 9.

The patient took this medicine every other day. 10. My younger brother suffered measles at the age of five. 11. The doctor palpated the patient's abdomen during the medical examination.

IV. Put the Personal Pronouns in brackets in the proper form and translate these sentences:

1. Let (he) write an application for a stipend. 2. Let (I) listen to your heart and lungs. 3. Let (we) have dinner at our Institute canteen after classes. 4. Let (we) discuss the findings of our experiments. 5. Let (I) take your temperature. 6. Let (he) be X-rayed today. 7. Let (they) be out in the open air as much as possible. 8. Let (she) stay in bed for some days as she is running a high temperature. 9. Let (I) palpate your abdomen. 10. Let (he) check if she is ill with chicken-pox.

V. Make up questions to the words in bold type:

1. There is a couch in every consulting room. 2. My sister always complains of a bad headache. 3. The scientist paid attention to the important findings of his latest experiment. 4. Besides his consulting hours a doctor goes out to the calls/in the afternoon. 5. I shall follow the doctor's treatment which he has prescribed to me. 6. Yesterday he had an appointment with his district doctor for 11 a.m. 7. Scarlet fever may cause a high temperature. 8. The doctor must palpate your abdomen during the medical examination.

VI. Answer the following questions:

1. When do you usually go to your district polyclinic? 2. Where does your district doctor see his patients? 3. What are the consulting hours of your district doctor? 4. What does the registering clerk fill in? 5. What helps a doctor to make a proper diagnosis? 6. Where are patients X-rayed? 7. What may an X-ray examination of the chest reveal? 8. What did your X-ray examination reveal? 9. What does a doctor write in a patient's card? 10. What diseases did you suffer in your childhood? 11. Why must a patient follow the prescribed treatment? 12. When were you running a high temperature last? 13. What do you do when you are running a high temperature? 14. Where must you keep the thermometer? 15. When do you like to be out in the open air? 16. What do you do if you have a bad headache? 17. How long must you stay in bed if you are ill with the grippe? 18. What helps to keep the fever down? 19. What were you ill with last year? 20. What does a doctor prescribe to you if you have a sore throat? 21. When do you put a hot-water bottle to your feet? 22. What does a doctor find out when he feels the patient's pulse? 23. When do you have a cold rubdown? 24. Why must you have a cold rubdown? 25. What diseases may cause complications? 26. What complications may the grippe cause? 27. Why do doctors palpate a patient's abdomen?

THE PATIENT HAS COME TO THE DOCTOR

From a time-table hanging on the wall in the polyclinic I learnt that Dr. Ippolitova's consulting hours were from 11 a.m. to 2.30 p.m. Several patients were waiting until it was their turn. Soon a nurse came out and said:

"Naumova, please!"

With the permission of the doctor and the patient I followed into the doctor's consulting room.

“How do you do, Elizaveta Ivanovna,” she addressed her patient. “What’s the matter with you?”

“I feel some pain in my heart, doctor.”

Together with the doctor I looked at the patient’s card. Elizaveta Naumova, born in 1960, worked at a clothing factory No. 48. There were all the details of her illness the diagnosis, and the dates on which the doctor had made calls.

“Your general condition has improved a lot since you went to the sanatorium,” the doctor said. “You remember the treatment we prescribed... .” They talked like old friends.

Dr. Ippolitova has been working at the same polyclinic for over twenty years. Quite long enough to learn how each patient “lives and breathes”.

When her consulting hours were over, the doctor told me about her work.

Galina Ippolitova is 58, but looks much younger. Although she has the right to pension, she does not want to leave her district now, as she is still full of strength and eager to help people.

“This woman might easily have died,” Galina Ippolitova said, showing me the card of another patient, teacher Anna Logovskaya. “A few years ago septic rheumocarditis was considered to be incurable. But we did not let it kill Logovskaya. I say we because I mean our entire large staff of doctors, scientists, nurses, and the patient’s friends and relatives.”

Notes

- 1 illness — заболевание
- 2 general condition — общее состояние
- 3 to improve — улучшать(ся)
- 4 to have the right to smth — иметь право на
- 6 to die — умирать
- 7 to consider — считать, полагать; обдумывать; рассматривать
- 8 incurable — неизлечимый

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Unit 4. Therapy.

Oral introduction and training of new words and word combinations. Vocabulary training.

Text: “Classes in Therapy”. Analytical work

Text: “Classes in Therapy”. Exercises. Grammar: Perfect Tenses in Active Voices.

Dialogue: “About the family history”

1. The place of class, equipments for training:

-The Chair of the English Language

- dictionary.

- tables
 - distributive materials.
- 2. The continuation of the lesson:** 8 hours

3. The aims of the lesson:

3.1. training aim:

- to gain theoretical knowledge and to fix it;
- to gain practical skills;
- to use gained knowledge and skills;
- to form the deontological education;
- to educate practical communication and cultural responsibility.

3.2. educational aim:

- to form interests and feelings of responsibility.
- to form the humanity;
- to form responsibility for the practical training.

3.3. developing aim:

- to grow mental ability;
- to develop logical thinking.

List of practical skills on theme:

- reading the text correctly;
- rules of reading;
- learning the new words;
- finding the right information from the questions;
- translating the text using the dictionary.

The students must know:

- rules of reading of the new words of the text;
- the ways of its usage;
- the main idea of the text
- to put general questions to the text;
- to put special questions to the text.

The students must gain skills of:

- translating by dictionary;
- making affirmative sentences
- making negative sentences
- making up questions to the text;
- reading the text correctly.
- retelling the text scientifically.

The students are able to do:

- to retell the main idea of the text
- to make up sentences with the new words of the text;
- to make situations with the new words of the text;
- to put questions to the text

4. Intrasubject connections

Informations received on the lesson help to realize some matters in Anatomy, Chemistry, Biology, Physiology . A grammar material is explained with the comparison of the Russian and Uzbek grammars.

5. Chronological list of the lesson

Lesson stages	Form of training	Time in minutes
Introducing		5

Discussing the theme of the practical training, controlling the students' last level knowledge by using new methods of innovation technology(trainings in a small groups, discussions, problematic exercise and others)	Control, explanation	20
To overcome the theme.		10
Explaining new theme by using equipments for training and giving instructions to use them in their speech.	Explanation	15
Making sentences by using new grammar theme.	In written form	15
To fix new theme by exercises.	Oral form	10
Conclusion of teacher. Home assignments for the next practical class.	Oral form	5

6. The theoretical part

Presentation of a new item

ORAL INTRODUCTION AND TRAINING OF NEW WORDS AND WORD COMBINATIONS

to be confined to bed

means to be so badly ill, that one is unable to get up because of illness.

Are you confined to bed?

Is Comrade Kurbanov confined to bed?

Why aren't you confined to bed?

What patients are usually confined to bed?'

Were you confined to bed?

When were you confined to bed?

Why were you confined to bed?

to radiate to some place

means to spread in some direction.

Does the pain in the heart radiate to the left shoulder, or to the back in case of angina pectoris?

When does the pain in the heart radiate to the left shoulder?

Where does the pain in the heart radiate on physical exertion in case of angina pectoris?

to subside

means to become less severe, or to become quiet.

Does a high temperature subside after taking aspirin?
When does tiredness subside?
When does headache subside?
When does the process of inflammation of the lungs subside?

to produce a marked effect on smb/smth

means to make a quite noticeable influence on somebody or something.

Does rest produce a marked effect on you?
On whom does rest produce a marked effect?
What produces a marked effect on your health?
What remedy can produce a marked effect in case of a bad pain in the heart?

to discharge smb from the hospital

means to let a patient leave the hospital after his recovery.

What patients do doctors discharge from the hospital?
Who discharges patients from the hospital?
When do doctors discharge patients from the hospital?
May any patient be discharged from the hospital?
When may a patient be discharged from the hospital?

a bedside manner

is the ability of a doctor or a nurse to deal with patients carefully, attentively and with great skill.

Have you got a good bedside manner?
Why haven't you got a good bedside manner yet?
Who teaches medical students to have a good bedside manner?

TEXT. CLASSES IN THERAPY

Anvar and his fellow student Sarvar, who had recently recovered from his illness, came to the therapeutic department of the clinic in Farhad Street to attend the first classes in Therapy.

During the first classes the students acquainted themselves with the work of the reception ward. There a nurse on duty was receiving those patients who had to be hospitalized. They had already received the direction from the polyclinic. The nurse on duty was filling in patients' case histories. There she was recording the following data¹: their name, age, place of employment, occupation, address and the initial diagnosis made by a district doctor.

That day the first patient admitted to the in-patient department was Comrade Baratov. He was a railway worker, 52 years of age, with a bad heart attack. The onset of the disease had been sudden and severe. He had already been confined to bed for three days. He was very pale and weak. It was clear that he was suffering from some serious heart impairment.

The students saw how the patient was undressed and laid down on a stretcher. The students also saw other patients with different diseases of inner organs. The doctor on duty examined them and gave his instructions to which wards the patients had to be directed.

The students and the assistant doctor went to the inpatient department after their work in the reception ward. Here they acquainted themselves with the daily regime² of the clinic. They

were shown the wards, the X-ray rooms, the laboratories and the special room for carrying on different medical procedures.

They could see the work of the nurses on duty, who were taking the patients' temperature, giving them injections, cupping them, applying mustard plasters, and giving medicines.

The same day the students acquainted themselves with the main rules of carrying on a physical examination and making a family history by questioning a patient thoroughly.

In the next class the students learned the methods of examining a patient. Those methods were: questioning a patient, external examination, percussion, auscultation, palpation, taking blood pressure, laboratory examinations, taking electrocardiograms, etc.

During their classes the students saw how the doctors made their daily rounds, examined the patients; who were in the hospital ³ and prescribed to them different medicines.

The students learned that doctors in charge made their daily rounds of the wards in the morning. Besides doctors on duty made the daily rounds of the wards in the evening. The Head of the Chair and clinic, a professor, made the rounds of the wards together with other doctors on definite days.

During their classes at the clinic the students remembered well patient Kamilov. His condition was very poor. The students were allowed to examine this patient, as they had already acquainted themselves with the method of examination. They questioned the patient, and found out⁴ that severe pain in the heart and substernal area had begun two days before. He was still complaining of the pain radiating to the left arm and shoulder. The patient was pale, and his lips were cyanotic. He suffered from breathlessness. The pain and breathlessness increased on the slightest physical exertion. The students determined that the borders of his heart were dilated, heart sounds were dull, and the pulse was irregular at times. They also examined his other inner organs and found out that it was necessary to take the electrocardiogram, to make the analyses of blood and urine.⁵ Having got all the subjective and objective findings the students made the initial diagnosis of angina pectoris by themselves. The assistant doctor confirmed their diagnosis

The doctor in charge administered the patient a bed regime, proper treatment consisting of injections, powders, mixtures, and diet, which the patient had to follow," strictly.

During the course of treatment the patient's condition, as the students could also observe, gradually became much better regarding all the subjective and objective data. For example, the pain in the heart decreased, breathlessness and weakness subsided, heart sounds became clearer, heart borders and electrocardiogram findings became better. The patient became more cheerful and alert. The whole course of treatment produced a marked effect on the patient. He was discharged from the hospital completely cured ⁶ having stayed there 35 days.

The students understood that dealing with the patients carefully was of great importance.⁷ There was no doubt that such an attitude to the patients had helped much in their quick recovery.

The duty of the doctor is to treat the patient not only with different remedies, but with a kind word and hearty attitude.

Notes

¹she was recording the following data — quyidagi ma'lumotlarni yozayotgan edi

²the daily regime — kun tartibi

³who were in the hospital — kasalxonada yotganlar

⁴and found out — aniqlandiki

⁵ to make the analyses of blood and urine — qon va siydik tahlili o'tkazmoq

⁶ completely cured — to'liq tuzalgan

to cure of some disease

to treat for some disease

The patient has been treated for angina pectoris for a month, but he is not cured of it yet.

⁷ was of great importance — katta ahamiyatga ega edi

Active Words and Word Combinations for the microcontrol

ward; reception ward; case history; to record; place of employment; attack; onset; to be confined; stretcher; inner; procedure; to cup; family history; percussion, auscultation; to take an electrocardiogram; doctor in charge; to radiate; cyanotic; breathlessness; to determine; border; to dilate; heart sound; dull; urine; to confirm; to subside; alert; to produce a marked effect on smb/smth; to discharge from the hospital; to cure: bedside manner.

Vocabulary Training

- 1.therapy to have practical work in Therapy, to get a credit in Therapy, to take the exam in Therapy, at the therapeutic department, at the in-patient therapeutic department
- 2.a ward a nurse on duty is in the ward, the reception ward, she works in the reception ward, a ward doctor, he works as a ward doctor
- 3.a place of employment, the nurse records the place of employment in the patient's case history, a doctor must know the place of employment of a patient
4. heart attack, the onset of the heart attack, a bad heart attack, he has a heart attack
- 5.mpairment of heart, impairment of blood supply, impairment of health, impairment of blood pressure
6. procedure , to carry on some procedures, the nurse carried out some procedures
- 7.percussion, by means of percussion, percussion of the chest, percussion of the heart area
- 8.auscultation, the method of auscultation, by means of auscultation, auscultation is applied while examining a patient
- 9.cyanotic, cyanotic lips, cyanotic hand, to look cyanotic
- 10.breathlessness, a bad breathlessness, to suffer from breathlessness, to relieve breathlessness, breathlessness subside completely
- 11.to dilate, to be dilated, the borders of the heart are dilated, the stomach is dilated
- 12.urine, the analysis of urine, urinalysis to take the analysis of urine, to make urinalysis
- 13.to confirm the diagnosis of angina pectoris, to confirm the findings of the experiment, to confirm the blood pressure readings
- 14.to subside, subsided, the pain subsides, breathlessness subsided gradually, fever will subside completely
- 15.alert , he is quite alert, the patient was alert and cheerful, the recovering patient becomes alert
- 16.to discharge a patient from the hospital, to be discharged from the hospital, he is discharged from the hospital, they were discharged from the hospital, she will be discharged from the hospital

EXERCISES

I. Answer the following questions:

1. Why did Anvar and Sarvar come to the therapeutic department of the clinic?
2. With what did the students acquaint themselves during their first classes?
- 3 What was the nurse on duty doing in the reception ward?
4. What data was the nurse on duty recording in patients' case histories?
5. Describe the condition of the first patient admitted to the in-patient department that day.
6. Whom else did the students see in the reception ward?
7. What did they acquaint themselves with at the in-patient department?
8. What were the nurses on duty doing at the in-patient department?
9. What were the methods of examining a patient?
10. Can you describe the daily

rounds of the wards at the in-patient department? II. 'What was patient Kamilov's condition? 12. Who examined this patient? 13. « What did the students find out during their examination? 14. What analyses was it necessary to make? 15. What diagnosis did the students make by themselves? 16. Who confirmed their diagnosis? 17. What changes could the students observe in the patient's condition during the course of treatment? 18. What effect did the whole course of treatment produce on the patient? 19. What else besides the treatment is of great importance to the patients? 20. What is the duty of every doctor?

II. Find English equivalents for the following word combinations and sentences:

1. EKG ko'rsatkichlari yaxshilandi; 2. doktorlarning bemorlaga yaxshi muomalasi; 3. nafas qisishi va holsizlik to'xtatildi; 4. davolovchi vrach yotoq tartibini tavsiya qildi; 5. EKG qilish zarur edi; 6. palata ko'rigi; 7. yurak tovushlari aniqroq eshitalardi; 8. puls vaqti-vaqti bilan o'zgaruvchan edi; 9. ish joyi; 10. uning lablari ko'kargan edi; 11. yurakdagi og'riq pasaydi; 12. yurak tovushlari bo'g'iq edi; 13. kasallik xuruji to'satdan boshlandi; 14. yurak chegarasi kengaygan edi; 15. bemor kasalxonadan chiqarildi; 16. kasbi; 17. og'riq va nafas qisishi ozgina jismoniy harakatdan so'g ham kuchayar edi; 19. to'liq tuzaldi.

III. Translate the sentences putting the verbs in brackets in the proper tense:

1. The patient said that he (not to feel) any pain in the substernal area on physical exertion. 2. The doctor thought that the course of physiotherapy (to produce) a marked effect on the patient's condition. 3. Yesterday we learned that Dr. Akhmedov's (to discharge) this patient as he (to be cured) completely. 4. The students were told by the assistant doctor that the newly admitted patient (to suffer) from a bad heart attack. 5. Did you know what patients (have to follow) a strict bed regime? 6. By percussion the therapist tried to determine if the patient (to suffer) from some heart impairment. 7. The doctor in charge asked the patient what his place of employment (to be). 8. The district doctor was eager to know what children's diseases I (to have) in my childhood. 9. The patient stated that the attack of abdominal pain (to begin) two days before. 10. On physical examination it became clear that the patient's breathlessness (to subside) by and by.

IV. Fill in the blanks with prepositions where required:

1. The patient suffered greatly ... the pain ... his side which radiated ... the back ... the slightest physical exertion. 2. "Why are you so pale?" "Something is wrong ... my stomach." "Has the doctor administered any diet ... you?" "Yes, he has. I am following ... it." 3. The clinical features ... angina pectoris are the following: a sharp pain ... the heart area which radiates ... the left shoulder and arm. 4. The patient 42 years ... age was admitted ... the hospital. The nurse ... duty filled ... the patient's case history and directed him ... a ward. 5. My sister works as a ward doctor ... the clinic. She usually makes her morning rounds ... the wards ... 9 a.m. 6. His son suddenly fell ill... lobar pneumonia and he was confined... bed for a week. 7. The onset... my daughter's disease was so sudden that I ran... the polyclinic to call ... the district doctor. 8. The findings... the analyses are ... great importance ... the doctor. 9. The blood pressure ... patients suffering... angina pectoris sometimes high.

V. Put the verbs in brackets in the proper tense:

1. Ten hours before the patient was admitted to the hospital he (to suffer) from a sudden severe abdominal pain. 2. The boy felt much better after the nurse (to give) him several injections of camphor. 3. The doctor in charge (to find out) the impairment of the functions of the patient's heart before the electrocardiogram was taken. 4. The doctor in charge thinks that by tomorrow

morning this patient's temperature (to fall) to normal. 5. On admission the patient stated that two years before something (to be wrong with) his stomach. 6. I'm sure the whole course of treatment (to produce) a marked effect on the patient's condition by the end of this week. 7. Since what time this girl (to be confined to bed)? 8. You ever (to hear) any dull heart sounds examining this patient? 9. My father (to fall ill) with hypertension this week and his condition is still poor. 10. You ever (to follow) a strict bed regime?

VI. Translate the following sentences into English using the Impersonal and Indefinite Personal sentences:

1. Aytishlaricha, yurak huruji to'satdan boshlangan. 2. Vrach yozgan davolanish kursiga doim rioya qilish kerak. 3. Aniqlanishicha, bu dori bemorga sezilarli ta'sir qilgan. 4. Soat uchda bemor Alimovning EKGsi qilinishi kerak. 5. O'ylashlaricha, bu bemor bir haftadan so'ng kasalxonadan chiqariladi. 6. Bemorni to'liq tekshirish zarur. 7. Aytishlaricha, nafas qisishi to'xtagan. 8. Taxmin qilinishicha, yurak huruji dorining ortiqcha dozasidan kelib chiqqan. 9. Bemor holatiga tegishli bo'lgan barcha ma'lumotlar to'liq va e'tibor bilan yozilishi kerak.

VII. Find equivalents for the words and phrases in bold type:

1. He was so seriously ill that the doctor didn't allow him to walk about the room. 2. When my friend was well again he left the hospital. 3. The beginning of the disease was quite sudden and severe. 4. The pain became less when the nurse had given the patient the injection of promedol. 5. The doctor who treats these patients and takes care of them has been working here for a long time. 6. That therapist dealt with every patient wonderfully. 7. After the proper treatment the boy has become quick in movement. 8. Thorough examination and all the necessary analyses showed that the diagnosis was correct. 9. The face and the hands of the admitted patient are blue. 10. The doctor in charge found out exactly that the borders of the heart were wider.

VIII. Translate the following sentences into English using the active vocabulary of this Step:

1. The doctor in charge is an experienced therapist. 2. Bad (severe) heart diseases may be caused by the impairment of blood circulation. 3. The patient was confined to bed. Even the slightest physical exertion caused an attack of sharp pain. 4. The patients ill with angina pectoris feel the pain on physical exertion especially while walking in the street. 5. The most severe attacks of angina pectoris occur at night. As a rule, the patient wakes up because of the pain and he feels that he must sit up. 6. Some inner organs are examined by palpation. 7. "What is your daughter ill with?" "Something is wrong with her heart." 8. The findings of the analyses made at the clinic confirmed the initial diagnosis of the district doctor. 9. This patient was admitted to the in-patient department after a bad (severe) heart attack. 10. A cyanotic patient was brought to the reception ward on a stretcher. 11. Since Thursday he has been confined to bed after a bad heart attack. 12. The borders of the heart, lungs and other inner organs are determined on percussion.

V. Put the verbs in brackets in the proper tense:

1. Ten hours before the patient was admitted to the hospital he (to suffer) from a sudden severe abdominal pain. 2. The boy felt much better after the nurse (to give) him several injections of camphor. 3. The doctor in charge (to find out) the impairment of the functions of the patient's heart before the electrocardiogram was taken. 4. The doctor in charge thinks that by tomorrow morning this patient's temperature (to fall) to normal. 5. On admission the patient stated that two years before something (to be wrong with) his stomach.

Dialogue № 4" About the family history"

A patient is in bed. A doctor is sitting at his bedside questioning him on his family history.

Doctor: What's troubling you now?

Patient: I am now hot and now cold; besides my face and hands are damp with sweat at night and I feel rotten especially in the evening.

Doctor (*addressing the nurse*): Let me see patient Rahimov's temperature chart. Oh, I see, your temperature is intermittent. Well, I'd like to know what diseases you suffered in your childhood.

Patient: Mostly all of them — chicken-pox, measles and scarlet fever. When I was 20 I had pneumonia which was complicated by an untoward process. I was treated for tuberculosis in 1994.

Doctor: Yes, I have already noticed that while I was listening to your lungs and looking through your X-ray. Please tell me some more details about your diseases, can you?

Patient: At the age of 35 I had a bad attack of appendicitis and was operated on in 2009. Two months ago I fell ill with the gripe. I have been running a slight temperature since.

Doctor: Well, strip to the waist, please. Now will you breathe deeply! Once again, take another deep breath. Don't you feel any pain radiating to your back or shoulder?

Patient: I won't say so. But I feel a slight pain just here, in the left side.

Doctor: Just one more question, please. Were your parents or relatives ill with tuberculosis?

Patient: No, nobody was.

Doctor: Are you married? Have you any children?

Patient: Yes, I am. I have two children — a son of ten and a daughter of eight.

Doctor: What about their health?

Patient: Oh, they are quite healthy children. Annual medical check-ups at the polyclinic, which their district doctor carries out, always confirm this.

Doctor (*addressing the nurse*): Please have patient Rahimov's blood analysis made by tomorrow and get ready another X-ray. Continue giving **streptomycin** twice a day, please (*to the patient*). Don't be excited, calm down. I hope you'll be well again soon.

TOPICAL VOCABULARY

admit *v* yo'l qo'ymoq, qabul qilmoq

to be admitted to a hospital

alert *ajonli*, *chaqqon*

to be (become) alert БЫТЬ

attack *nzo'rayish* (kasalni); *zo'riqish*, *xuruq*

an attack of illness (cough, fever)

a heart attack

a liver attack

a mild (severe) attack

a previous (initial) attack

auscultation *neshitish*, *auskultasiya* (kasal)

by means of auscultation

on auscultation

the bedside clinical teaching *linikada kasal*

to'shagida o'qitish

to sit, to watch at a person's bedside *kasal*

to'shagini oldidada o'tirish, *parvarish* qilish

breathlessness *n nafas qisishi*

breathlessness appears (disappears,

increases, decreases, subsides)

confine *v cheklamoq*

bedside manner

to be confined to bed *to'shakka*

mahkamlanib qolmoq (*kasallik bo'yicha*)

confirm *v tasdiqlamoq*

cure *v davolamoq*, *sog'aytirmoq*

to cure smb of smth *kimnidir nimadandir*

davolamoq

cyanotic *ako'kargan*

data *n pi*. *Ma'lumot*, *xabar*

laboratory (experimental, determined) data

determine *v belgilamoq*, *aniqlamoq*

to determine exactly (approximately,

roughly; at once) *aniq* (*taxminan*, *darhol*)

belgilamoq

dilate *v kengaytirmoq*

discharge *chiqarmoq* (*kasalxonadan*)

to be discharged from the hospital

doctor *n shifokor*

a ward doctor

a district doctor

a doctor in charge

a head doctor
Doctor of Medicine
an assistant doctor
a board of doctors
to call in a doctor
to see a doctor

to send for a doctor

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Unit 5. Surgery.

Oral introduction and training of new words and word combinations. Vocabulary training.
Text. “How work is carried on at the surgical Department.” Analytical work
Text. “How work is carried on at the surgical Department.” Exercises.
Grammar: Perfect Tenses in Passive Voice.
Dialogue: “Surgery.”

1. The place of class, equipments for training:

- The Chair of the English Language
- dictionary.
- tables
- distributive materials.

2. The continuation of the lesson: 8 hours

3. The aims of the lesson:

3.1. training aim:

- to gain theoretical knowledge and to fix it;
- to gain practical skills;
- to use gained knowledge and skills;
- to form the deontological education;
- to educate practical communication and cultural responsibility.

3.2. educational aim:

- to form interests and feelings of responsibility.
- to form the humanity;
- to form responsibility for the practical training.

3.3. developing aim:

- to grow mental ability;
- to develop logical thinking.

List of practical skills on theme:

- reading the text correctly;
- rules of reading;
- learning the new words;
- finding the right information from the questions;
- translating the text using the dictionary.

The students must know:

- rules of reading of the new words of the text;

- the ways of its usage;
- the main idea of the text
- to put general questions to the text;
- to put special questions to the text.

The students must gain skills of:

- translating by dictionary;
- making affirmative sentences
- making negative sentences
- making up questions to the text;
- reading the text correctly.
- retelling the text scientifically.

The students are able to do:

- to retell the main idea of the text
- to make up sentences with the new words of the text;
- to make situations with the new words of the text;
- to put questions to the text

4. Intrasubject connections

Informations received on the lesson help to realize some matters in Anatomy, Chemistry, Biology, Physiology . A grammar material is explained with the comparison of the Russian and Uzbek grammars.

5. Chronological list of the lesson

Lesson stages	Form of training	Time in minutes
Introducing		5
Discussing the theme of the practical training, controlling the students' last level knowledge by using new methods of innovation technology(trainings in a small groups, discussions, problematic exercise and others)	Control, explanation	20
To overcome the theme.		10
Explaining new theme by using equipments for training and giving instructions to use them in their speech.	Explanation	15
Making sentences by using new grammar theme.	In written form	15
To fix new theme by exercises.	Oral form	10
Conclusion of teacher. Home assignments for the next practical class.	Oral form	5

6. The subject matter of the lesson

Presentation of a new item

ORAL INTRODUCTION AND TRAINING OF NEW WORDS AND WORD COMBINATIONS

to be dangerous for smb/to smth

means not to be safe for some person or to something.

- Is smoking dangerous for a person?
- Why is smoking dangerous for a person?
- May any disease be dangerous to life?
- Why may any disease be dangerous to life?

to set a fractured bone

means to bring the parts of the broken bone together and make them join.

- Can you set a fractured bone?
- Why can't you set a fractured bone?
- What year students can set fractured bones?
- Who can set a fractured bone?
- to undergo an operation on smth for smth
means to be operated on for some disease.
- Have you ever undergone an operation on the stomach?
- Who of your relatives has ever undergone any operation?
- When did he (she) undergo the operation?
- For what did he (she) undergo the operation?

to perform an operation on smb for smth

means to carry out an operation on smb for some disease.

- Can you perform an operation on a patient?
- Why can't you perform an operation on a patient?
- When will you be able to perform an operation on a patient?
- Are you eager to perform an operation on a patient?
- Who can perform, an operation for appendicitis?

to put a dressing on smth/around smth

means to tie up a wound with a bandage applying necessary medicine.

- Can you put a dressing around a patient's arm?
- In which year are medical students allowed to put dressings?
- Who teaches medical students to put dressings?
- Who usually puts dressings in a hospital?
- Where are dressings put?

to put a stitch (in)

means to sew up a cut.

- Were you taught to put stitches?
- What year medical students are allowed to put stitches?
- Who teaches medical students to put stitches?
- When are medical students taught to put stitches?

TEXT. HOW WORK IS CARRIED ON AT THE SURGICAL DEPARTMENT

All the boys of Anvar's group dreamed of becoming surgeons after graduating from the Institute. That was why Anvar and all his fellow students were greatly excited when they learned

that on Friday their group would begin their classes in Surgery at the surgical department of the City Hospital in Chuponota street.

Being greatly interested in the work of this department Anvar and Sarvar came there a little earlier than it had been appointed. They were eager to attend the reception ward of the surgical department. They washed their hands and put on their white gowns. The boys already knew that their duty was to help the doctor and nurse: they had to undress patients, give them a general rubdown or a bath and put on them hospital gowns.¹ The first rule they had to follow here² was not to cause the patient any additional pain, not to harm him, that's why they had to be very careful in handling patients.

At a quarter to nine an ambulance brought to the hospital a boy who was 12 years of age. The boy complained of a severe pain in the right lower part of his abdomen. The doctor asked the boy to lie down on the couch and began his examination by palpating the patient's abdomen. He made the diagnosis of acute appendicitis.

As you know, acute appendicitis is sometimes extremely dangerous to life and its onset is often very sudden. In some cases of acute appendicitis gangrenous and perforating forms complicated by peritonitis may be observed.

That's why the surgeon directed the boy to the in-patient department for being operated on at once.³ It was necessary to remove the appendix immediately in order to prevent its rupture which might cause peritonitis with a fatal out-come.

As it was exactly the time of the morning round Anvar and Sarvar joined the students of their group and followed Comrade Kurbanov, their assistant doctor. He took the students to some of the wards of the traumatological department. In the first ward there were ten patients with fractures and one patient who had been confined to bed for a month after his leg had been amputated. The fractured bones of the extremities had been set and put in plaster of Paris for immobilization. As a rule, closed and simple fractures of upper or lower extremities healed quicker than open and compound ones.

Under Dr. Kurbanov's guidance the students acquainted themselves with the methods of immobilization of extremities and the condition of patients after the operation of osteosynthesis.⁴ Doctor Kurbanov was particularly attentive

to one of the patients, a boy of ten. Having been performed the operation of osteosynthesis of the hip only a day before the boy was confined to bed. The assistant doctor also examined very thoroughly the patient, who had the fracture of the hip and was lying under traction.⁵ The students also examined the convalescents who had fractures of lower extremities. All of them were going to be discharged from the hospital in the near future because they felt well

After the traumatological department the students went to another department where the patients who had undergone abdominal operations were lying. The surgeon examined them very carefully; Anvar and Sarvar understood that he had a wonderful bedside manner as his kind words seemed to calm them.

The surgeon ordered the nurse to bring to the dressing-room patient Rustamov. Having been operated on for cholecystitis eight days before he felt rather well. His post-operative condition was good and the wound was healing well.

As Anvar and Sarvar were on duty in the dressing-room that day they followed, the nurse. There they bared their arms to the elbow and washed their hands with soap and hot water again, because they had to assist in putting dressings.

In the dressing-room the surgeon took out the stitches which had been put in after the operation. It didn't hurt the patient. ⁶ The suture was about 10-12 cm long and the patient didn't complain of any tenderness on being explored the operative area. The surgeon hoped to discharge this patient from the hospital in about a week or ten days.

Then the patient, who had been operated on for acute suppurative appendicitis, was wheeled on a stretcher cart to the dressing-room. Having helped to lay the patient down on the dressing-table the surgeon began to dress his wound. Anvar and Sarvar helped the doctor to take off the outer bandage. ⁷ Then the surgeon examined the wound in the patient's abdomen and carefully took out the gauze drain soaked with pus. On having washed the edges of the operating wound the surgeon administered the solution of antibiotics into the wound and introduced a fresh gauze drain. Anvar and Sarvar put a new outer bandage on the wound.

When Anvar and Sarvar were going along the corridor from the dressing-room they saw a patient who was wheeled on a stretcher cart to the operating-room. ⁸ It turned out that it was a severe case of profuse abdominal bleeding caused by stomach ulcer. It required an urgent abdominal operation. They hoped the patient would survive though the case was very serious. How eager were Anvar and Sarvar to be present at the operation!

Notes

¹hospital gowns — kasalxona xalati

² The first rule they had to follow here — rioya qilish kerak bo'lgan birinchi narsa

³for being operated on at once—tezda operatsiya qilish uchun

⁴The operation of osteosynthesis — osteosintez operatsiyasi

⁵who ... was lying under traction — vityajka ostida yotgan kishi

⁶it didn't hurt the patient — bemorga og'riq bermasdi

⁷to take off the outer bandage — tashqi boylamni yechmoq

⁸ the operating-room - operatsionxona

Active Words and Word Combinations for the microcontrol

surgical, surgeon, surgery; to harm; to handle; ambulance; to be dangerous for smb/to smth; gangrenous; to perforate; to operate on smb for smth; to remove; to prevent; rupture; fatal outcome; traumatological; fracture; to set a fractured bone; plaster of Paris; immobilization; compound (adj.); to perform an operation on smb for smth; to undergo the operation on smth for smth; convalescent; dressing-room; post-operative; to bare; dressing; stitch; to hurt; suture; tenderness; supportive; to wheel on a stretcher cart; to dress smb's wound; bandage, gauze drain, to soak; pus, edge; solution; profuse; bleeding; urgent; to survive.

Vocabulary Training

1. surgical , a surgical department, the reception ward of the surgical department, a surgical wound, a surgical clinic
2. a surgeon , an experienced surgeon, a highly-skilled surgeon, surgeons
3. surgery, the Chair of Surgery, practical studies in Surgery, to pass the state examination in Surgery, to acquaint oneself with Surgery
4. appendicitis , an acute appendicitis, to be operated on for appendicitis
5. gangrenous , gangrenous area, gangrenous form of appendicitis
6. perforate], perforating, perforating wound, perforating ulcer, perforating forms of appendicitis, perforated appendix
7. peritonitis , complicated by peritonitis, peritonitis may be observed, peritonitis was diagnosed
8. remove a dressing, to remove a gown, to remove the appendix, to remove a foreign body
9. rupture , the rupture of an appendix, the rupture of some inner organs, to prevent the rupture
10. fatal , a fatal outcome, a fatal outcome of the disease, peritonitis with a fatal outcome

11. traumatological , a traumatological department, to work at a traumatological department, to be admitted to a traumatological department
12. fracture , fractures, simple fractures, closed fractures, open fractures, compound fractures, the fractured bones of the extremity , the fractured bones of the extremity are set, the fractured bones of the extremity are put in plaster of Paris
13. immobilization, the method of immobilization, to put in plaster of Paris for immobilization
14. convalescent , convalescents, this convalescent is recovering quickly, these convalescents are recovering slowly, to discharge the convalescents
15. cholecystitis, acute cholecystitis, to be ill with cholecystitis, to perform an operation for cholecystitis
16. post-operative , post-operative care, post-operative course, post-operative condition, uncomplicated post-operative condition, his post-operative condition was quite satisfactory, the post-operative course was uneventful
17. a stitch, stitches, to take out the stitches, the doctor put seven stitches in the wound
18. suture , a long suture, a short suture, suture material, a suture method, a suture needle
19. tenderness , to complain of tenderness in the abdomen, to feel tenderness, tenderness on exploration, tenderness on touch
20. suppurative , acute suppurative appendicitis, suppurative wound, suppurative fever, suppurative ulcer
21. gauze, a gauze drain, a gauze bandage, to take out a gauze drain, to introduce a gauze drain into the wound
22. to soak , to be soaked, a soaked bandage, to be soaked with pus, to be soaked with blood
23. solution , physiologic solution, solution of antibiotics, to administer the solution of antibiotics
24. bandage , to put a bandage, a fresh bandage, an outer bandage, to put a fresh outer bandage, to remove an outer bandage
25. profuse , profuse bleeding, profuse bleeding of the wound, to cause profuse bleeding
26. urgent , an urgent case, an urgent operation, an urgent abdominal operation
27. survive] to survive the operation, to survive the disease, to survive the operation well

EXERCISES

I. Answer the following questions:

1. What did all the boys in Anvar's group dream of? 2. Why were Anvar and all his fellow students greatly excited? 3. In what subject will Anvar's fellow students begin their classes? 4. Why did Anvar and Sarvar come to the surgical department a little earlier than it had been appointed? 5. What did the students do when they came into the reception ward? 6. What was the students' duty while working in the reception ward? 7. Why did the students have to be very careful in handling the patients? 8. What complications may be caused by acute appendicitis? 9. Why was it necessary to remove the appendix immediately?
10. What patients were there in the first ward of the traumatological department? 11. How were the fractured bones of the extremities treated? 12. With what did the students acquaint themselves under Dr. Kurbanov's guidance? 13. To whom was Dr. Kurbanov particularly attentive? 14. Whom else did the students examine in the ward of the traumatological department? 15. What did the surgeon order the nurse to do? 16. What was the post-operative condition of the patient? 17. What did Anvar and Sarvar have to do in the dressing room? 18. What did they do before putting dressings?

II. Find English equivalents for the following word combinations and sentences:

1. yiringga to'lgan dokali tampon bemordan ehtiyotkorlik bilan olib tashlandi; 2. operatsiya sohasi tekshirilganda bemor og'riqdan shikoyat qilmadi; 3. jarroh choklarni olib tashladi; 4. yara

yaxshi bitgan; 5. tuzalayotgan ;6. ochiq va murakkab sinishlar; 7. operatsion xona; 8. yangi dokali tamponni qo'yimoq; 9. yorilishni oldini olmoq; 10. huruj ko'pincha birdan boshlanadi; 11.singan qismlarga gips qo'yildi; 12. o'limlik oqibati; 13. tashqi boylamni olib tashlamoq; 14. yuqorigi va pastki qismlar; 15. appendiksni olib tashlamoq; 16. bemor appenditsit bo'yicha operatsiya qilindi;17. operatsiyadan keyingi holat yaxshi o'tdi; 18. yopiq oddiy sinishlar; 19. qorinning o'ng pastki qismida ruchli ogriqdan shikoyat qilmoq; 20. xoletsistit bo'yicha operatsiya qilindi; 21. jarrohlik bo'limi qabulxonasi; 22. oshqozondan ko'p qon ketishi;23. bemorga og'riq bermadi.

III. Fill in the blanks with prepositions where required:

1. Ten days ago when my fellow student and I were going . . . home... classes, he felt a sudden sharp pain . . .his abdomen. We stopped for a while and the pain subsided. But when we came ... the hostel my fellow student again began to complain . . a severe pain . . the right lower part . . . his abdomen. The pain was so severe that we had to call ... an ambulance. The ambulance arrived ... 15 minutes. When the doctor examined him he made the diagnosis . . .acute appendicitis, which required ... an urgent operation.

So unexpectedly my fellow student was operatedThe operation . . . appendicitis was performed successfully. The wound healed well and . . seven days the stitches were taken... My fellow student was discharged . . the clinic. . . a good state and now he is quite well.

2. Surgeon Kurbanov successfully performed an operation ... a woman patient who was suffering... the most severe kidney trouble. 3. It is dangerous... you to run now as you were operated appendicitis only two weeks ago. 4. ... 10 p. m. the ambulance brought a man patient ... a very bad state. It turned.. . that he had a compound fracture . . . both lower extremities. The man was laid a stretcher cart and wheeled. . . the operating-room. 5. My sister is ill . . . quinsy almost every other month. She must undergo the operation... her tonsils and have them removed. 6. The wound... the boy's arm was bleeding so much that the nurse had to put... a new dressing. 7. Your broken leg will have to be kept... plaster . . . Paris until it heals. 8. My brother often complains... a sharp pain... his stomach. I'm afraid something is wrong . . . it. 9. . . . how many days has this patient been lying . . . traction? 10. The edges . . . the wound were suppurative and it was necessary to wash . . . the wound . . .the solution . . . antibiotics.

IV. Change the following sentences according to the model.

Model:

**The doctor has examined all the limbs.
All the limbs have been examined by the doctor.**

1. The surgeons have operated on these patients.2.These drugs have arrested bleeding. 3. The doctor has set a fractured bone. 4. The surgeon has prevented the fatal outcome of the disease. 5. The therapist had discharged this convalescent. 6. The nurse had introduced the solution of antibiotics into the wound. 7. The patient had survived the operation for Cholecystitis well. 8. The stomach ulcer had caused a profuse abdominal bleeding. 9. The nurse had dressed the patient's surgical wound.

IV. Define gerunds and translate the sentences:

1. Would you mind my closing the window? I am afraid of catching a cold. 2. On having taken the patient's electrocardiogram the cardiologist noted some abnormalities in its readings. 3. My father did not mind being operated on by this surgeon. 4. This convalescent cannot be discharged without being completely cured. 5. The doctor's having diagnosed suppurative appendicitis in

time helped him to save the patient's life. 6. On having been operated on the patient was gradually recovering. 7. The patient could not fall asleep without being given an injection of a pain-killer. 8. His having been treated properly and attentively enabled him to be discharged from the hospital so soon.

V. Substitute the words and phrases used in the text for the words and phrases in bold type:

1. It was a severe case of profuse abdominal bleeding. It demanded an immediate laparotomy. 2. The patient was laid down on the dressing-table and the surgeon began to wash, clean and bandage the wound. 3. Under Doctor Kurbanov's help and instruction the students acquainted themselves with the methods of immobilization of extremities. 4. It was necessary to take away the appendix immediately in order to prevent its sudden bursting which might cause peritonitis and end in death. 5. The first rule they had to follow here was not to cause the patient any additional pain, that's why they had to be very careful in treating the patients. 6. In the dressing-room the surgeon removed the stitches which had been put in after the operation. 7. The broken bones of the hands and legs had been brought together and put in plaster of Paris. 8. At a quarter to nine a special car for carrying people who are seriously ill brought a boy. 9. He carefully took out the gauze drain which was wet through with pus. 10. As you know, acute appendicitis is sometimes not safe to life.

VI. Put questions using the interrogative words given in brackets:

1. The patient in a very bad state has just been brought to the hospital by the ambulance (by what). 2. Many neurosurgical operations have been performed with particularly no bleeding (without what). 3. Under the guidance of highly-skilled and experienced scientists great research work has been carried on in our country lately (under whose). 4. This patient has recently undergone the operation on the lung (on what). 5. The patient who had been operated on for cholecystitis was discharged from the hospital on the fifteenth postoperative day (on which). 6. His father has already recovered from pneumonia (from what). 7. The patient's eye had been washed with boric acid before the nurse bandaged it (with what).

VII. Translate the following sentences into English using the active vocabulary of this Step:

1. He will have to undergo an operation. 2. My appendix was removed some years ago. 3. During the operation the rupture of the spleen was found. 4. A thorough examination revealed the abdominal tenderness which increased on palpation. 5. The nurse removed a gauze drain soaked with pus. 6. The patient has survived the operation well. Now his general condition is good and he is recovering. 7. My friend has fractured his hip and he is lying under traction now. 8. The patient was very pale because he had a profuse bleeding. That case required an urgent operation. 9. This patient has the dressings put every other day. 10. The wound was so deep that the whole bandage was soaked with blood. 11. Though during the examination the surgeon handled the patient very carefully the patient complained of tenderness in the operative wound.

Dialogue № 5" Surgery"

Doctor came closer to the patient. He noted the patient's general appearance

Doctor: Have, you ever been sick before?

Patient James Ross: Yes, sir. I have had scarlet fever and pneumonia.
Doctor: Have you ever had measles? Chicken-pox? Whooping cough?
Patient: Yes, sir. I had all the childhood diseases.
Doctor checked the skin and mucous membranes carefully. With an ophthalmoscope he examined the eye grounds; and with the otoscope - the tympanic membranes. He checked the patient's neck and chest.
Doctor: How about adult illnesses, have you ever had tuberculosis, jaundice, heart or kidney trouble?
Patient: No, I have only had the ones I just told you.
Doctor.: Have you ever been operated on? Have you ever had any operations?
Patient: Yes, several. I've had my appendix out. And I've also had my tonsils operated on.
Doctor.: Did you ever break any bones?
Patient: I broke my arm when I was a child and that's all.
Doctor.: Are your parents living?
Patient: No, both are no longer living. My father died of natural causes and my mother died of cardiac insufficiency.
Doctor: Do you have brothers and sisters? Are they in good health?
Patient: I have two brothers, one is living and the other is not. He had a stroke. My sister has diabetes.
Doctor: Are you married? Do you have any children?
Patient: Oh, yes. I'm married. I have two boys and they seem to be all right.
Doctor.: Do you smoke?
Patient: I smoke 10 cigarettes a day. I tried to quit twice, but with no success.

TOPICAL VOCABULARY

ambulance <i>n</i> tez yordam mashinasi	convalescent <i>n</i> sog'ayayotgan
to call in an ambulance	dangerous <i>axavfli</i>
amputate <i>v</i> kesib tashlash	a dangerous wound (operation, step, work)
to amputate smb's leg (arm,foot, finger, hand, extremity)	to be dangerous for a patient
appendix <i>n</i> appendisit	to be dangerous to one's health (life)
to remove the appendix	to dress smb's wound (a hand,an arm, a leg, a head)
perforated (inflamed)	bandage <i>n</i> bint, boylam
bandage <i>v</i> bog'lamoq	dress <i>v</i> bog'lamoq
to bandage a wound	a dry (wet, fresh, soaked with pus or blood)
to bandage one's hand (arm,leg, head)	dressing
to bandage tightly	dressing <i>n</i> bog'laydigan narsa, bog'lag'ich
a bandage is soaked with pus (blood)	a sterile dressing
a tight bandage	to do a dressing
a dry (wet) bandage	to remove (change, put, apply) a dressing on smth/
to remove (take off) the bandage	I have a dressing on my hand(arm, leg, head).
bare <i>v</i> shimarmoq	mening kaftimda (qo'lim, oyog'im, boshimda)
bleeding qon ketishi	boylam bor
venous (arterial) bleeding	to survive a disease (operation)
a profuse bleeding	to put stitches in a wound
a considerable bleeding	to take out a stitch
external (internal) bleeding	to wheel a patient on a stretcher cart
the wound starts bleeding	to lay a patient down on a stretcher cart
to prevent (arrest, control) bleeding	tenderness <i>n</i> og'riqlilik
bone <i>n</i> suyak	the tenderness of/in the abdomen
a fractured (broken) bone	tenderness on palpation (exploration)
to fracture {break} a bone	

a traumatological department
travmotologiya bo'limi
urgent *azarur*, *tezkor*
an urgent operation (case, matter,
measures, questions) *tezkor*
operasiya(holat, olchov, ishsavol)
wheel *v yumalatmoq*, *g'ildiratmoq*

crutch qo'ltiq tayoq
to go on crutches
rib qovurg'a
tumour o'sma,shish
benign tumour yaxshi sifatli o'sma
malignant tumour yomon sifatli o'sma

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Unit 6. The Operation.

Oral introduction and training of new words and word combinations. Vocabulary training.
Text. “George and Nick watch the operation” Analytical work
Text. “George and Nick watch the operation” Exercises. Grammar: Absolute Participial Construction.

Dialogue: ”Conversation about surgery.”

1. The place of class, equipments for training:

- The Chair of the English Language
- dictionary.
- tables
- distributive materials.

2. The continuation of the lesson: 8 hours

3. The aims of the lesson:

3.1. training aim:

- to gain theoretical knowledge and to fix it;
- to gain practical skills;
- to use gained knowledge and skills;
- to form the deontological education;
- to educate practical communication and cultural responsibility.

3.2. educational aim:

- to form interests and feelings of responsibility.
- to form the humanity;
- to form responsibility for the practical training.

3.3. developing aim:

- to grow mental ability;
- to develop logical thinking.

List of practical skills on theme:

- reading the text correctly;
- rules of reading;
- learning the new words;
- finding the right information from the questions;
- translating the text using the dictionary.

The students must know:

- rules of reading of the new words of the text;
- the ways of its usage;
- the main idea of the text
- to put general questions to the text;
- to put special questions to the text.

The students must gain skills of:

- translating by dictionary;
- making affirmative sentences
- making negative sentences
- making up questions to the text;
- reading the text correctly.
- retelling the text scientifically.

The students are able to do:

- to retell the main idea of the text
- to make up sentences with the new words of the text;
- to make situations with the new words of the text;
- to put questions to the text

4. Intrasubject connections

Informations received on the lesson help to realize some matters in Anatomy, Chemistry, Biology, Physiology . A grammar material is explained with the comparison of the Russian and Uzbek grammars.

5. Chronological list of the lesson

Lesson stages	Form of training	Time in minutes
Introducing		5
Discussing the theme of the practical training, controlling the students' last level knowledge by using new methods of innovation technology(trainings in a small groups, discussions, problematic exercise and others)	Control, explanation	20
To overcome the theme.		10
Explaining new theme by using equipments for training and giving instructions to use them in their speech.	Explanation	15
Making sentences by using new grammar theme.	In written form	15
To fix new theme by exercises.	Oral form	10
Conclusion of teacher. Home assignments for the next practical class.	Oral form	5

6. The subject matter of the lesson

Presentation of a new item

ORAL INTRODUCTION AND TRAINING OF NEW WORDS AND WORD COMBINATIONS

to get smth ready

to get ready for smth

means 1. *to prepare smth/smb for smth* 2. *to be prepared for smth*

Who usually gets pills and powders ready?

Where are pills and powders got ready?

Who gets surgical instruments ready for the operation?

Who gets the apparatuses for blood transfusion ready?

to give anesthesia

means *to give a patient some medicine* (e.g. ether — chloroform) *before the operation*, so that the latter couldn't feel pain.

Who can give a patient anesthesia?

When does a doctor give a patient anesthesia?

In what cases is general anesthesia given?

to close the wound in layers

means *to put stitches in the inner tissues first and then in the outer ones*.

Can you close a wound in layers?

Who can close a wound in layers?

Have you ever seen a surgeon close a wound in layers?

Is it easy or difficult to closer wound in layers?

to recover one's consciousness

means *to begin to feel and understand everything around after the state of being senseless*

Does a patient recover his consciousness soon after the operation?

How soon after the operation does a patient usually recover his consciousness?

Can a patient walk immediately after he has recovered his consciousness?

What regime must a patient follow after he has recovered his consciousness?

TEXT. ANVAR AND SARVAR WATCH THE OPERATION

The other day Anvar and Sarvar were present at the operation for the first time. Just that day they were on duty at the in-patient department of the Regional Hospital. At about 9 a. m. a patient who was in a poor condition was transported to the hospital by helicopter. The helicopter having landed in the hospital yard, Anvar and Sarvar helped to lay the patient down on the stretcher and carried him away from the helicopter to the ambulance.

The ambulance brought the patient to the reception ward where the nurse on duty recorded the patient's initial data.

Then the doctor on duty made the physical examination of the patient: examined his tongue, felt his pulse, examined and palpated his abdomen. On examination and palpation of the abdomen protective muscular tension was clearly observed. The symptom of Stchetkin-Blumburg¹ was clearly marked. This confirmed the presence of acute peritonitis. The perforated ulcer of the stomach being suggested, the X-ray examination of the stomach was made immediately. This examination revealed the presence of free gas in the abdominal cavity under the right dome of the diaphragm. The diagnosis of the perforated ulcer of the stomach was clear.

The patient was wheeled on a stretcher cart to the operating-room. At that time the preparation for the operation was being carried on in the Operating-room. The surgical nurse was getting sterile gowns and dressings ready, sterilizing the necessary set of surgical instruments, preparing the apparatuses for blood transfusion, checking up the presence and state of blood substituting solutions and preserved blood.

Anvar and Sarvar were allowed to be present at this operation and watch its procedure. They went to the scrub-up room together with the surgeons. There they watched the surgeons get ready for the operation. First of all the surgeon and his assistants began to prepare their hands: bared their arms above the elbow, scrubbed their hands and forearms for 15 minutes with soap and brush under hot running water. Then the doctors rinsed their hands twice in the solution of ammonium chloride.² After rinsing the hands were sponged with alcohol and the nails painted with iodine. It is essential that persons engaged in surgical work keep their nails trimmed short and clean. The doctors put on sterile caps and masks and having entered the operating-room they put on sterile gowns and rubber gloves.

By that time the patient had been prepared for the operation; premedication had been over,³ the abdomen had been shaven and the patient was lying on the operating-table. Anvar and Sarvar saw the anesthetist begin giving intratracheal anesthesia. The patient fell asleep. The anesthetist said the surgeon could begin the operation immediately.

The surgeon painted the operative field with iodine covered the patient with sterile sheets leaving bare only the operative field. The surgeon made a midline abdominal incision with a scalpel. Bleeding was stopped with the clamps.

On laparotomy⁴ turbid exudates and food mass were found in the abdominal cavity. The stomach being lifted up, the perforated ulcer 0.5 cm in diameter was found on the posterior side in the lower portion of the stomach.⁶ The resection of the stomach was performed. Having cleansed the abdominal cavity from exudate and food mass and having introduced into it antibiotics, the surgeon closed the abdominal wound in layers with drainage. A patch was stuck on the wound. 300 ml of blood and 500 ml of glucose were transfused during the operation. The patient survived the operation well.

The patient having been taken on a stretcher cart from the operating-room to his ward, Anvar and Sarvar stayed with him. In two hours the patient recovered his consciousness. His general state was satisfactory.

Thereafter the doctor in charge examined the patient every day. Anvar and Sarvar saw that the patient's post-operative course was uneventful. No complications were noted, the wound was healing well.

On the 7th post-operative day Anvar and Sarvar took out the stitches themselves under the guidance of the doctor in charge. The patient was recovering gradually. The doctor in charge expected him to be discharged from the hospital on the 14th post-operative day.

Notes

¹ the symptom of Stchetkin-Blumberg — Shetkin-Blumberg simptomi

² solution of ammonium chloride — novshadil spirt eritmasi

³ premedication had been over — premedikatsiya, operatsiyadan oldin og'riqsizlantirish

⁴ on laparotomy — laparotomiyada qorin bo'shlig'ini ochganda

⁶ on the posterior side in the lower portion of the stomach — oshqozonning pastki orqa qismida

⁶ resection — reseksiya organning bir qismini olib tashlash

Active Words and Word Combinations

muscular; tension; dome; to get ready; to sterilize; to preserve; scrub-up room; nails; to trim; to scrub; to give anaesthesia; ая- J aesthetist; midline; incision; scalpel; clamp; turbid; portion; to cleanse; layer; to close the wound in layers; drainage; patch; to transfuse; consciousness; to recover one's consciousness, uneventful.

Vocabulary Training

1. region our region, from different parts of our region, a distant region, a regional hospital, to work at a regional hospital

2. symptom the symptom of the disease, the symptom of Stchetkin-Blumberg was clearly marked, this symptom shows, What is the symptom of this disease?

3. muscular tissue, muscular wall, muscular tension, protective muscular tension, to observe protective muscular tension

4. dome, the right dome of the diaphragm, under the right dome of the diaphragm

5. sterile, to sterilize, a sterile cap, a sterile mask, a sterile gown, a sterile dressing, a sterile gauze drain, sterile rubber gloves, sterile sheets, to sterilize pincers, to sterilize scalpels, to sterilize clamps, to sterilize the necessary set of surgical instruments

6. preserve, preserved, preserved food, preserved blood, to check up preserved blood, the transfusion of preserved blood, to transfuse preserved blood

7. anesthesia, intratracheal anesthesia, to give intratracheal anesthesia, anesthetist an experienced anesthetist, an anesthetist gives anesthesia

8. incision, abdominal incision, a midline abdominal incision, to make an incision, to make the incision with a scalpel

9. laparotomy , on laparotomy, to perform the laparotomy, on laparotomy exudate was revealed
10. turbid , turbid fluid, turbid pus, turbid exudate, to reveal turbid exudate in the abdominal cavity

EXERCISES

I. Answer the following questions:

1. Where were Anvar and Sarvar present the other day? 2. In what condition was the patient admitted to the Hospital? 3. What did Anvar and Sarvar do to help the patient?
4. Where was the patient transported then? 5. Who recorded the patient's initial data? 6. How did the doctor on duty examine the patient? 7. What was clearly observed on examination and palpation of the abdomen? 8. What did the symptom of Stchetkin-Blumberg confirm? 9. What did the X-ray examination reveal? 10. What was the diagnosis?
11. What did the surgeons do to get ready for the operation? 12. What had been done to prepare the patient for the operation? 13. What anesthesia was given to the patient?
14. What was found in the abdominal cavity on laparotomy? 15. What was found on the posterior side in the lower portion of the stomach? 16. How did the surgeon close the abdominal wound? 17. What did the surgeon do before closing the abdominal wound in layers? 18. How did the patient survive the operation? 19. When did the patient recover his consciousness? 20. What was the patient's general state after the operation?

II. Find English equivalents for the following word combinations and sentences:

1. Shetkin –Blumberg simptomi aniq mavjud edi 2. qorin bo'shlig'ida diafragmaning o'ng ravog'ida erkin gas bor edi; 3. jarroh jarohatni drenaj bilan qatlam-qatlam qilib yopdi; 4. operatsiyadan keyingi holat yaxshi o'tdi ; 5. bemor operatsiyadan yaxshi chiqdi; 6. eksudant va ovqat qoldig'i; 7. qon ketishi qisqich bilan to'xtatildi; 8. jarroh operatsiya sohasini yod bilan artdi; 9. ikki soatdan so'ng bemor o'ziga keldi; 10. operatsiya vaqtida 300ml qon va 500ml glukoza quyildi; 11. jarroh qorinning o'rta chizig'idan kesdi; 12. oshqozonning oldingi qismi; 13. umumiy ahvoli yaxshi edi;

III. Translate the sentences paying attention to the Absolute Participial Construction:

1. My brother being operated on for appendicitis successfully, his post-operative course was uneventful. 2. I felt an unbearable pain in the lower part of the abdomen, it increasing on the slightest physical exertion. 3. I having recovered my consciousness, the nurse was staying at my bedside. 4. Food mass and turbid exudate being found in the abdominal cavity, the surgeon cleansed it thoroughly. 5. Surgeon Baratov having got ready for the operation, his assistants followed him into the operating room.

IV. Fill in the blanks with prepositions where required:

1. ...Tuesday we had our classes ...Surgery . . . the surgical department... the regional hospital. The patients are admitted ...this hospital . . . different parts ... the region. Just. . . our* classes the helicopter landed ... the hospital yard. It turned out to be an urgent case ... the perforated ulcer . .

. the stomach. The patient was operated . . . immediately. 2. The anesthetist has got ready... giving intratracheal anesthesia. 3. When the abdominal wound was closed... layers and . . . drainage a patch was stuck... it. 4. ...laparotomy a perforated ulcer 0.2 cm . . . diameter was found... the posterior side... the anterior portion ... the stomach. 5. The surgeons get ready . . . the operation ... the scrub-up room. First ... all they begin to prepare their hands. They bare their arms... the elbow, scrub their hands... soap and a brush... hot running water, rinse them... the solution... ammonium chloride twice, then sponge the hands... alcohol and paint the nails... iodine.

V. Translate the following sentences into English using the active vocabulary of this step:

1. Surgeons and operating nurses get ready for the operation in the scrub-up room. The scrub-up room is often used for sterilizing instruments. 2. Acute appendicitis can be treated only surgically. 3. Pirogov was one of the first in Europe who applied ether anaesthesia. 4. The general condition of the patient is good; she has survived the operation well. 5. If the postoperative course is uneventful the patient will be discharged on the 7th day. 6. Highly skilled surgeons work at our surgical department. They perform different operations such as appendectomy, stomach resection, heart operations and others. 7. Drainage is introduced into suppurative wounds. Drainage may consist of a gauze drain or a rubber tube. 8. After the doctor closed the operative wound in layers and put the stitches in, the patient was transfused 300 ml of blood. 9. For the first three days the post-operative course was uneventful. On the fourth post-operative day the patient suddenly felt worse. 10. Preserved blood must be kept in a cool place.

Dialogue № 6 "Conversation about Surgery"

Bobir: Where have you been, my friend?

Jasur: Stayed in the library and MedNet for nearly three hours.

Bobir: Have you any urgent work to do?

Jasur: Oh, yes. Our assistant doctor wants me to make a presentation on the latest developments in the field of surgical treatment of heart diseases.

Bobir: I hope you have found interesting materials, haven't you?

Jasur: I have looked through several journals and sites, made many notes which I can use for my presentation.

Bobir: Don't forget to tell your listeners about the two chief methods which are used by our surgeons in performing such operations.

Jasur: You mean, hypothermia and the application of an artificial circulation apparatus, don't you?

Bobir: Yes, I do. By the way, I think you should mention the name of Professor Kuprianov who was the first to apply hypothermia.

Jasur: Certainly, I'll. I am going to tell my listeners that the method of hypothermia applied by Prof. Kuprianov enables the surgeon to exclude the heart from the blood circulation for 8-10 minutes. During this time the surgeon can suture small defects in the aorta or the pulmonary artery. An artificial circulation apparatus is used for operations which require a longer period of time up to one hour.

Bobir: I think it would be better to begin your talk speaking about Prof. Vishnevsky and his methods of applying local novocaine anesthesia for different heart operations.

Jasur: Why, Bobir! You know a lot of things about heart operations. Well, do you know how Prof. Vishnevsky performs the operation for the "blue disease"?

Bobir: No, I don't.

- Jasur: In such cases he connects the big and small circles of blood circulation.
 Bobir: What other surgeons are you going to speak about?
 Jasur: I want to speak about Prof. Meshalkin who applied plastics for making artificial valves of the aorta, about Prof. Petrovsky who worked out the method of application of tissue strips from the patient's diaphragm as plastic material for operation.
 Bobir: I see, your talk is going to be very interesting and useful; all of us shall attend it. When are you going to make it?
 Jasur: I hope to have finished it by the first of the next month.
 Bobir: Wish you luck in your work!

TOPICAL VOCABULARY

anaesthesia <i>n</i> og'riqsizlantirish, anesteziya	to get ready for an experiment (operation)
intratracheal (general, local) anaesthesia	to get surgical instruments ready
to give anaesthesia	resection <i>n</i> rezeksiya, kesib tashlash, olib tashlash
the injection of the anaesthetic	to perform the resection
anaesthetist <i>n</i> anestiziolog,	scrub <i>v</i> yuvmoq (sovunli sho'tka bilan) tozalamoq
clamp <i>n</i> siqish, qisish	
cleanse <i>v</i> tozalamoq	
to cleanse the wound (the abdominal cavity)	to scrub one's hands with soap and brush
consciousness <i>n</i> es-hush	a scrub-up room <i>n</i> operasiyadan oldingi xona
to recover (regain) one's consciousness	solution <i>n</i> eritma
to lose one's consciousness	the solution of ammonium
the loss of consciousness	sterile <i>asteril</i>
a gauze drainage dokali drenaj	sterilize <i>v</i>
a tube drainage	
incision <i>n</i> kesish	suggest <i>v</i> taklif qilmoq; taxmin qilmoq; fikr tug'dirmoq (bir narsa haqida)
a midline abdominal incision	tension <i>n</i> taranglik
layer <i>n</i> qatlam	muscular tension mushak tarangligi
to close the wound in layers	tension of the eye
a thick (thin, smooth, outer) layer	transfuse <i>v</i>
patch <i>n</i> malham, plastir, yopishtiradigan	transfusion <i>n</i>
portion <i>n</i> qism, bo'lak, porsiya	to trim (the nails) kesish, to'g'rilash (tirnoq)
preserve <i>v</i> saqlamoq, saqlab qo'yimoq	turbid <i>a</i> loyqa, xira
preserved blood	turbid exudate (pus)
premedication <i>n</i> narkoz berishdan avval dori yuborish, premedikasiya	
ready <i>atayyor</i>	

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1. Абдалина Е.Н. Учебник английского языка для студентов неязыковых вузов. Т. 1996
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5. Шодмонов К.Б., Д.Абдуллаева, М.А.Хакимова, М.Норова Узбекча – инглизча – русча сузлашгич. Т. 2014 й.

Unit 7. The First Aid Station.

Oral introduction and training of new words and word combinations. Vocabulary training.

Text. "The Ambulance doctor" Analytical work.

Text. "The Ambulance doctor" Exercises. Grammar: Perfect Continuous Tenses.

Dialogue: "The First Aid."

1. The place of class, equipments for training:

- The Chair of the English Language
- dictionary.
- tables
- distributive materials.

2. The continuation of the lesson: 8 hours

3. The aims of the lesson:

3.1. training aim:

- to gain theoretical knowledge and to fix it;
- to gain practical skills;
- to use gained knowledge and skills;
- to form the deontological education;
- to educate practical communication and cultural responsibility.

3.2. educational aim: _____

- to form interests and feelings of responsibility.
- to form the humanity;
- to form responsibility for the practical training.

3.3. developing aim:

- to grow mental ability;
- to develop logical thinking.

List of practical skills on theme:

- reading the text correctly;
- rules of reading;
- learning the new words;
- finding the right information from the questions;
- translating the text using the dictionary.

The students must know:

- rules of reading of the new words of the text;
- the ways of its usage;
- the main idea of the text
- to put general questions to the text;
- to put special questions to the text.

The students must gain skills of:

- translating by dictionary;
- making affirmative sentences
- making negative sentences
- making up questions to the text;

- reading the text correctly.
- retelling the text scientifically.

The students are able to do:

- to retell the main idea of the text
- to make up sentences with the new words of the text;
- to make situations with the new words of the text;
- to put questions to the text

4. Intrasubject connections

Informations received on the lesson help to realize some matters in Anatomy, Chemistry, Biology, Physiology . A grammar material is explained with the comparison of the Russian and Uzbek grammars.

5. Chronological list of the lesson

Lesson stages	Form of training	Time in minutes
Introducing		5
Discussing the theme of the practical training, controlling the students' last level knowledge by using new methods of innovation technology(trainings in a small groups, discussions, problematic exercise and others)	Control, explanation	20
To overcome the theme.		10
Explaining new theme by using equipments for training and giving instructions to use them in their speech.	Explanation	15
Making sentences by using new grammar theme.	In written form	15
To fix new theme by exercises.	Oral form	10
Conclusion of teacher. Home assignments for the next practical class.	Oral form	5

6. The subject matter of the lesson

Presentation of a new item

ORAL INTRODUCTION AND TRAINING OF NEW WORDS AND WORD COMBINATIONS

to make a call to some place

means to get in touch over the telephone with some medical institution asking for medical help.

Have you ever made a call to the First Aid Station?

When did you make a call to the First Aid Station?

Why did you make a call to the First Aid Station?

In what cases do people usually make a call to the First Aid Station?

to give first aid to smb

*means to render a medical help to a person
on the spot, without delay.*

Have you ever given first aid to anybody?

Can you give first aid?

When did you give first aid?

Whom did you give first aid?

Who usually gives first aid?

to injure

means to hurt or to cause harm.

Have you ever injured your leg (arm)?

When did you injure your leg (arm)?

How did you injure your leg (arm)?

to involve

means to affect and spread over the whole organ or its portion.

Does lobar pneumonia always involve the whole lung or only its portion?

Does swelling involve lower extremities in case of heart diseases?

What does the suppuration involve in case of gangrenous appendicitis?"

What organ is involved in pathological process in case of myocardial infarction?

TEXT. THE AMBULANCE DOCTOR

The other day Sarvar and Anvar had a very interesting talk with Behzod Rustamov. Behzod had graduated from the Institute two years before. He had been working as an ambulance doctor at the First Aid Station for two years. The two friends were greatly interested in the work of the First Aid Station. Behzod was glad to answer their questions. Behzod said that in case of an accident or a sudden severe illness calls were made to the First Aid Station which was on duty all day round.¹

The First Aid Station has many ambulances which are equipped with everything necessary for giving first aid and making a diagnosis. The ambulances carry artificial respiration apparatuses, different medicines, such as painkillers, tonics and other preparations, dressings, first aid instruments, such as pincers, scalpels, syringes and others; sets of splints and stretchers. There are special ambulances equipped with everything necessary for reanimation of the Organism.² All ambulances are radio equipped. This is a very important thing³ for the ambulance doctor, because it enables him to send the necessary information to the hospital, so that the hospital can prepare beforehand all the necessary instruments for an urgent operation, a blood transfusion or anything else.

The main thing in the work of the ambulance doctor is to make a correct diagnosis quickly. The ambulance doctor must have a deep knowledge of emergency surgery, toxicology, emergency therapy, obstetrics and gynecology, because he must always do his best⁴ to give the patient a proper aid on the spot.

While working as an ambulance doctor Behzod had had some interesting cases. Last June, for example, a call was made to the First Aid Station. It turned out that a man had been run over by a car. When Behzod reached the place of the accident he examined the victim. The man was badly injured, he had an open bleeding wound in his leg, his arm was fractured, and there were many injuries, abrasions and bruises on his face and forehead. The man lost his consciousness and was moaning all the time.

First Behzod tried to arrest profuse arterial bleeding; he elevated the injured extremity carefully and applied a tourniquet to it. Next he applied a sterile gauze dressing on the man's face and forehead to prevent contamination. Then Behzod examined the arm and applied a splint to it. The injection of morphine and camphor having been given, the man recovered his consciousness, but he complained of nausea. It was necessary to transport the patient to the nearest hospital without delay, because the patient was in a very poor state, in which shock might develop as well.⁶ The stretcher-bearers laid the patient down on the stretcher carefully and in 15 minutes the patient was brought to the hospital. If the ambulance doctor hadn't given the patient emergency help, the patient would have died.

Once Behzod had to give first aid to a boy who was badly burned. He removed only that clothing which was absolutely necessary. The remaining pieces of the clothing were removed from the burned surface with pincers. Behzod didn't carry out any other measures to treat the burn, excessive handling of the burned part always increasing pain and causing shock. If Behzod had done so, shock would have developed. The burn was covered with a sterile, dry dressing. Doing this Behzod tried to handle the burned part as little as possible. As it was a severe burn involving the whole leg and the knee-joint, a splint was applied over the dressing for the immobilization of the injured extremity.

Just the other day Behzod was called to a patient with myocardial infarction. Being questioned the patient said he had been suffering from a severe, squeezing pain in the substernal area for two hours. The patient had had such a pain before, but it had been relieved by nitroglycerin. This time the pain was much more severe⁸ and it didn't subside after nitroglycerin. Besides the pain radiated to the left shoulder and arm. The examination suggested myocardial infarction.

Behzod came up to the ambulance and called up a thromboembolic team.⁷ Before the arrival of the thromboembolic team Behzod gave the patient an injection of 1% promidole and 0.1% atropine, after which the pain considerably subsided. If Behzod had not given the patient these injections, the pain would have been too severe. The thromboembolic team having arrived, the electrocardiogram was taken, the blood analysis was made, the prothrombin time was determined.⁸ The electrocardiogram and the blood analyses confirmed the diagnosis of myocardial infarction. The patient was transported to the hospital without delay.

Notes

¹**all day round** — kun bo'yi

²**for reanimation of the organism** — tanani jonlantirish uchun

³**This is a very important thing** — Bu juda muhim (tashhis)

⁴**he must always do his best** — qo'lidan kelguncha harakat qilishi kerak

⁵**shock might develop as well** — shok kelib chiqishi mumkin

⁷**a thromboembolic team** — tromboembolik guruh

⁸**the prothrombin time was determined** — trombin vaqti aniqlandi(qon ivishi)

Active Words and Word Combinations for the microcontrol

first aid station; to make a call to some place; to give first aid; pincers; syringe; splint; emergency; obstetrics; to be run over by a car; accident; victim; to injure; abrasion; bruise; to moan; to elevate; tourniquet; contamination; nausea; stretcher-bearer; excessive; to involve; knee-joint; to squeeze.

Vocabulary Training

1. syringe, to sterilize a syringe, syringes are sterilized before giving injections, an ambulance doctor must always have a syringe with him
2. emergency, emergency case, emergency measures, emergency surgery, emergency therapy, lectures in Emergency Surgery
3. gynecology , to take notes of a lecture in Gynecology, to pass an examination in Gynecology
- 4r injure, injured, to injure badly, to injure seriously, to injure slightly, to be injured in an accident, to injure one's arm, to injure one's leg, to injure the kidney, to injure the liver
5. abrasion, abrasions, a slight abrasion, bad abrasions, to get abrasions while falling down, there are abrasions on the patient's face
6. bruise, bruises, many bruises, there are many bruises on the patient's body, to get bruises in an accident, bruises disappeared after the treatment
7. moan, to moan with pain, to moan all the time, he is moaning severely, he moaned during this procedure
8. elevate elevated, to elevate the injured extremity carefully, elevated blood pressure, elevated temperature
9. tourniquet, to apply a tourniquet, an ambulance doctor applied a tourniquet to the arm, a tourniquet is used to arrest bleeding
10. nausea to have nausea, to feel nausea, to complain of nausea, nausea appears, nausea disappears, to take some medicine for nausea, to prevent nausea, to cause nausea
11. excessive, excessive handling, excessive reading, excessive drinking, excessive heat, excessive cold, excessive fluid
12. joint, joint cavity, joint fracture, joint swelling, knee-joint, joint wound, joint fluid, finger joint, out of joint
13. squeeze , squeezing, a squeezing pain, to suffer from a squeezing pain, a squeezing pain developed, a squeezing pain disappeared, a squeezing pain subsided
14. nitroglycerin, to take nitroglycerin, pain is relieved by nitroglycerin, pain didn't subside after nitroglycerin, to prescribe nitroglycerin
15. thromboembolic, thromboembolic team, to call up a thromboembolic team, the arrival of the thromboembolic team, the thromboembolic team arrives at the place of accident
16. Prothrombin, prothrombin time, to determine prothrombin time

EXERCISES

I. Answer the following questions:

1. With whom did Sarvar and Anvar have a very interesting talk the other day? 2. When did Behzod graduate from the Institute? 3. Where had Behzod been working for two years? 4. What do ambulances carry? 5. What is the main thing in the work of the ambulance doctor? 6. What knowledge must the ambulance doctor have? 7. What did Behzod do to arrest profuse arterial bleeding? 8. Why did Behzod apply a sterile gauze dressing? 9. What injection did Behzod give the man? 10. What did the man complain of after he recovered his consciousness? 11. Why was

it necessary to transport the man to the nearest hospital without delay? 12. What did the stretcher-bearers do? 13. What had happened to the boy whom Behzod gave first aid? 14. How did Behzod remove the remaining pieces of the clothing from the burned surface? 15. With what was the burn covered? 16. What did the burn involve? 17. Why was a splint applied over the dressing? 18. What patient was Behzod called to just the other day? 19. What did the patient suffer from? 20. What did the examination of the patient suggest? 21. What effect did the injection of promidole and atropine produce on the patient's condition? 22. What procedures were carried out after the arrival of the thromboembolic team? 23. What did the electrocardiogram and the blood analyses confirm?

II. Find English equivalents for the following word combinations and sentences:

1. Tekshirishlar miocard infakti degan fikrga olib keldi; 2. bu butun oyoq va tizza bo'ginini kuchli kuyishi edi; 3. baxtsiz hodisada; 4. bog'lam ustidan zararlangan qismlar qimirlamasligi uchun taxtakach qoyildi; 5. kuygan qismni ortiqcha harakatlantirish og'riqni kuchaytirib, shokni keltirib chiqarishi mumkin; 6. ma'lum bo'lishicha kishi mashina tagida qolgan; 7. kishi hamon ingrardi; 8. u ko'ngil aynishidan shikoyat qildi; 9. bolaga birinchi yordam ko'rsatmoq; 10. ifloslanishni oldini olish; 11. teskor jarrohlik; 12. kuygan joyga iloji boricha kamroq tegishga harakat qilardi, 13. og'riq chap yelkaga tarqalardi; 14. tezkor operatsiya; 15. butun kun navbatchilik qilmoq; 16. kuchli arterial qon ketishini to'xtatmoq; 17. ko'plab jarohatlar, ko'karishlar va shilingan joylar bor edi; 18. sanitarlar bemorni asta-sekin nosilkaga solishdi; 19. jgut qo'yishdi.

III. Fill in the blanks with prepositions where required:

1. There are sterile pincers, syringes, lancets, scalpels, and different sets... surgical instruments . . the surgical nurse's table. 2. Medical students take their examination... Obstetrics... the fourth year. 3. The patient complained... a severe, squeezing pain... the substernal area which he had been suffering.....an hour. Besides the pain radiated . . .

the left shoulder and arm. 4. "Why is this man moaning?" "He has received serious injuries... his legs." 5. Something is wrong... my head. I'm afraid it's because... excessive reading. 6. The patient complained... nausea... taking this remedy.

IV. Find equivalents for the words and expressions in bold type:

1. One of the methods to arrest bleeding is to use an instrument for the compression of blood vessels. 2. Can anybody render medical help to an injured person on the spot? 3. Examining the victim of a street accident the ambulance doctor revealed serious fractures of the leg. He had to use a strip of wood to fix the fractured bones. 4. A person badly injured in a street accident was brought to the hospital by ambulance. 5. The patient had serious damages. 6. Instruments for giving intramuscular and intravenous injections were on the nurse's table. She was going to sterilize them. 7. **I** have hurt my hand badly. 8. The burn was so severe and large that it spread over the whole leg. 9. The patient in Ward 5 was making long, low sounds expressing pain. 10. Falling down he got some injuries to the body so that the skin changed its colour and became blue.

V. Translate the following sentences into English using the active vocabulary of this Step:

1. The victim was given first aid on the spot of the accident. The ambulance doctor applied a tourniquet to the injured leg and bandaged it. 2. The victim had got such bad (severe) injuries that he was in shock. 3. All patients with severe (bad) burns must be transported to the hospital without delay (immediately). 4. The paralysis involved both upper extremities and the right lower one. 5. To prevent contamination one must cleanse the wound thoroughly and put a sterile dressing. 6. The patient complained of nausea after meals. 7. An excessive bleeding both external and internal may cause death. 8. "What's the matter with you? Why are you moaning so?" "I feel a terrible pain in my knee-joint." 9. "Have you already sterilized the syringes?" "Not, yet. I'm going to do it now." 10. Something is wrong with my stomach. Now and again I feel a squeezing pain in the right upper portion. 11. When the boy was run over by a car we made a call to the First Aid Station without any delay. First aid was given to the victim quickly. 12. She wouldn't complain of a severe headache if she were out in the open air as much as possible. 13. If we hadn't made a call to the First Aid Station yesterday, my sister could have died as she had a bad heart attack.

Dialogue № 7 "The First Aid"

Bobir is hammering a nail. Suddenly the ladder he is standing on breaks and Bobir falls down. Jasur runs up to his friend.

Jasur: Oh, Bobir! Have you hurt your leg?
 Bobir: I feel a terrible pain just in my knee-joint.
 Jasur: Let me see it. I am afraid you have injured your knee-joint.
 Bobir: Don't you say so!
 Jasur: Any way we must find a splint and apply it to your knee before the ambulance doctor comes.
 Bobir: You better run downstairs and make a call to the First Aid Station.
 Jasur: I can't leave you alone. I'll ask one of the boys in the next room to do it.
 Bobir: Hurry up, Jasur. It hurts me terribly to move my leg.
 Jasur: I'll be back in a minute. (*Jasur leaves the room and returns quickly.*)
 Jasur: I haven't noticed this abrasion. Let me paint it with iodine. Where have you put the bottle?
 Bobir: It must be somewhere on the shelf.
 Jasur: Here it is! Let me bare your arm. Oh, you've got another abrasion on your shoulder.
 Bobir: It doesn't matter! The only thing that worries me is my knee. I hope it's not a fracture.
 Jasur: Here comes the ambulance doctor. We shall see what his diagnosis is!

TOPICAL VOCABULARY

abrasion <i>n</i> shilingan joy	artificial respirationsun'iy nafas olishi an artificial respiration apparatus
accident <i>n</i> baxtsiz hodisa	
a street accident	bruise <i>n</i> ko'karish, qon talashish
aid <i>nyordam</i>	burn <i>n</i> kuyish
to give (render) first aidbirinchi yordamni ko'rsatish	a severe (bad, slight) burn a first (second, third) degree burn
First Aid Station	burn <i>v</i> kuydirib olish, kuydirish to be badly burned

the burned surface (part)	to injure one's arm (leg, kidneys, liver)
to be run over by a car mashina tagida qolmoq	injury <i>n v</i> jarohat
emergency atezkor	a bad (serious) injury
an emergency case	internal (external) injury
an emergency call	involve <i>v</i> zararlamoq, tarqalmoq
emergency operation (measures)	The paralysis involved both upper extremities
emergency surgery	knee-joint ntizza bo'g'ini
excessive aortiqcha, kop	ladder - narvon
excessive handling	moan vingramoq
excessive heat (cold, fluid)	to moan with pain
injure <i>v</i> jarohatlamoq	He is moaning badly (loudly).
to injure badly (slightly, seriously)	to have (feel, suffer from, complain of) nausea

to be injured in an accident

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Unit 8. Infectious Diseases.

Oral introduction and training of new words and word combinations. Vocabulary training.

Text. At the Chair of Infectious Diseases. Analytical work

Text. At the Chair of Infectious Diseases. Exercises.

Dialogue: "Scarlet fever."

1. The place of class, equipments for training:

-The Chair of the English Language

- dictionary.

- tables

- crosswords

- distributive materials.

2. The continuation of the lesson: 8 hours

3. The aims of the lesson:

3.1. training aim:

- to gain theoretical knowledge and to fix it;

- to gain practical skills;

- to use gained knowledge and skills;

- to form the deontological education;

- to educate practical communication and cultural responsibility.

3.2. educational aim:

- to form interests and feelings of responsibility.
- to form the humanity;
- to form responsibility for the practical training.

3.3. developing aim:

- to grow mental ability;
- to develop logical thinking.

List of practical skills on theme:

- reading the text correctly;
- rules of reading;
- learning the new words;
- finding the right information from the questions;
- translating the text using the dictionary.

The students must know:

- rules of reading of the new words of the text;
- the ways of its usage;
- the main idea of the text
- to put general questions to the text;
- to put special questions to the text.

The students must gain skills of:

- translating by dictionary;
- making affirmative sentences
- making negative sentences
- making up questions to the text;
- reading the text correctly.
- retelling the text scientifically.

The students are able to do:

- to retell the main idea of the text
- to make up sentences with the new words of the text;
- to make situations with the new words of the text;
- to put questions to the text

4. Intrasubject connections

Informations received on the lesson help to realize some matters in Anatomy, Chemistry, Biology, Physiology . A grammar material is explained with the comparison of the Russian and Uzbek grammars.

5.Chronological list of the lesson

Lesson stages	Form of training	Time in minutes
Introducing		5
Discussing the theme of the practical training, controlling the students' last level knowledge by using new methods of innovation technology(trainings in a small groups, discussions, problematic exercise and others)	Control, explanation	20
To overcome the theme.		10

Explaining new theme by using equipments for training and giving instructions to use them in their speech.	Explanation	15
Making sentences by using new grammar theme.	In written form	15
To fix new theme by exercises.	Oral form	10
Conclusion of teacher. Home assignments for the next practical class.	Oral form	5

6. The subject matter of the lesson

Presentation of a new item

ORAL INTRODUCTION AND TRAINING OF NEW WORDS AND WORD COMBINATIONS

to stamp out

means *to put an end to something or to do away with something.*

What has helped doctors to stamp out many infectious diseases?

In what countries has cholera been stamped out?

Why hasn't cholera been stamped out in some Asian countries?

When was cholera stamped out in our country?

to occur

means *to happen, to take place.*

At what age may hypertension occur?

What diseases occur very often in childhood?

What diseases occur most often in elderly people?

Why do these diseases occur most often in elderly people?

to associate smth with smth

means *to join together in the mind or to connect.*

With what do we associate the spread of infectious diseases?

With what do doctors associate the possible complications after the grippe?

With what is your progress in studies associated?

With what is the spread of infectious diseases in Asian countries associated?

to regain

means *to get possession of something again or to get again.*

In how many hours after the operation does a patient usually regain his consciousness?

What helps a patient to regain his strength after the disease?

How long may it take a patient to regain his strength after lobar pneumonia?

TEXT. AT THE CHAIR OF INFECTIOUS DISEASES

Day by day Anvar and his fellow students acquire more knowledge of medicine. In the third year they had classes in Therapy and Surgery; in the fourth year they had their classes in Obstetrics.

One of the new subjects studied in the fifth year is Infectious Diseases. This subject is said to be rather difficult, but nevertheless it greatly interests our friends.

At one of the lectures delivered by Professor Oripov, head of the Chair of Infectious Diseases, the students have acquainted themselves with the clinical manifestations of some infectious diseases and their characteristic symptoms. The lecture has been delivered clearly and scientifically. All the students have listened to it with great interest and have taken notes of it carefully.

From this lecture the students have learned that such infectious diseases as scarlet fever may have a sudden onset; however in others, such as enteric fever, which is now almost altogether stamped out in our country, the onset may be gradual. Prodromal symptoms¹ appear earlier than the characteristic features, and therefore it may be impossible to make a diagnosis in the initial stages of the disease.

A sore throat, a running nose and cough may occur among the most characteristic local symptoms.² Many diseases may begin with these symptoms, but a sore throat is particularly characteristic of such diseases as scarlet fever and diphtheria; cough occurs in case of whooping-cough or measles.

A rash is a clinical feature of many infectious diseases such as chicken-pox, smallpox. Special attention should be paid to the type of rash, its colour and distribution and whether it is associated with itching or not.

All infectious diseases are known to be caused by specific microorganisms which may be revealed by bacteriological tests: for example, typhoid bacilli³ are found in the blood, stools and sometimes in the urine in enteric fever; meningococci are found in the blood and cerebrospinal fluid in meningitis.

The students have learned that only in certain individuals natural immunity to some infectious diseases may exist. An artificial immunity⁴ is known to result from prophylactic vaccination, it being carried out against a number of infectious diseases in our country. During the practical classes in one of the wards of the Infection Clinic⁶ Anvar and Sarvar attended the morning round, made by doctor in charge Sobirov, who treated a very rare case of enteric fever.

Patient Uralov had been admitted to the clinic about six weeks before. His first prodromal symptoms which consisted of the loss of appetite, dull headache and general malaise⁷ had occurred about the same time. During the first week the temperature had been rising gradually, and then it had been ranging from subfebrile to about 40°, and by the beginning of the second week it had reached its maximum. The pulse had been slow, and a characteristic eruption had appeared on the abdomen. His tongue was coated and the patient complained of thirst. Only during the fourth week the temperature became normal, the tongue cleared, the appetite improved and the strength began to return. However his convalescence was slow. It took the patient three weeks to regain his full strength after the course of proper treatment which consisted of antibiotics, intravenous injections of glucose, heart drugs, a strict diet, and a bed regime.

Doctor Sobirov had a wonderful bedside manner and always encouraged patient Uralov when he was excited. Certainly it also helped patient Uralov to recover. Anvar and Sarvar were able to note once again, as they had seen in other clinics that a good bedside manner and a hearty attitude of the doctor to his patient is an effective remedy. Dr. Sobirov's attitude to his patient was not an exception, because the majority of doctors always do their best for their patients' convalescence.

Notes

- ¹ **prodromal symptoms** — prodromal belgilar
 - ² **among the most characteristic local symptoms** — eng xarakterli mahalliy belgilar orasida
 - ³ **typhoid bacilli** (bacillus) - tif batsillalari (batsillasi)
 - ⁵ **an artificial immunity** — su'niy immunitet
 - ⁶ **infection clinic** — yuqumli kasalliklar klinikasi
- Biroq : infectious disease — yuqumli kasallik
- ⁷ **general malaise** — umumiy holsizlik

Active Words and Word Combinations

manifestation; enteric fever; to stamp out; running nose; to occur; diphtheria; whooping-cough; rash; distribution; to associate; to itch; stool; fluid; meningitis; plague; cholera; malaria; to result; vaccination; malaise; to range; eruption; the tongue is coated; thirst; convalescence; to regain.

Vocabulary Training

1. characteristic, characteristic symptoms, characteristic remarks (notes), to be characteristic of smb/ smth, a sore throat is characteristic of such diseases, it is not at all characteristic of him
2. enteric fever, to be ill with enteric fever, to fall ill with enteric fever, to treat for enteric fever, a very rare case of enteric fever
3. occur, cough occurs, characteristic local symptoms may occur, when did it occur? don't let this occur again, this disease occurs seldom; in case of angina pectoris a sudden chest pain occurs at night
4. particular, particularly this case is of a particular interest to us; I have nothing particular to say about this patient's condition; these symptoms were particularly marked
5. diphtheria, to be ill with diphtheria, to fall ill with diphtheria, to treat for diphtheria, to make the diagnosis of diphtheria
6. whooping-cough [, in case of whooping-cough, specific cough develops in case of whooping-cough, to fall ill. with whooping-cough, to cure of whooping-cough
7. rash , a rash appears, a rash disappears, a rash is a clinic feature of many infectious diseases, the type of the rash, distribution of the rash
8. associate , to be associated, to associate something with, something, it is associated with itching, it is associated with high temperature
9. microorganism , a specific microorganism, to be caused by specific microorganisms, to reveal a specific microorganism, to recover microorganisms
10. bacteriological , bacteriological test, to be revealed by bacteriological tests, to carry out important bacteriological tests
11. bacilli , typhoid bacilli, to find (reveal) bacilli, bacilli occur in the early stages of the disease, bacilli may persist for weeks, bacilli may be present, to recover bacilli, the disease is caused by bacilli
12. meningococci to find meningococci, meningococci are found in the blood, meningococci are carried, the meningococci invade the blood stream, the meningococci are cultured from the urine

13. cerebrospinal. , cerebrospinal fluid, cerebrospinal fluid pressure, meningococci are found in the cerebrospinal fluid
14. meningitis, cerebrospinal meningitis, epidemic cerebrospinal meningitis, meningococci meningitis, to make a diagnosis of meningitis, to treat a patient for meningitis
15. plague , the plague begins with chills and fever, the outbreak of the plague, the plague breaks out, the treatment of the plague, the plague has been stamped out in our country
16. cholera , to make a diagnosis of cholera, to treat for cholera, cholera is an infectious disease, cholera has also been stamped out in our country
17. malaria , to diagnose malaria, malaria is chiefly found in tropical countries, malaria occurs in summer and autumn, the symptoms of malaria
18. malaise, a constant malaise, general malaise, to complain of malaise, to experience malaise, to suffer from malaise
19. eruption , characteristic eruption, eruption appears, eruption disappears, the appearance of the eruption, the character of the eruption

EXERCISES

I. Answer the following questions: ,

1. In what subjects did Anvar and his fellow students have practical classes in the third and the fourth years? 2. What did the fifth-year students acquaint themselves with at one of the first lectures on infectious diseases? 3. What onset may some infectious diseases have? 4. What infectious diseases have been stamped out in our country almost altogether? 5. Why may it be impossible to make a definite diagnosis in the initial stages of some infectious diseases? 6. What local symptom is particularly characteristic of scarlet fever and diphtheria? 7. To what should special attention be paid if rash has appeared? 8. What are all infectious diseases known to be caused by? 9. What is artificial immunity known to result from? 10. What case did Dr. Sobirov treat? 11. What did the first prodromal symptoms of patient Uralov consist of? 12. What had some of his characteristic symptoms been? 13. How many weeks did it take patient Uralov to regain his full strength? 14. What did his treatment consist of? 15. What else besides the proper treatment helped patient Uralov to recover?

II. Find English equivalents for the following word combinations and sentences:

1. yuqumli kasalliklarning ba'zi klinik ko'rinishlari bilan tanishishdi; 2. toshmani turiga alohida e'tibor qilish kerak ; 3. birinchi prodromal belgilar; 4. qizilcha to'satdan boshlanishi mumkin; 5. uning tili oqargan edi; 6yo'tal ko'kyo'talda yoki qizamiqda boladi; 7. chanqashdan shikoyat qilmoq; 8. boshlanishi sekin bo'ladi; 9; tifning kam uchraydigan shakli; 10. qorinda o'ziga xos toshma paydo bo'ldi; 11. kasallikning erta bosqichida; 12. qichish bilan bo'liq; 13. umumiy holsizlik; 14 yuqumli kasalliklar; 15. yuqumli kasalliklar klinikasi

III. Fill in the blanks with prepositions where required:

1. The doctor supposed that the sudden eruption was associated.. . the large dose... streptomycine which was administered ...the patient. 2. Thanks... the doctor's wonderful bedside manner and the thorough care... the whole medical personnel the patient survived... a very complex operation. 3.

The immunity ... diphtheria results.-., the vaccination ... a prophylactic vaccine. 4. Many infectious diseases have been stamped... .. our country thanks... the great achievements ... medical science and prophylactic measures. 5. ...the beginning ... the fourth day and sometimes later the characteristic eruption appears... the skin... case... measles; ..first this eruption is marked... the brow, cheeks, chin and also... the ears and ... the neck.

IV. Find equivalents for the words and expressions in bold type:

1. Sometimes it is difficult to make a correct diagnosis without the appearance of characteristic symptoms. 2. What infectious diseases take place in most Asian countries? 3. The great achievements of our medicine are connected with the state's constant attention to the Public Health. 4. When the doctor was examining me he saw that my tongue was covered with a thin layer of whitish coat. 5. As the patient was badly wounded he recovered his consciousness only after the injection of camphor 6. The patient's recovery after the operation for cholecystitis was uneventful. 7. Usually patients feel a great desire to drink some water after the operation. 8. The patient complained of a general feeling of uneasiness. 9. The appearance of rash is a definite clinical manifestation of measles. 10. Medical students must certainly know how to give a patient not natural respiration. 11. I had a feeling that made me want to scratch (qashimoq).

XI. Translate the following sentences into English using the active vocabulary of this Step:

The first symptoms of scarlet fever are a sore throat, temperature accompanied by a headache and a general malaise. A day or two later a fine rash appears on the body and extremities. 2. Children can develop an immunity to measles if they are transfused the blood taken from anyone who has ever suffered this disease. 3. The first symptoms of measles are inflamed eyes and a general malaise, dry cough and a running nose. The eruption begins on the third day: a red rash appears behind the ears and then spreads all over the body. At this time a child may have a very high temperature and its breathing (respiration) becomes accelerated. 4. The most serious complication after measles is pneumonia, which is especially dangerous to the life of children under two years of age. 5. In case of whooping-cough the child suffers from bad attacks of coughing sometimes accompanied by vomiting. 6. Whooping-cough is one of the diseases for which there is no special medicine. The only treatment is to keep the child as quiet as possible giving him sedatives. 7. The period of an infectious disease during which there are no characteristic clinical manifestations is called "the period of incubation". The initial symptoms appear during the second stage of the disease which is known to be the prodromal stage. In diseases with cutaneous eruption the third stage is called "the period of eruption". 8. Typhoid bacilli occur in blood, sputum, stools and urine. They grow well at body temperature in these media as well as in water and milk. They are easily destroyed by heat, drying, sunlight and different antiseptics. 9. The tongue is usually coated if something is wrong with the stomach. It's one of the symptoms (signs) of indigestion. 10. Malaria occurs mainly in the countries with tropical climate. Sometimes it spreads into temperate regions where it occurs in summer and autumn. 11. In case of scarlet fever the period of peeling, which is the most infectious one", begins on the 21-23 day.

Dialogue № 8 "Scarlet fever"

Under the guidance of their assistant doctor, Jasur, Bobir and other students of their group are examining a patient ill with scarlet fever.

Assistant doctor: Now as we have already acquainted ourselves with the case history of this patient, let's examine him thoroughly and see what diagnosis we can make. Will you please, Jasur, do it first.

Jasur (*examining the patient*): I note some rash on the upper chest and back.

Assistant doctor: Is it pale pink or deep scarlet? Check if it disappears on pressure.

Jasur (*pressing the skin*): It disappears on pressure, but leaves a yellow mark. The general color is scarlet. The skin is hot and dry too.

Assistant doctor: What about the patient's face?

Jasur: There is no rash on the face and the area around the mouth seems to be white compared with the rest of the face.

Assistant doctor: What else do you think you'll have to examine?

Jasur: I believe, it's the throat (*examining the throat*). The throat shows evidence of swelling and edema. The tongue is coated and of a raspberry colour.

Assistant doctor: These are very important symptoms. For me the diagnosis is nearly clear, but I'd like you to pay attention to some laboratory findings, too. What does the blood analysis show?

Jasur: There is a leucocytosis of 15,000. Doctor, don't you think we have to know the result of the urinalysis, too?

Assistant doctor: That's very good of you (*addressing the nurse*). Let's have the urinalysis findings, please.

Jasur (*looking through the urinalysis findings*): Some albumen is found in the urine.

Assistant doctor: Do all these findings suggest any definite diagnosis?

Jasur: I believe they do. Besides from the case history we know that the patient complains of nausea, vomiting and headache. The child has been running a high temperature since the onset of all these symptoms.

Assistant doctor: So, your diagnosis, please.

Jasur: I hope, I won't be wrong if I say it's scarlet fever.

Assistant doctor: I quite agree with you. Now, during the following days we shall watch the course of the disease and for the time being I advise you to acquaint yourself with the treatment of this disease.

TOPICAL VOCABULARY

associate <i>v bog'lamoq</i>	convalescence <i>nsog'ayish, sog'ayib ketish</i>
to associate with smb	convalescence may be slow (rapid, uneventful)
to be associated with smth	Don't let your patients be upset. It's bad for their convalescence. Bemorlarni
The rash is associated with itching.	sabiy lashishiga yo'l qo'ymang. Bu ularning
bacillus (<i>pi.bacilli</i>) <i>nbasilla</i>	sog'ayishiga yomon ta'sir etadi
typhoid bacilli <i>terlamali basilla</i>	diphtheria <i>n difteriya</i>
to reveal (find, recover) bacilli	distribution <i>n taqsimlanish, tarqalishi,</i>
bacteriological <i>abakteriologik</i>	joylashishi
bacteriological test (experiment)	the distribution of a disease (rash, contamination, infection)
cholera <i>n vabo</i>	

enteric fever <i>n</i> qorin tifi	malaria <i>n</i> malyariya
eruption <i>n</i> toshma toshishi	manifestation <i>n</i> ko'rinishi, ifodalanishi
the character (appearance, spread, nature, duration)of the eruption	the clinical manifestation of some disease
the eruption is extensive	meningitis <i>n</i> meningit, yumshoq miya pardasining yallig'lanishi
cerebrospinal fluidorqa miya suyuqligi	cerebrospinal meningitis
clear (purulent, turbid) fluidtiniq(yiringli, xira) suyuqlik	tuberculous meningitis
long (persistent) immunity uzoq davom etuvchi(doimiy) immunitet	meningococci <i>n</i> meningokok
infectious <i>ay</i> uquimli, infeksiyali	to find (recover, reveal) meningococci
an infectious diseaseinfeksion kasallik, yuquimli kasallik	occur <i>v</i> uchramoq, sodir bo'lmoq
itch <i>v</i> qichishish	occurlocal symptoms (complications, contamination, some features, disease) mahalliy simptomlar(og'irlashish, zaharlanish, ayrim xususiyatlar, kasallik)uchraydi
itching <i>n</i> qichima	loss of consciousness occurs
itching appears (disappears,spreads, disturbs, troubles)	plague <i>n</i> o'lat
to relieve itching	the spreading (outbreak, treatment) of the plague
malaise <i>n</i> holsizlik	the plague breaks out
constant (general, slight, bad)malaise	

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Unit 9.Public Health in Uzbekistan.

Oral introduction and training of new words and word combinations. Vocabulary training.
Text. :”Medical Education in Great Britain” Analytical work
Text. ”Medical Education in Great Britain” Exercises.
Dialogue:”Health Care in Uzbekistan.”

1. The place of class, equipments for training:

-The Chair of the English Language

- dictionary.
- tables
- crosswords
- distributive materials.

2. The continuation of the lesson: 8 hours

3. The aims of the lesson:

3.1. training aim:

- to gain theoretical knowledge and to fix it;
- to gain practical skills;
- to use gained knowledge and skills;
- to form the deontological education;
- to educate practical communication and cultural responsibility.

3.2. educational aim:

- to form interests and feelings of responsibility.
- to form the humanity;
- to form responsibility for the practical training.

3.3. developing aim:

- to grow mental ability;
- to develop logical thinking.

List of practical skills on theme:

- reading the text correctly;
- rules of reading;
- learning the new words;
- finding the right information from the questions;
- translating the text using the dictionary.

The students must know:

- rules of reading of the new words of the text;
- the ways of its usage;
- the main idea of the text
- to put general questions to the text;
- to put special questions to the text.

The students must gain skills of:

- translating by dictionary;
- making affirmative sentences
- making negative sentences
- making up questions to the text;
- reading the text correctly.
- retelling the text scientifically.

The students are able to do:

- to retell the main idea of the text
- to make up sentences with the new words of the text;
- to make situations with the new words of the text;
- to put questions to the text

4. Intrasubject connections

Informations received on the lesson help to realize some matters in Anatomy, Chemistry, Biology, Physiology . A grammar material is explained with the comparison of the Russian and Uzbek grammars.

5.Chronological list of the lesson

Lesson stages	Form of training	Time in minutes
Introducing		5
Discussing the theme of the practical	Control, explanation	20

training, controlling the students' last level knowledge by using new methods of innovation technology(trainings in a small groups, discussions, problematic exercise and others)		
To overcome the theme.		10
Explaining new theme by using equipments for training and giving instructions to use them in their speech.	Explanation	15
Making sentences by using new grammar theme.	In written form	15
To fix new theme by exercises.	Oral form	10
Conclusion of teacher. Home assignments for the next practical class.	Oral form	5

6. The subject matter of the lesson

Presentation of a new item

ORAL INTRODUCTION AND TRAINING OF NEW WORDS AND WORD COMBINATIONS

to be in charge of smth/smb

means *to be responsible for something or somebody.*

What are you in charge of?

What is student Kamilov in charge of?

Who is in charge of sports activities in your group?

Who is in charge of mass cultural work in the course?

to be entitled to smth/to do smth

means *to have a right to something or to do something.*

Are you entitled to two month's vacation?

What are you entitled to?

Who is entitled to two month's vacation?

Who is entitled to get a pension?

Who is entitled to a sick-leave pay

Who is entitled to a qualified medical help in our country?

a life-span

means *the duration of life or the space of time during which a person lives.*

What is an average life-span in our country?

Why has an average life-span in our country increased?

What do medical workers do to increase our life-span?

What can help to increase an average life-span of a man?

TEXT. MEDICAL EDUCATION IN GREAT BRITAIN

In Great Britain physicians are trained in either medical schools or faculties of Universities. There are medical schools in the Universities of London, Oxford, Birmingham, Bristol and Edinburgh. There are faculties of medicine in the Universities of Liverpool, Manchester, Glasgow and Aberdeen. And there is the School of Clinical Medicine in the University of Cambridge. Entry to a medical school is highly competitive and usually the number of candidates is much higher than the number of the places.

To enter a medical school in Great Britain candidates must pass entrance examinations. Entrance examinations are both oral and written. Students take these examinations at the end of their 6-year secondary-school course, generally at the age of 18-19 years. For entrance to a faculty of medicine or a medical school, it is required that the subjects of chemistry, physics and biology or mathematics should be taken at the advanced level. Tuition fees are charged. Most students receive financial assistance in the form of grants, which cover their expenses wholly or in part.

The academic year is divided into 3 terms, each of 10—11 weeks' duration. The terms run from October to December, from January to March and from April to June. Clinical students, however, attend for 48 weeks of the year. The undergraduate education occupies five years, consisting essentially of two years of basic sciences and three years of clinical work. Two pre-clinical years are occupied by human anatomy and biology, physiology and biochemistry. They also study physiology, statistics and genetics. Students attend lectures, do dissections and practical work in labs. Unlike in our country Latin is not taught in all medical schools, English and Latin spellings are similar and it is possible to write out prescriptions in English too.

Beginning with the third year the students study the methods of clinical examinations and history taking, general pathology, microbiology, pharmacology and community medicine. Senior students and especially undergraduates spend most of their time in teaching hospitals, which have both in-patient and out-patient departments, and units. Daily bedside instruction in hospital wards and out-patient departments is given by teachers and doctors. Students follow up their patients and attend ward rounds. Besides the work in the wards the students attend demonstrations and clinical conferences as well as lectures in clinical subjects which are being studied. And now about the examinations. As in our country examinations in their medical schools are held at the end of each term. In their case it is three times a year. At the end of each term and after each special course students take final exams. They are called sessionals. Most of the exams are written. They include academic and practical problems. The final examinations or finals are in Medicine, Surgery, Obstetrics and Gynecology and Pathology. Finals also include history taking and diagnosing. Before finals in Surgery students assist in operations. Before finals in Obstetrics and Gynecology they must assist during the delivery of at least 20 babies. These examination's are both written and oral. Written test includes short and long questions and questions of multiple choice. Oral tests include diagnosing a case. So three years are spent in clinical studies to obtain, degrees of Bachelor of Medicine (MB) and Bachelor of Surgery (BS). The degrees of Bachelor of Medicine and Bachelor of Surgery give the right to register as a medical practitioner

After the finals graduates work in hospitals for a year. This period is called internship. The newly qualified doctor must serve for six months as a house physician and six months as a house surgeon under the supervision of his medical school. House physicians and surgeons are on call every second or third night. The work of interns is very difficult and their salary is very small. After internship a young doctor obtains a «Certificate of Experience» from the medical school and he or she may work as a medical practitioner.

Further specialization requires training in residency. It takes one or two years of work in a hospital in some field. Residency trains highly qualified specialists in a definite field: gynecologists, urologists, neurologists and others. The salary of residents is higher than the salary of interns. After residency a specialist gets rather a high salary.

Besides the degrees of MB and BS, there is the degree of Doctor of Medicine (MD). This degree is a postgraduate qualification obtained by writing a thesis based on original work. It is not required for practice. Such a degree in surgery is termed a mastership (MS).

Active Words and Word Combinations

prevention, environment, mortality rate, responsibility, , to be in charge of, expense, to entitle, accommodation, to provide, pregnant, maternity leave, annual, nursery school, kindergarten, malignant, extension, life-span, *opportunity*, technique.,

Remember the List of Prepositions

responsibility for smb/smth; to put in a call for/to smb; to be in charge of smth; to be entitled to smth; to build up one's health; health protection for smb; to provide smb with smth, smth for smth;

Vocabulary Training

faculty, university, scientist, surgery, surgeon, therapy, therapist, obstetrics , obstetrician, hygiene, pharmacology, pharmaceutical, curative , charge , medicine , to acquaint, population, prophylaxis, physiotherapy, ambulance, arrangement , psychiatric , fetus , maternity, research , ischemia.

EXERCISES

I. Answer the following questions:

1. What faculty do you study at? 2. How many students study at the faculty? 3. What specialists are trained at the faculty? 4. What is the course of study? 5. Who is the dean of your faculty? 6. Students carry on research work in the Students' Scientific Society, don't they? 7. How many students of your faculty take part in the annual students' scientific conferences? 8. A great number of graduates of the Academy work as doctors or pharmacists in various parts of our country, don't they? 10. When do the students take exams? 11. What oaths do medical students take?

II .Make special questions:

1. *The X-ray examination revealed lung troubles.* 2. The doctor checked up *my* kidneys. 3. Professor Sobirov will deliver a lecture in Histology *tomorrow*. 4. The therapist will put *my sister* on a sick-leave tomorrow. 5. My sister applies a hot-water bottle *to her feet* in the evening. 6. *In 1758* there were three professors at the Medical Faculty of the Moscow University. 7. *Only 16* students studied medicine in 1765. 8. The first clinical hospital of the Tashkent Medical Institute was opened at the end of the *19th century*. 9. The graduates of the Tashkent Medical Academy work *in various parts of our country*.

III. Translate:

surgery, surgical, surgeon; therapy, therapeutic, therapist; pediatrics, pediatric, pediatrician; hygiene, hygienic, hygienist; physiology, physiological, physiologist; chemistry, chemical, chemist; to graduate, a graduate, graduation

Dialogue №9 "Health Care in Uzbekistan"

A group of Russian doctors came to Uzbekistan last year in the summer as guests. They visited polyclinics and hospitals as well as other medical institutions of our Republic. Upon their return the Russian doctors had a talk with their Uzbek colleagues.

Dr. Ivanov: During our stay in Uzbekistan we were kindly acquainted with the health care system in your country. We've seen that health care in Uzbekistan, both preventive and curative, is available to the whole population.

Dr. Aliyev: Dear colleagues, as to the character of health care in our country, the most distinctive feature of it is the attention paid to prophylaxis. One of the main tasks in the fight against various diseases is the early detection of the first signs of disease.

Dr. Petrova: Would you tell us how this is done?

Dr. Aliyev: We pay much attention to the health education of the population. We believe that is one of the main available methods of preventing the spread of diseases. For this purpose the press, cinema, radio, and television are very helpful.

Dr. Kruglov: We were surprised to find out that most of the primary medical care is provided by polyclinics. We visited some polyclinics. Your polyclinics are large medical centers employing many doctors and nurses. Polyclinics have their own laboratories and X-ray, physiotherapy, surgical and dental departments. Some have even radiotherapy units.

Dr. Aliyev: I would like to add that we have polyclinics for the adult population of a given area and polyclinics for children. Ambulant patients are seen at the polyclinic by district doctors. Patients who are seriously ill are visited by their district doctor at home.

Dr. Ivanov: We've seen that district doctors in your country, like their Russian colleagues, are on call part of their working day. And how many hours a day does your district doctor work?

Dr. Salimova: The doctor works 6 hours a day. For the district doctor this is made up of 3 hours seeing patients at the polyclinic and 3 hours in visiting patients in their homes.

Dr. Nikitina: And what about your emergency ambulance service?

Dr. Salimova: The emergency ambulance service operates day and night and is free of charge. In case of an emergency condition one has to dial 03 for a doctor to come. The ambulances are equipped with diagnostic, respiratory, and anesthetic apparatus, as well as blood-transfusion and other devices, which enable the doctor to give emergency surgical and medical treatment.

Dr. Nikitina: We saw several specialized hospitals for the treatment of particular diseases — infectious and psychiatric diseases, cancer, and eye (ophthalmological) diseases and others. In Tashkent we visited the Mother-and-Child Health Care Centre. This Centre deals with not only routine problems of obstetrics and gynecology but also with research in the normal physiology of a female organism starting from an early stage of development.

Dr. Aliyev: I'd like to add that the main task of this Centre is to ensure the birth of a healthy baby. That is why the doctors focus on the problem of the care for the fetus or «intra-uterine patient» as we say. New methods of disease prevention, diagnostics and treatment developed at the Centre are made known to the numerous maternity consultation centers of our country which provide health care for expectant mothers starting from the early months of pregnancy.

Dr. Petrova: Dear colleagues, we've seen much of the practice of medicine in Uzbekistan. And what are the problems facing medical science in your country?

Dr. Salimova: As for scientific problems, medical research is concerned with the prevention and treatment of cardiovascular and oncological diseases, as well as infections, HIV and TB in particular. Medical scientists are doing research into the problems of gerontology, medical genetics, immunology and the development of artificial organs. Modern non-invasive/minimally invasive techniques of the surgical treatment of ischemic heart disease have been introduced.

Dr. Ivanov: I'd like to thank you for the warm reception and for the opportunity to get acquainted with the health care system in your country. We hope to see a delegation of Uzbek doctors in Russia in the near future. Thanks very much, again.

TOPIC VOCABULARY

accelerate v tezlatmoq, tezlashtirmoq
accelerated pulse (respiration) admit v
qabul qilmoq, ichkariga kirgizmoq, yo'l
qo'ymoq

to admit qabul qilmoq
to be admitted to the hospital in a bad state
(condition) on the 12th of March

angina pectoris stenokardiya, yurak qisishi	to recover from a disease
kasalligi	to recover soon (quickly, slowly)
arrest v to'xtash, to'xtatish	relief n yengillik, yengillashish
to arrest the process of the disease in the lungs	an instant relief
calm v tinchlantirish	to give a relief
to calm down	relieve v
case n holat (kasallik); bemor (kasal)	to relieve pain
a severe (difficult) case	respiration n nafas
in case of angina pectoris	round n ko'rik
condition n ahvol	doctor's round
a satisfactory (good, bad) condition	sick-leave kasallik varaqasi
general condition	to put a patient on a sick
to be in a poor condition	leave to be on a sick-leave for some days
course n kurs	substernal a ko'krak orqasi
deal with smb. muomala qilmoq	in the substernal area
department bo'lim	swallow v yutmoq
excite hayajonlanmoq	Is it hard to swallow?
gargle chayqamoq (tomoqni)	Does it hurt you to swallow?
gown xalat	sweat n ter
inflammation yallig'lanishi	to be damp with sweat
inflammation of the lungs (throat, eyes)	tablettabletka
initial a dastlabki, eng avvalgi, boshlang'ich	a tablet for a headache
an initial diagnosis (findings, dose)	time n marta
injection n emlash, inyeksiya(teri ostiga)	three times a day kuniga uch marta
to give smb an injection of some medicine	turn out v bo'moq
instant a tezkor, kechiktirib bo'lmaydigan	ulcer yara
meal n ovqat	undergo v boshdan kechirmoq
before (after) meals	to undergo a course of physiotherapy (treatment)
mouth-wash og'iz chayish uchun suyuqlik	asthma astma
mustard plaster gorchichnik	bronchitis bronxit
to apply a mustard plaster to one's chest (back)	constipation ich qotishi, qabziyat
pain - og'riq	diarrhea ich ketishi
sharp (severe, constant, persistent) pain	to drop tomdirmoq, tomchilatmoq
a pain in the chest (back, side, leg, hand)	to drop some medicine into the eyes (nose, ear) ko'zga (burun, quloq) dorini
to feel (cause, suffer, suffer from, bear) pain	tomchilatmoq
patient bemor, kasal	pain og'riq
per (prep.) (лат.)-da, -ga	dull (unbearable) pain o'tmas (chidab bo'lmaydigan)og'riq
per day (hour, minute) kuniga (soatiga, minutiga)	rate tezlik
pneumonia o'pka yallig'lanishi (pnevmoniya)	a pulse rate puls tezligi
lobar pneumonia	respiratory nafasga oid
rale xirillash	a respiratory tract nafas olish trakti (yo'li)
dry (moist, fine) rales	rheumatism revmatizm
to hear moist rales	sleeplessness uyqusizlik
moist rales appeared (disappeared)	to swell shishmoq
recover v tuzalmoq, sog'aymoq	swelling shish, bo'rtiq;

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2. Mustaqil ta'lim mavzulari

Talaba mustaqil ishining asosiy maqsadi – o'qituvchining rahbarligi va nazorati ostida muayyan o'quv ishlarini mustaqil ravishda bajarish uchun bilim va ko'nikmalarni shakllantirish va rivojlantirish. Talaba mustaqil ishini tashkil etishda quyidagi shakllardan foydalaniladi:

- * ayrim nazariy mavzularni o'quv adabiyotlari yordamida mustaqil o'zlashtirish ;
- * berilgan mavzular bo'yicha axborot (referat) tayyorlash; назарий билимларни амалиётда қўллаш;
- * avtomatlashtirilgan o'rgatuvchi va nazorat qiluvchi tizimlar bilan ishlash;
- * Ilmiy maqola, anjumanga ma'ruza tayyorlash va h.k.

Talabalar mustaqil ishlarining tematik rejasi

№	Mavzu	Soat	Mustaqil ish shakli
1	Medical service in Uzbekistan	2	Internetdan ma'lumotlar yig'ib referat, multimedia, doklad tayyorlash
2	Medical service in the USA	2	Internetdan ma'lumotlar yig'ib referat, multimedia, doklad tayyorlash
3	Children diseases	2	Internetdan ma'lumotlar yig'ib referat, multimedia, doklad tayyorlash
4	Examining a patient	2	Internetdan ma'lumotlar yig'ib referat, multimedia, doklad tayyorlash
	JAMI	8 s.	

3. GLOSSARIY

ABATE [ə`beit] (of a pain) To make or become less	ОСЛАБЛЯТЬ (боль) сделать (боль) слабой	КУЧСИЗЛАНТИРМОҚ Оғриқни камайтирмоқ
ABDOMEN [æbdəmen]	ЖИВОТ	ҚОРИН
ABDOMINAL [æbdominl]	БРЮШНОЙ	ҚОРИН ПАРДА
adj. in. of, for the abdominal paints	относящийся к полости Брюшные боли	корин Қорин оғриқлари
ABERITHYMIA [æbiriei`miə]	АНОРЕКСИЯ	АНОРЕКСИЯ
Lack of appetite Иштаҳанинг йўқлиги.	Отсутствие аппетита	Ishtahaning yo`qligi.
ABILITY [ə`biliti] n.	СПОСОБНОСТЬ	ҚОБИЛИЯТ
Intelligence, talent	Талант	Иқтидор, истеъдод
ABLACTATION (АЖАТИШ)	ОТНЯТИЕ ОТ ГРУДИ КЎКРАКДАН АЙИРИШ (АЖРАТИШ)	
[æblək`tei[n] n.	(Emizishni to`xtatish) (Эмизишни тўхтатиш)	
Weaning a child ажратиш	Отнятие ребенка отгруды	Болани кўкракдан
ABLE BODIED	ЗДОРОВЫЙ	СОҒЛОМ
[eibl`bodid] adj.		
Physically strong	Физически сильный	Жисмоний бақувват
ABLEPSIA [əb`lepsiə]	СЛЕПОТА	КЎРЛИК
n. Loss of ability of seeing	Отсутствие способности видеть	Кўриш қобилиятининг булмаслиги
ABLUTION [ə`blu:ʃn]	ПРОМЫВАНИЕ	ЮВИШ
n. Washing the body or hands	Промывание тела или рук	Танани ёки қўлларни ювиш
ABNORMALITY [æbno:mæləti] n.	СЛАБОУМИЕ	АҚЛПАСТЛИК

Mental disease	Душевная болезнь	Рухий хасталик
ABORT [ə`bo:t] v.	ВЫКИДЫВАТЬ	БОЛА ТУШИРМОҚ
To bear prematurely	Преждевременнородить.	Муддатдан олдин туғмоқ
ABORTION [ə`bo:ʃn] n.	АБОРТ. ВЫКИДЫШ	БОЛА ТАШЛАШ
Expulsion of the foetus from the womb during the first 28 weeks of pregnancy	Прерываниеберемен- ностивтечениепервых 28 недель, родившийся до этого периода плод	28 ҳафтага етмаган ҳомила- нингбачадондан тушиши. 28 ҳафтадан олдин туғилган бола яшамайди
нежизнеспособен		
ABRACHIA [`æbrəkiə] n.	АБРАХИЯ	АБРАХИЯ
Congenital lack of upper extremities	Врожденное отсутствие верхних конечностей	Панжа кўлнинг туғма бўлмаслиги
ABSORPTION [əb`so:pʃn] n.	АБСОРБЦИЯ,	АБСОРБЦИЯ, СЎРИЛИШИ
ЮВИШ ВОСИТАСИ	ABSTERGENT	МОЮЩЕЕ СРЕДСТВО
[əb`stə:dʒənt] n.		
Detergent	Детергент	Detergent Детергент
ABSTERSION [əb`stə:ʃən] n.	ПРОМЫВАНИЕ;ОЧИЩЕНИЕ	ЮВИШ;
ТОЗАЛАШ		
Bathing (a wound); lavage of the stomach; evacuate the stomach	Промывание (ран); промывание желудка; очищать желудок	;(Ярани) ювиш; меъдани ювиш; меъдани тозаламоқ
ABUSE [ə`bjʊ:s] n.	НЕПРАВИЛЬНОЕ,	НОТЎҒРИ , ХАТО
Wrong usage (for ex. drugs)	ОШИБОЧНОЕ УПОТРЕБ- ЛЕНИЕ	ИСТЕЪМОЛ ҚИЛИШ
	(нап: лекарственныхсредств)	(mas.dorilarni)(мас. дориларни)
АСНЕ [eik] n.	БОЛЬ	ОҒРИҚ
ОҒРИҚ		
Syn. Pain.		
Continuous dull pain	Продолжительная	Давомли симилловчи оғриқ

тупая боль Toothache Зубная боль
 Тиш оғриғи
 Pain-killer Болеутоляющее средство Оғрикни колдирувчи дори

ACID [ˈæsid] n. **КИСЛОТА** **KISLOTA**
КИСЛОТА

Chemical substance Химическое соединение, Ўз таркибида водород иони
 that contains hydrogen, содержащее ионы водорода бўлган ва металллар билан
 which can react with способное соединяться с бирикиб туз ҳосил қилувчи
 metals to form a salt металлом и образовывать химиявий модда

ACIDIFY [əˈsidifai] v. **ОКИСЛЯТЬСЯ** **ОКСИДЛАНИШ**

To make or become acid Окисляться или подвергнуть- Электронларни йўқотиш.
 Образование соединения с кислородом или выделе-
 ние водорода

ACNE [ˈækni] n. **АКНЕ** **АКНЕ**

Disease in which there are Заболевание, характери- Бўйин ва юзда донча
 pimples and blackheads on зующееся возникнове - ва хуснбузарлар пайдо бў-
 the face and neck нием угрей и прыщей лиши билан кечадиган
 на лице и шее касаллик

ACOREA **АКОРИЯ** **АКОРИЯ**

n. Congenital lack of iris Врожденное отсутствие Кўз рангдор пардасининг
 радужной оболочки туғма бўлмаслиги

ACUITY [əˈkju:əti] n. **ОСТРОТА** **ЎТКИРЛИК**

Acuteness of hearing; Острота слуха: Эшитиш ўткирлиги;
 Acuteness of sight Острота зрения Кўриш ўткирлиги

ACUTE [əˈkju:t] adj. **ОСТРЫЙ** **ЎТКИР**

An acute pain; Острая боль; Ўткир оғрик;
 Acute gastritis Острый гастрит Ўткир гастрит

ADDICT [ædikt] n. **НАРКОМАН** **ГИЁҲВАНДЛИК**

A person who is addicted Лицо, которое постоянно Кўкнори ичишга (наша
 to narcotics habitually но принимает и употреб- . чекишга) одатланган киши.
 лает наркотик Наркотик моддаларни истеъ-
 мол қилишга ўрганган киши

ADDUCTION [ə`dʌkʃn]	АДДУКЦИЯ, ПРИВЕДЕНИЕ	АДДУКЦИЯ (мушаклар)
(of muscles) n. Setting	(мышцы)	ТАНАГА ЯҚИН КЕЛТИРИШ
extremities to the central	Притягивание конечнос-	Кўл ва оёқни танага яқинлаш-
partofbody	тей к средней линии тела.	. Бу ҳаракатда иштирок
дейилади		этган мускуллар аддукторлар
ADENOIDS [`ædənoɪdz]	АДЕНОИДЫ	АДЕНОИДЛАР
ADEPT [`ædept] n.	ЭКСПЕРТ	EKSPERT
ЭКСПЕРТ		
An expert giving conclusion	Специалист, дающий	Бирор муаммонитекшириш
at the time of examination	аключение при расмот-	юзасидан хулоса чиқарувчи
of some problem	рении какой-нибудь	мутахассис
	проблемы	
ADHERENCE TO	СОБЛЮДЕНИЕ УКАЗАНИЙ	ШИФОКОР
ADHESIVE PLASTER	ЛЕЙКОПЛАСТЫРЬ	ЁПИШҚОҚ ЕЛИМЛИ
[əd`hi:siv plɑ:stə(r)]	ТАСМА	
n. A plaster for sticking on	Пластырь для защиты	Жароҳат, кесилган жойни
and protecting a cut or in-	и прикрытия пореза, ран	ҳимоя қилиш ва ўраш
jury	учун ишлатиладиган ёпиш қоқ тасма	
ADIPOSE [`ædipəʊs]	ЖИР	ЁҒ
n. An organic substance	Органическое вещество,	Ўсимлик ва ҳайвон тўқи-
contained in the tissues	содержающееся в живот-	малари таркибига қиради-
of animals and plantsных и растительных тканях gan		ган органик модда
ADIPOSITY	ОЖИРЕНИЕ	СЕМИРИШ, СЕМИЗЛИК
[`ædi`positi] n.		
Steatosis	Становиться жирным	Семириш
Adipose of heart	Ожирение сердца	Юракни ёғ босиши ёки
	qoplashi	қоплаши
ADMISSION [əd`miʃn]	ПРИЕМ	ҚАБУЛ ҚИЛИШ
n. Reception of the patients	Прием больных	Беморларни қабул қилиш

4.Поғалар

4.2.Ishchi o'quv dastur

O'ZBEKISTON RESPUBLIKASI SOG'LIQNI SAQLASH VAZIRLIGI
ABU ALI IBN SINO NOMIDAGI BUXORO DAVLAT TIBBIYOT
INSTITUTI
INGLIZ TILI KAFEDRASI

O'quv bo'limi
tomonidan ro'yxatga
olindi № _____
“ _____ ” _____ 2019 y.

TASDIQLAYMAN”
O'quv va tarbiyaviy
ishlar prorektori
dots. ___ G.J.Jarilkasimova
“ _____ ” _____ 2019y

XORIJIY TIL (ingliz tili)
III KURS
DAVOLASH, TIBBIY PEDAGOGIKA
VA PEDIATRIYA FAKULTETLARI
UCHUN
ISHCHI O'QUV DASTUR

Ta'lim yo'nalishi

Bilim sohasi: 500 000 – Sog'liqni saqlash va ijtimoiy ta'minot
Ta'lim yo'nalishi: 5510100- Davolash Ishi
5511100- Kasbiy ta'lim (Tibbiy Pedagogika)
5510200- Pediatriya

Kurs	3
Soat hajmi	26
Shu jumladan:	
Amaliy mashg'ulot	18
Mustaqil ish	8

Buxoro - 2019

Fanning ishchi o'quv dasturi o'quv, ishchi o'quv reja va o'quv dasturiga muvofiq ishlab chiqildi.

Tuzuvchi:

Nematova Z.T. – Ingliz tili kafedrasida o'qituvchisi

Taqrizchilar:

Shodmonov Q. – Ingliz tili kafedrasida mudiri, professor

Ushbu ishchi dastur o'quv dasturi va o'quv reja asosida **5510100- Davolash ishi yo'nalishi, 5511100-Tibbiy Pedagogika, 5510200-Pediatriya** yo'nalishlari bo'yicha tuzilgan va kafedra yig'ilishida muhokama qilingan va tasdiqlangan.

Bayonnoma № _____ “ _____ ” _____ 2019 y.

Kafedra mudiri: Shodmonov Q.

(imzo)

FMUK rahbari:

(imzo)

Ushbu ishchi dastur o'quv dasturi va o'quv reja asosida **5510100- Davolash ishi yo'nalishi, 5511100-Tibbiy Pedagogika, 5510200-Pediatriya** yo'nalishlari bo'yicha tuzilgan va Buxoro davlat tibbiyot instituti markaziy uslubiy kengashida muhokama qilingan va tasdiqlangan.

Bayonnoma № _____ “ _____ ” _____ 2019 y.

Uslubchi: Jumaeva Sh .B.

(imzo)

I. O'quv fanining dolzarbligi va oliy kasbiy ta'limdagi o'rni

“Xorijiy til” fani oliy ma'lumotli kadrlarni tayyorlash jarayonining tarkibiy qismi bo'lib, zamonaviy mutaxassislarni kasbiy faoliyati va kundalik hayotida xorijiy tildan foydalanish uchun uni o'zlashtirishga qaratilgan. Oliy ta'limgacha bo'lgan ta'lim bosqichlarida orttirilgan bilimlarga tayangan holda oliy ta'lim muassasida talaba xorijiy tilni yanada mustahkam, chuqurroq va tanlagan kasbiga yo'naltirilgan holatda o'zlashtirishi ko'zda tutiladi.

Ingliz tili fani ishlab chiqarish jarayoni bilan bevosita bog'lanmagan bo'lsada talabalar ingliz tilini kerakli darajada o'rganishi yordamida ixtisoslik fanlarining xorijiy manbalardan to'g'ridan to'g'ri foydalanish, kelgusidagi kasbiy faoliyatida jahondagi ilg'or texnika va texnologiyalar, ilmiy yutuqlar va soha yangiliklaridan bevosita xabardor bo'lishiga imkon yaratadi.

II. O'quv fanining maqsadi va vazifasi

Ingliz tili fanining maqsadi – talabalarining ko'p madaniyatli dunyoda kasbiy, ilmiy va maishiy sohalarida faoliyat yuritishlarida kommunikativ kompetentsiyani shakllantirishdan iborat.

Fanning vazifalari:

nutqiy kompetentsiyani rivojlantirish;

og'zaki va yozma nutqda sohaviy terminlarni samarali qo'llash ko'nikmalarini shakllantirish;

ixtisoslikka oid matn tuzish, uni tahrir va tahlil qilish malakalarini hosil qilish.

Talabalarining bilim, ko'nikma va malakalariga qo'yiladigan talablar:

xorijiy tillardagi gap tuzilishi va gapdagi so'zlarning tartibi to'qrisida;

xorijiy tillarda so'zlarning uslubiy qo'llanilishi to'qrisida

tasavvurga ega bo'lishi:

xorijiy tillarning tovush xususiyatlarini, nutq tovushlari va so'zlarni to'g'ri talaffuz qilishni;

xorijiy tillar sintaksisi talablari asosida mazkur tillarda to'g'ri gap va bog'langan matn tuzishni;

kasbiy terminologiyani, og'zaki va yozma nutq xususiyatlarini bilish va ulardan foydalana olishi;

o'z sohasi doirasida xorijiy tilda fikr ifodalay olish, ilmiy texnik adabiyotlardan foydalana olish ko'nikmasiga ega bo'lishi kerak.

III. Asosiy qism (amaliy mashg'ulotlar)

Nutq mavzulari:

Kundalik mavzu (o'zi haqida, oilasi haqida, ish kuni, sevgan mashg'uloti, bo'sh vaqtni o'tkazishi va hokazo);

Ijtimoiy mavzu (atrof- muhit, maishiy va kasbiy yo'nalishda ijtimoiy munosabat)

Ta'lim mavzusi (o'quv muassasasi, o'quv qurollari va unga munosabat, ixtisoslik fanlarining hozirda o'qitilishi va hokazo);

Ijtimoiy madaniy (O'zbekiston Respublikasi va tili o'rganilayotgan mamlakatning tarixiy, geografik, iqlimiy, madaniy, maishiy xususiyatlari);

Kasbga yo'naltirilgan mavzu (o'rganilayotgan ixtisoslik tarixi, yo'nalishlari, sohaning buyuk namoyandalari, dolzarb muammolari, kasbiy etika va hokazo).

3.1 Umumiy bosqich

Nutq kompetentsiyasi

Bosqichning asosiy maqsadi:

-uzluksiz ta'lim tizimining avvalgi bosqichlari (umumiy o'rta ta'lim maktablari, akademik litsey va kasb-hunar kollejlari)da talabalar ingliz tilida egallagan malaka va ko'nikmalarini korrektsiya qilish va tenglashtirish

- talabalarni nutq faoliyati turlari bo'yicha kasbiy muloqotga tayyorlashdan iborat.

Tinglab tushunish:

-ma'ruza, taqdimot va munozaralar, radio va televidenie eshittirishlari, yangiliklar, intervyular, hujjatli film va shu kabi og'zaki matnlar;

-reklama va e'lonlar;

- til sohiblari nutq yozuvlari (badiiy, hujjatli filmlar, ommaviy chiqishlar va hokazo);

- tinglangan axborotning asosiy maqsadi, to'liq mazmunini tinglab tushunish, malaka va ko'nikmalarini rivojlantirish.

Gapirish:

Dialog nutq

-ijtimoiy mavzularda suhbat va norasmiy dialog;

- kasbiy yoki boshqa mavzularda rasmiy va norasmiy munozaralar.

Monolog nutq

ixtisoslikka oid mavzularda ma'ruza tayyorlash va o'qish;

munozara, dalil va isbotlarni olg'a surish;

reklama va maxsus mavzularda taqdimot tayyorlash hamda chiqish qilish.

O'qish

tanishuv, o'qish, ko'z yugurtirib chiqish va sinchiklab o'qish ko'nikma va malakalarini rivojlantirish;

xat-xabar, yozishmalar va elektron pochmani o'qish;

maxsus soʻz va terminlarga ega matnlarni, ilmiy va kasbga oid adabiyotlarni elektron manbalar va matbuot materiallarini oʻqish

Yozma nutq

-turli yozishmalar, xat-xabarlar va maxsus dokladlar yozish

- esse, bayon, rezyume, tadqiqot ishi yozish (maqolalar, bitiruv malakaviy ishlar) yozish

2,Fanni oʻqitishda zamonaviy axborot va pedagogik texnologiyalar

Mazkur fanni oʻqitish jarayonida taʼlimning zamonaviy ilgʻor interfaol usullaridan, pedagogik va axborot – kommunikatsiya texnologiyalarining prezentasiya (taqdimot), multimedia va elektron-didaktik texnologiyalardan foydalaniladi. Amaliy mashgʻulotlarda aqliy hujum, qora quti, oʻrgimchak ini, klaster, blis-soʻrov, guruh bilan ishlash, insert, taqdimot kabi usul va texnikalardan keng foydalaniladi. Амалий машғулотларда аклий хужум, қора кути, ўргимчак ини, кластер, блиц-сўров, гуруҳ билан ишлаш, инсерт, тақдимот каби усул ва техникалардан кенг фойдаланилади.

Fanni oʻqitishda foydalanilgan “ Zamonaviy pedagogik usullar”.

1. Use one of the warm-up activities like “Snow-ball”

The structure: The teacher divides the group into two subgroups and asks them to give equivalents of the new words. If any of them gives wrong examples their subgroup will fail. This context may be repeated for several times. The winner will be chosen by the teacher according their scores.

2. Use one of the warm-up activities like “Snow-ball”

The structure: The teacher divides the group into two subgroups and asks them to give equivalents of the new words. If any of them gives wrong examples their subgroup will fail. This context may be repeated for several times. The winner will be chosen by the teacher according their scores.

Group 1.Special questions

1. Use one of the warm-up activities like “Hot-cards”:

The structure: the teacher gives the card with the affirmative sentences to the Student A and clear card to the Student B. Student B should make up interrogative form (general questions) of these sentences.

3. Oʻquv soatlari miqdori

Soat hajmi	Oʻquv yuklama miqdorining auditoriya mashgʻulotlari boʻyicha taqsimlanishi 26 (soat)					Mustaqil ish
	Jami	Maʼruza	Amaliy mashgʻu ulot	Seminar	Laboratoriya ishlari	
26	26	-	18	-	-	8

4. Amaliy mashg'ulotlar

4.1. Amaliy mashg'ulotlarning tematik rejalari

(2019 - 2020 o'quv yili)

№	Amaliy mashg'ulotlari mavzu nomlari	Soat
1	Unit 1. A District Doctor. Oral introduction and training of new words and word combinations. Vocabulary training.	2
2	Text: The working day of a district doctor. Analytical work. Exercises. Grammar: Present Participle.	2
3	Dialogue: "My friend has fallen ill"	2
4	Unit 2. At the Chemist's. Oral introduction and training of new words and word combinations. Vocabulary training.	2
5	Text: "George orders the prescriptions at the Chemist's". Exercises. Grammar: Past Participle. Passive voices in Indefinite and continuous tenses.	2
6	Dialogue: "A Doctor's call."	2
7	Unit 3. At the Polyclinic. Oral introduction and training of new words and word combinations. Vocabulary training.	2
8	Text: How I got my certificate of health. Analytical work. Exercises.	2
9	Dialogue: The patient has come to the doctor.	2

Jami: 18s

4.2. Amaliy mashg'ulotlar mavzulari mazmuni

1. Theme: The working day of a district doctor. Oral introduction and training of new words and word combinations. Vocabulary training.

TEXT: The working day of a district doctor.

The other day Nick and George had a very interesting talk with Victor Bikov. Victor had graduated from the Institute two years before. He had been working as an ambulance doctor at the First Aid Station for two years. The two friends were greatly interested in the work of the First Aid Station. Victor was glad to answer their questions. Victor said that in case of an accident or a sudden severe illness calls were made to the First Aid Station which was on duty all day round. '»

EXERCISES

I. Answer the following questions:

1. With whom did Nick and George have a very interesting talk the other day?
2. When did Victor graduate from the Institute?
3. Where had Victor been working for two years?
4. What do ambulances carry?

Answer the questions paying attention to the tense-forms:

1. What language are you studying now? Since when have you been studying it?
2. Do you learn Physiology? How long have you been learning it?
3. Whom are you friendly with? How long have you been friendly with him (her)?
4. What is your father? Since when has he been working as an engineer (doctor...)?

Fill in the blanks with prepositions where required:

1. There are sterile pincers, syringes, lancets, scalpels, and different sets... surgical instruments . . the surgical nurse's table.
2. Medical students take their examination... Obstetrics... the fourth year.
3. The patient complained... a severe, squeezing pain... the substernal area which he had been suffering.....an hour. Besides the pain radiated . . .
the left shoulder and arm.
4. "Why is this man moaning?" "He has received serious injuries... his legs."

Use one of the warm-up activities like “Whisper-round”

Ask your students to form a circle. Whisper a sentence to the student on your left. He\she must whisper it, once only, to the student on his\her left. This should continue until the sentence reaches the student on your right. He\she should write the sentence on the board or say it aloud. It is very likely that it has changed out of all recognition. You can make the game more interesting by sending a sentence round the circle in the opposite direction at the same time.

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2. Theme:Text: The working day of a district doctor. Analytical work

The First Aid Station has many ambulances which are equipped with everything necessary for giving first aid and making a diagnosis. The ambulances carry artificial respiration apparatuses, different medicines, such as painkillers, tonics and other preparations, dressings, first aid instruments, such as pincers, scalpels, syringes and others; sets of splints and stretchers. There are special ambulances

equipped with everything necessary for reanimation of the organism. ² All ambulances are radio equipped. This is a very important thing ³ for the ambulance doctor, because it enables him to send the necessary information to the hospital, so that the hospital can prepare beforehand all the necessary instruments for an urgent operation, a blood transfusion or anything else.

Translate into nativity tongue.

1. The analysis of cerebrospinal fluid having revealed no presence of meningococci, the diagnosis of meningitis was not confirmed.
2. The therapist believed the patient's high temperature to be associated with a very severe inflammation of the throat.
3. I have had a running nose since Monday but since no elevated temperature has been observed I am out in the open air.

Fill in the blanks with prepositions where required:

1. The doctor supposed that the sudden eruption was associated ... the large dose ... streptomycin which was administered ... the patient.
2. Thanks... the doctor's wonderful bedside manner and the thorough care ...the whole medical personnel the patient survived ... a very complex operation.
3. The immunity ... diphtheria results ... the vaccination ... a prophylactic vaccine.

Listen to the following tape-recorded dialogue. Render its contents in Indirect Speech. Learn this dialogue by heart:

Nick is hammering a nail. Suddenly the ladder¹ he is standing on breaks and Nick falls down. George runs up to his friend.

George: Oh, Nick! Have you hurt your leg? **Nick:** I feel a terrible pain just in my knee-joint. **George:** Let me see it. I am afraid you have injured your

knee-joint.

Nick: Don't you say so

George: Any way we must find a splint and apply it to your

knee before the ambulance doctor comes

Nick: You better run downstairs and make a call to the

First Aid Station.

George: I can't leave you alone. I'll ask one of the boys in the next room to do it.

Nick: Hurry up, George. It hurts me terribly to move my leg.

George: I'll be back in a minute. *(George leaves the room and*

^returns quickly.)

Use one of the warm-up activities like

“Round table.”

Structure Ask your students to form a circle. Whisper a sentence to the student on your left. He\she must whisper it, once only, to the student on his\her left. This should continue until the sentence reaches the student on your right. He\she should your write the sentence on the board or say it aloud. It is very likely that it has changed out of all recognition. You can make the game more interesting by sending a sentence round the circle in the opposite direction at the same time.

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3.Dialogue: “My friend has fallen ill”

”My friend has fallen ill.”

Peter: Oh, George, hallo. Where are you hurrying so early?

George: Hullo, Peter. I am running to our district Polyclinic to call in a doctor.

Peter: What is the matter? Who has fallen ill?

George: It's my best friend Nick. Several days ago he was at the skating-rink and, probably, caught a bad cold.

Peter: What is he complaining of now?

George: He is running a high temperature and is complaining of a sore throat. We have given him some medicine, but it doesn't relieve the pain, and he is still running a high temperature. So, we have decided to call in a doctor.

Peter: My best wishes to Nick. Hope he'll be well again in no time.

(In the afternoon a district doctor comes to the students' hostel where George and his fellow student Nick live.)

Use one of the warm-up activities like: “Work in pairs” Multimedia.

Structure. Listen to the following tape-recorded dialogue.

George meets a foreign medical student who wants to know some facts about the work the work of chemist's shops.

F. S: I would like to know some facts about the chemist's shops in your country.

G: I think the best way is to visit one of our chemist's. If you have some spare time let's go to the nearest chemist's.

Literature

А.М.Маслова, З.И.Вайнштейн «Пособие по английскому языку для медвузов»- М.1976

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4. At the Chemist's. Oral introduction and training of new words and word combinations. Vocabulary training.

Text: George orders prescription at the Chemist's"

At this chemist's shop one can get drugs of all kinds, as well as hot-water bottles, medicine droppers and many other things which are quite necessary for medical care. At the chemist's department George bought some tablets for headache.

Then George went to the prescription department as it was necessary for him to order the prescribed medicines. There he saw two drug cabinets with the big letters *A* and *B*. It turned out, that poisonous drugs were kept in the drug cabinet marked with the letter *A* and all strong effective drugs were kept in the drug cabinet having the letter *B*.

Change the following sentences from the Active Voice into the Passive Voice:

1. She is rubbing in a healing ointment to relive pain and skin irritation.
2. The nurse was giving me the injection of camphor when my friend came in.
3. The students are taking notes of the lecture now.

Suggested topics for oral narration:

1. Describe the chemist's where you usually order your prescriptions.
2. Make up a dialogue between a customer and chemist.
3. Give your directions for administration of a cough mixture to a patient.

Use one of the warm-up activities like: "Whisper-round".

Structure Ask your students to form a circle. Whisper a sentence to the student on your left. He\she must whisper it, once only, to the student on his\her left. This should continue until the sentence reaches the student on your right. He\she should your write the sentence on the board or say it aloud. It is very likely that it has changed out of all recognition. You can make the game more interesting by sending a sentence round the circle in the opposite direction at the same time.

Literature

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5. Text: "George orders the prescriptions at the Chemist's". Analytical work

George handed in the prescription for the cough mixture and the other drugs written out by the doctor. He also had a prescription for 50gm of alcohol to sponge Nick's skin and rinse his own hands before the injections which he had to give Nick himself.

The chemist gave him five bottles of penicillin 200,000 units each, three bottles of streptomycin 500,000 units each and eight ampules of 0.25 5 novocaine 2 ml each right away and said that the mixture would be ready only in two hours and a half.

Use one of the warm-up activities like: “Whisper-round”. Multimedia.

Structure Ask your students to form a circle. Whisper a sentence to the student on your left. He\she must whisper it, once only, to the student on his\her left. This should continue until the sentence reaches the student on your right. He\she should your write the sentence on the board or say it aloud. It is very likely that it has changed out of all recognition. You can make the game more interesting by sending a sentence round the circle in the opposite direction at the same time.

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6. Dialogue: “A Doctor’s call.”

A DOCTOR'S CALL

Some days ago my younger brother fell ill. My mother rang up our District Polyclinic and called in a doctor. It was two o'clock in the afternoon when our district doctor came.

Doctor: May I come in?

Mother: Please do. We are waiting for you.

Doctor: What is the matter? Who has fallen ill?

Mother: You see, doctor, this time it's my younger son.

Yesterday he skated too long, and the day was windy. Probably, he has caught a cold.

This part of the lesson is organized into three approximate stages:

1. Talking about the weather or other world news: The teacher makes a language area asking such questions about the weather.

What is the weather like today?

Is it warm or cold? Is it sunny or cool?

Use one of the warm-up activities like: “Round table”.

Structure Ask your students to form a circle. Whisper a sentence to the student on your left. He\she must whisper it, once only, to the student on his\her left. This should continue until the sentence reaches the student on your right. He\she should your write the sentence on the board or say it aloud. It is very likely that it has changed out of all recognition. You can make the game more interesting by sending a sentence round the circle in the opposite direction at the same time.

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7. At the Polyclinic. Oral introduction and training of new words and word combinations. Vocabulary training.

The theoretical part

Presentation of a new item

to examine a patient

means *to study the state of a person's health carefully.*

Does a doctor examine his patients thoroughly?

Why does a doctor examine his patients thoroughly? Where does a doctor examine his patients?

to make smb's blood analysis

means to make a careful study of smb's blood

Can you make a patient's blood analysis?

Can Student X. make a patient's blood analysis?

to X-ray

means *to examine organs by means of X-rays.* X-rays are also called Roentgen ['rontʃan] rays

Did the doctor X-ray your chest (lungs)?

When did the doctor X-ray your chest (lungs)?

to see a patient

means *to receive a patient* at the polyclinic or at the hospital.

Does your district doctor see his patients?

to take smb's temperature

means to measure (to define) a person's temperature.

Does a nurse take a patient's temperature?

Who takes patients' temperature at the hospital?

When does a nurse take patients' temperature at the hospital? When do you take your temperature?

to strip to the waist

means *to take one's clothes off*, but only up to the middle of one's body.

Must you strip to the waist while the doctor is listening to your lungs?

Must you strip to the waist when the doctor is examining your throat?

When must you strip to the waist?

to stay in bed

means to be in bed because of some illness.

Do you stay in bed when you are ill with the gripe? Does he stay in bed when he is ill with the gripe? When must you stay in bed?

Why must you stay in bed sometimes?

to keep the fever down

means *to lower the patient's temperature* by giving him some medicine, or by other medical procedures.

EXERCISES

I. Answer the following questions:

1. Whose room-mate fell ill the other day? 2. Why did Anvar have to go to the chemist's? 3. How many departments are there in the chemist's shop? 4. At what department do some drugs have to be ordered?

II. Find English equivalents for the following word combinations and sentences:

1. bu aralashmani bir osh qoshiqdan qabul qilmoq; 2. faqat ikki yarim soatdan so'ng; 3. bemorni oshqozonini nimadir bezovta qilayapti; 4. ortiqcha dozadagi dori noxush holatni keltirib chqarishi mumkin; 5. yo'talga qarshi aralashma;

Use one of the warm-up activities like: Hot card.

Structure: The teacher asks the students to form a circle. They will count aloud subsequently. Each player whose count equally or ends with 3 (3-6-9-12) he/she must say "boom" instead of the count. The player who has forgotten to say "boom" will fail. The numbers should be said quickly, if the player will think of it longer he will fail too. This process continues till two students are left and they are considered winners.

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8.Text: How I got my certificate of health. Analytical work.

TEXT. HOW I GOT MY CERTIFICATE OF HEALTH

Before I entered the Institute I had to get a certificate of health. Now let me tell you about my call to our district polyclinic.

When I came to the polyclinic I went to the registry first. A registering clerk on duty asked my name and address, and found my patient's card! Several specialists had to examine me that's why the medical examination took me about two hours.² The doctors including a therapist, a neurologist³ and the others had to listen to my heart and lungs; they had to check my kidneys, liver, stomach, eye-sight, and hearing as well. Besides they had to make my blood analysis, take my blood pressure, and X-ray me, too.

Use one of the warm-up activities like: Whisper-round"

Structure Ask your students to form a circle. Whisper a sentence to the student on your left. He/she must whisper it, once only, to the student on his/her left. This should continue until the sentence reaches the student on your right. He/she should write the sentence on the board or say it aloud. It is very likely that it has changed out of all recognition. You can make the game more interesting by sending a sentence round the circle in the opposite direction at the same time.

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9.Dialogue: The patient has come to the doctor.

TEXT: THE PATIENT HAS COME TO THE DOCTOR

From a time-table hanging on the wall in the polyclinic I learnt that Dr. Ippolitova's consulting hours were from 11 a.m. to 2.30 p.m. Several patients were waiting until it was their turn. Soon a nurse came out and said:

"Naumova, please!"

With the permission of the doctor and the patient I followed into the doctor's consulting room.

"How do you do, Elizaveta Ivanovna," she addressed her patient. "What's the matter with you?"

"I feel some pain in my heart, doctor."

Together with the doctor I looked at the patient's card. Elizaveta Naumova, born in 1902, worked at a clothing factory No. 48. There were all the details of her illness the diagnosis, and the dates on which the doctor had made calls.

Use one of the warm-up activities like: Whisper-round"

Structure Ask your students to form a circle. Whisper a sentence to the student on your left. He\she must whisper it, once only, to the student on his\her left. This should continue until the sentence reaches the student on your right. He\she should your write the sentence on the board or say it aloud. It is very likely that it has changed out of all recognition. You can make the game more interesting by sending a sentence round the circle in the opposite direction at the same time.

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Mustaqil ta'limni tashkil etishning shakli va mazmuni

Talaba mustaqil ishining asosiy maqsadi – o'qituvchining rahbarligi va nazorati ostida muayyan o'quv ishlarini mustaqil ravishda bajarish uchun bilim va ko'nikmalarni shakllantirish va rivojlantirish. Talaba mustaqil ishini tashkil etishda quyidagi shakllardan foydalaniladi:

- * ayrim nazariy mavzularni o'quv adabiyotlari yordamida mustaqil o'zlashtirish ;
- * berilgan mavzular bo'yicha axborot (referat) tayyorlash; назарий билимларни амалиётда қўллаш;
- * avtomatlashtirilgan o'rgatuvchi va nazorat qiluvchi tizimlar bilan ishlash;
- * Ilmiy maqola, anjumanga ma'ruza tayyorlash va h.k.

5.1. Talabalar mustaqil ishlarining tematik rejasi

№	Mavzu	Soat	Mustaqil ish shakli
1	Medical service in Uzbekistan	2	Internetdan ma'lumotlar yig'ib referat, multimedia, doklad tayyorlash

2	Medical service in the USA	2	Internetdan ma'lumotlar yig'ib referat, multimedia, doklad tayyorlash
3	Children diseases	2	Internetdan ma'lumotlar yig'ib referat, multimedia, doklad tayyorlash
4	Examining a patient	2	Internetdan ma'lumotlar yig'ib referat, multimedia, doklad tayyorlash
	JAMI	8 s.	

1. Fan bo'yicha bilimlar, malaka va ko'nikmalarning reyting nazorati va baholash mezonlari

Talabanning tayyorgarlik darajasini belgilashda asosiy mezon sifatida uning joriy, oraliq, yakuniy nazoratlarda olgan baholar reytingi hisobga olinadi.

Fan uchun qo'yiladigan 100 ball quyidagi shaklda taqsimlanadi:

№	Nazorat turi	Maksimal ball	Koefissenti	O'tish ball
1.	Joriy nazorat TMI bilan birgalikda	50	0,5	27,5
2.	Oraliq nazorat	20	0,2	11,0
3.	Yakuniy nazorat	30	0,3	16,5
	JAMI	100	1	55,0

Semestrlar bo'yicha ballar fan o'qitilishining davomiyligiga qarab taqsimlanadi.

2. Amaliy ko'nikma o'tiladigan fanlarda baholash mezonlari.

№	Baholash turi	Maksimal bal	Saralash bali	Koeffisient
1	Joriy baholash	45	24.75	0.45
2	T M I	5	2.5	0.05
3	Oraliq baholash	20	11.0	0.2
4	Yakuniy baholash	30	16.5	0.3
	Jami	100	55.0	1

Talabalarning fan bo'yicha o'zlashtirish ko'rsatkichini nazorat qilishda quyidagi namunaviy mezonlar tavsiya etiladi:

a) 86-100 ball uchun talabalarning bilim darajasi quyidagilarga javob berishi lozim:

1. xulosa va qarorlar qabul qilish;
2. ijodiy fikrlar olish;
3. mustaqil mushohada yurita olish;

4. olgan bilimlarini amalda qo'llay olish;
5. mohiyatini tushunish;
6. bilish, aytib berish;
7. tasavvurga ega bo'lish;

b) 71-85 ball uchun talabaniq bilim darajasi quyidagilarga javob berishi lozim:

1. mustaqil mushohada yurita oilsh;

1. olgan bilimlarini amalda qo'llay olish;
2. mohiyatini tushunish;
3. bilish, aytib berish;
4. tasavvurga ega bo'lish;
5. c) quyidagi hollarda talabaniq bilim darajasi 0-54 ball bilan baholanishi mumkin;
6. aniq tasavvurga ega bo'lmaslik;
7. bilmaslik;

Talabaniq fan bo'yicha bir semestrdaqi reytingi quyidagicha aniqlanadi:

$$R_f = \frac{V \cdot O'}{100}$$

$$R_f = 100$$

Bu yerda:

V – semestrda fanga ajratigan umumiy o'quv yuklamasi (soatlarda);

O' - fan bo'yicha o'zlashtirish darajasi (ballarda)

c) Talabalarning joriy va yakuniy nazoratlarda erishgan va tegishli hujjatlar (guruh jurnali, o'qituvchining shaxsiy jurnali, reyting qaydnomasi)da qayd etilgan o'zlashtirish ko'rsatkichlari dekanatlar va o'quv-metodik boshqarmalarida kompyuter xotirasiga kiritilib, muntazam ravishda tahlil qilib boriladi. Joriy va yakuniy nazorat natijalari kafedra yig'ilishida muntazam ravishda muhokama etib boriladi va tegishli qarorlar qabul qilinadi

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4.3.Tarqatma materiallar

.THE WORKING DAY OF A DISTRICT DOCTOR



In our country the basic medical unit is the out-patient clinic. Each polyclinic has its own laboratories, X-ray, physiotherapy, surgical and dental department, as well as numerous consulting rooms. There are polyclinics for the adult population and polyclinics for children in every residential area. Out-patients are seen by their district doctors. As a rule the working day of a district doctor begins at nine o'clock in the morning at the polyclinic, where he sees about ten and sometimes even fifteen out-patients during his consulting hours. In the afternoon he usually makes his daily round of visits to the district. He examines all those patients, who are seriously ill and can't come to the polyclinic. These patients must follow a strict bed regime. Here are some of the cases a district doctor deals with during his consulting hours. A young man entered the consulting room. He said that he felt rotten. Indeed, this patient was in a poor condition: his hands and face were damp with sweat; his pulse was accelerated and faint. He was running a high temperature. The doctor asked him to lie down on the couch and began questioning him thoroughly. Making the physical examination the doctor applied a stethoscope to the patient's chest and listened to his lungs and heart. The patient's respiration was accelerated and turned out to be 30 per minute. Some moist râles could be heard. The doctor made the diagnosis of lobar pneumonia and said that the patient had to be admitted to hospital. It was necessary to arrest the process in his lungs immediately to avoid any complications. A woman of about 45 entered the consulting room next. She complained of a sore throat and a bad pain in her back, so that she couldn't sleep last night. —Well,|| the doctor said, —let me have a look at your throat. I see, there is a bad inflammation. Is it hard to swallow?|| When the doctor examined her thoroughly it turned out the woman suffered from quinsy. He prescribed to her an antiseptic mouth-wash with which she had to gargle her throat five or six times a day. The doctor said it would give her an instant relief. As her condition was rather bad the doctor put her on a sick-leave for several days. A nurse had to come to her place to give penicillin injections. When the patient felt 24 better she had to undergo a five-day course of physiotherapy. The doctor also advised her to apply mustard plasters to her back every other day before going to bed. The next patient complained of a sharp pain in his stomach which increased after taking meals. The doctor questioned the patient on the character of the pain, palpated his abdomen and made the initial diagnosis of the ulcer of the stomach. But to be sure of his diagnosis the doctor directed the patient to be X-rayed. He prescribed to the patient a light diet. The patient had to follow it strictly, because heavy food wasn't useful to him. The patient had to take the prescribed tablets before meals to relieve the pain. After his consulting hours at the polyclinic the doctor usually makes calls to the district. Here are some cases. The doctor was called to two patients whom he had visited before. One of the patients was ill with lobar pneumonia, the other suffered from angina pectoris. First he visited the patient ill with angina pectoris. Before examining the patient

the doctor washed his hands, put on his white gown and only then entered the room, where the patient was lying. The doctor asked the patient: —How are you feeling today? Do you feel any pain in the chest? Has your condition improved?|| The patient couldn't say that the medicine he had been taking gave him any relief. The pain in the substernal area was particularly sharp on physical exertion. The doctor asked the patient to strip to the waist, listened to his heart and lungs, took his blood pressure, felt his pulse and palpated his abdomen. After five days of home treatment the patient did not feel any relief, and the doctor decided to hospitalize him. Then the doctor visited the patient ill with lobar pneumonia. It was evident that the patient was recovering. He didn't feel any pain in the chest. Cough disappeared and temperature returned to normal. The patient felt much better and was cheerful. He thanked the doctor for his kind attention and care. As the condition of the recovering patient was rather good the doctor advised him to be out in the open air as much as possible, to start his morning exercises again, to have rubdowns and by and by begin going in for sports. In order to treat his patients the doctor should deal with every case carefully and attentively and try to calm those who are excited. In some cases the doctor's words seem to act better than any medicine.

THE WORKING DAY OF A DISTRICT DOCTOR



Our district doctor's working day begins at 9 o'clock in the morning at the polyclinic. He sees about 10 and sometimes even 15 out-patients during his consulting hours. In the afternoon he usually makes his daily round of visits to the district. He examines all those patients, who are seriously ill and can't come to the polyclinic. These patients must follow a strict bed regime. That day the first patient was a young man. He was in a poor condition: his hands and face were damp with sweat, his pulse was accelerated and faint. He was running a high temperature. Making the physical examination the doctor applied a stethoscope to his chest and listened to his lungs and heart. The patient's respiration was accelerated. Some moist rales could be heard. The doctor made the diagnosis of lobar pneumonia and said that the patient had to be admitted to the hospital. It was necessary to arrest the process in the lungs to avoid any possible complications. A woman of about 45 entered the consulting room next. She complained of a sore throat and a bad pain in her back. When the doctor examined her thoroughly it turned out that the woman suffered from quinsy. He prescribed to her an antiseptic mouth-wash to gargle her throat. As her condition was rather bad the doctor put her on a sick-leave for several days. The doctor also advised her to apply mustered plasters to the back. The next patient complained of a sharp pain in his stomach. The doctor made the initial diagnosis of ulcer of the stomach and directed the

patient to be X-rayed. He prescribed to the patient a light diet and tablets before meals to relieve the pain. After the consulting hours at the polyclinic the district doctor made several calls to his patients. One of his patients suffered from angina pectoris. Before examining the patient the doctor washed his hands, put on his white gown and only then entered the patient's room. He asked the patient: "How are you feeling today? Do you feel any pain in your chest?" The patient couldn't say that the medicine gave him any relief. The pain in the substernal area was particularly sharp on physical exertion. The doctor asked the patient to strip to the waist, listened to his heart and lungs, took his blood pressure, felt his pulse and palpated his abdomen. After five days of home treatment the patient didn't feel any relief and the doctor decided to hospitalize him. The district doctor usually deals very carefully and attentively with every case and tries to calm those who are excited. In some cases his words seem to act better than any medicine. It's no wonder that all his patients love and respect the district doctor.

UNIT 2. AT THE CHEMIST'S.

At the Chemist's

Chemist's shop (a pharmacy in Great Britain, a drug store in the USA) is an institution of health service. It supplies the population with medicines and medical things.

It is a place where a wide variety of articles is sold and prescription can be made;

drugs are composed, dispensed, stored and sold.

There are different types of chemist's: municipal, public, private.

Each chemist's shop has a chemist's department and a prescription one.

All medicines are kept in drug cabinets, open shelves and refrigerators at a chemist's.

At the chemist's department a person buys drugs ready to use, different things for medical care and medical herbs.

Poisonous, drastic, narcotic and psychotropic drugs are sold by prescription only at the prescription department. These drugs are potent and can be dangerous if taken in an overdose. Therefore, their use is strictly controlled.

In Great Britain all the drugs are legally divided into three groups: General Sales List (GSL, i.e. drugs for general sale); pharmacy medicines (i.e. drugs which are sold without prescription, but under the pharmacist's control); prescription only medicines (POM, i.e. drugs sold by prescription only).

Every small bottle, a tube or a box of medicine has a label on it. White label indicate drugs for internal use, yellow ones indicate drugs for external use and blue ones indicate drugs used for injections. The dose to be taken and the directions for the administration are also indicated on a label. Besides, all containers of dispensed medicines have the following particulars: name of the patient, name of the medicine, correct dosage instructions, date of dispensing, expiry date, warnings or contradictions, name and address of the pharmacy.

It prevents confusing different remedies, some of which are poisonous.

Their overdosage may cause unfavourable reactions and sometimes even death.

It's interesting to compare the following fact: in Ukraine the prescription is usually written out by a physician, but in Great Britain and the USA a patient

can receive the prescription form a nurse, a dentist, and even from a pharmacist.
Depending on medical specialty of the prescriber, the prescriptions differ in colour.
The structure of a complete prescription includes six essential parts: the patient's name, the superscription, the inscription (the body of the prescription), the subscription, the signature and the prescriber's name.
In continental Europe, prescriptions are written out entirely in Latin abbreviations.
The only exception is the signature which contains directions to the patients.
That's why European medical schools require up to two years of Latin as part of the curriculum for medical doctors and pharmacists.
In Great Britain all prescriptions are written out in the English language only.
They don't use any Latin abbreviations to avoid ambiguity and misunderstanding which might lead to serious consequences.
The realization of medicines is promoted by presenting the license given by the State Department of Quality and Safety Control and Production of Medicines and Medical articles.



On receiving a prescription from a doctor we need medicines which are usually ordered or bought at the a chemist's.

There are two departments in a large chemist's: the chemist's department and the prescription department. At the chemist's department one can have the medicine immediately, other drugs have to be ordered at the prescription department.

At the chemist's all drugs are kept in drug cabinets. Every small bottle, a tube or a box of medicine has a label on it. There are labels of three colors. White labels indicate drugs for internal use yellow ones indicate drugs for external use and blue ones indicate drugs injections. The dose to be taken and directions for administration are also indicated on a label. Indicating the dose and the name of any medicine is necessary for chemist, nurses, doctors and patients themselves. It prevents confusing different remedies because some of them are poisonous. Their overdosage may cause unfavorable reactions.

At a chemist's one can buy different drugs for intramuscular and intravenous injections, for oral administration and for external use. One can also buy tubes of ointments, sedatives, tonics, sleeping draughts, laxatives, medicine droppers, mustard plasters, hot-water bottles and many other things.

One must be careful using medicine.



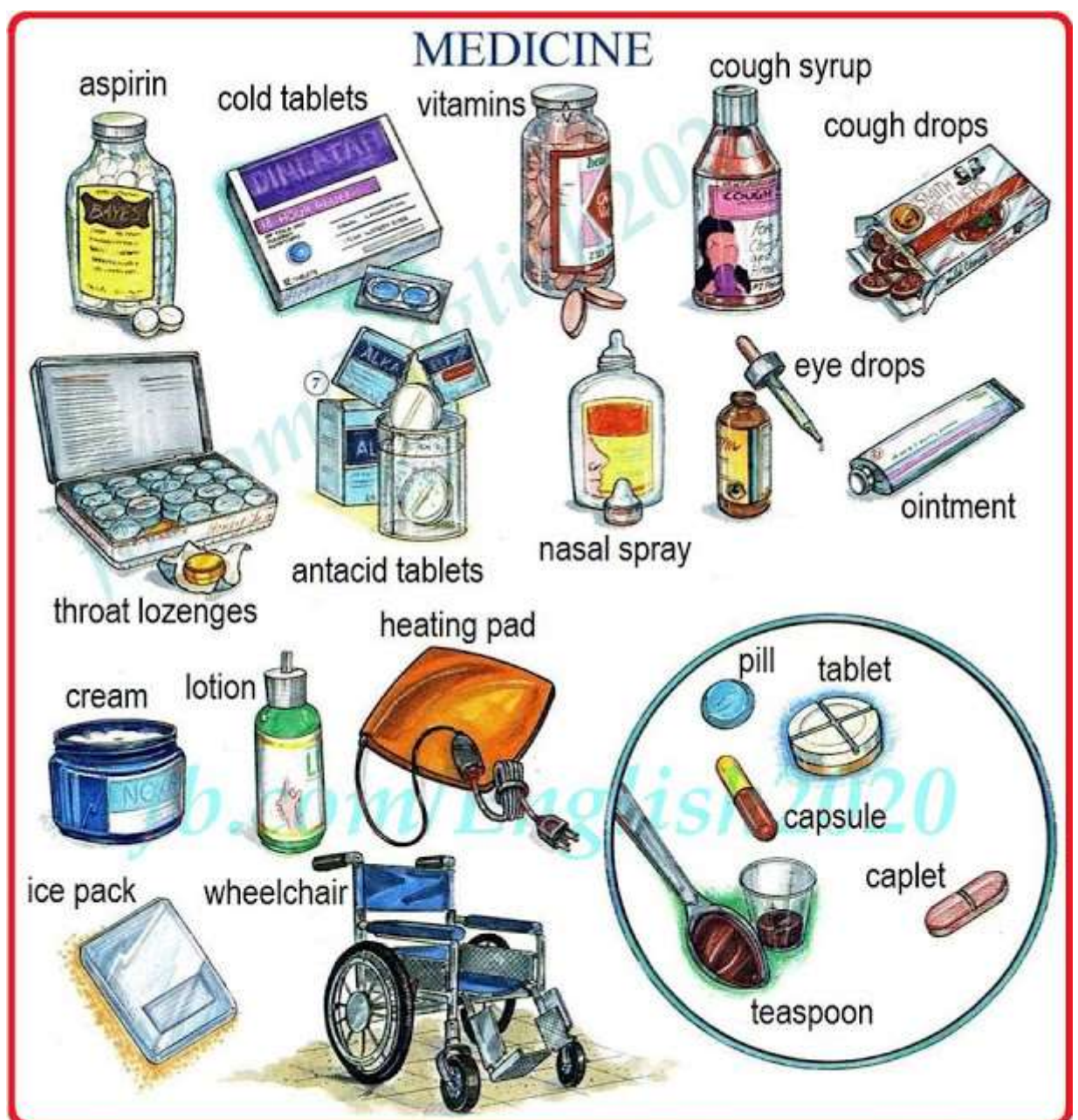
- Good evening! May I help you?
- Good evening, sir. I've got a prescription from my doctor.
- OK, madam. Would you like this medicine in syrup or in tablets?
- Well. Actually I find it easier to take it in syrup. I can't swallow the whole tablet, unfortunately. And please, give me a complete dosage for 2 months.
- Sure. Here it is. Please mind the precise dosage according to the prescription: 1 teaspoon 3 times a day, just after your meals.
- Thank you. Certainly. By the way, are there any side effects?
- Yes. You might feel a bit sleepy, so be careful when driving. Anything else?
- Yes. Can you recommend me something for these spots on my neck? They are very itchy.
- Let me see. I think you should consult a doctor first.
- It's Saturday today and I can't get an appointment until Monday.
- I see. Try this cream to stop the itching. It's for external use only.
- Thank you for your help and understanding. Oh. I completely forgot! Can I have some painkiller for my severe headache, please?
- OK. But I can give you only an over-the-counter painkiller. Are you allergic to aspirin?
- No, I'm not.
- Take these. They are really effective and will relieve your pain. You can take 1 tablet with water every 4 hours.
- OK. I'll take it. How much do I owe you?
- It's ten euros forty, please.
- Here you are. Good-bye.



AT THE CHEMIST'S

Medicines are not meant to live on||, an English proverb says. Good health is better than the best medicine. But sometimes we cannot avoid diseases, either infectious or noninfectious. So we go to the doctor's or to the chemist's hoping to get some medicine which will make all signs and symptoms disappear. About 2000 different drugs are currently available for the treatment of illness, and new ones are being developed. There are a lot of chemist's shops in our country. As a rule they include two main departments: the prescription department where drugs have to be ordered and the chemist's department. At the chemist's department you can get some medicines right away. They don't require a doctor's prescription. Over-the-counter remedies include different powders and pills, tablets for headache and stomachache, drops for eye irritation and earache, decongestants which may decrease nasal stuffiness, sedatives which are used to calm those who are excited, laxatives used to relieve constipation, healing ointments which are rubbed in to relieve pain and skin irritation, as well as sleeping-draughts, pain-killers, tonics, such as bromide, vitamins, cod liver oil and other remedies. Many drugs are available by prescription only. These drugs are either strong effective or poisonous and may be dangerous. Their overdose may cause untoward reaction and sometimes even death. Medical personnel should have a clear idea of how and why a particular drug works and what its side effects and contraindications are. Some drugs may cause sleepiness, dry mouth, weight gain or even depression. Some drugs are addictive; therefore, their use must be strictly controlled. A patient can buy these medicines only if a doctor writes a prescription for a chemist to fill. Antibiotic drugs are often called —miracle drugs|| because they can bring rapid improvement and quick cures of some serious infections. Penicillin, a well-known antibiotic, is generally effective against a variety of bacterial infections. Narcotic drugs such as codeine and morphine can also be obtained only with a prescription. They are addictive and thus can be used only in restricted dosages. They are excellent pain-killers, but in excessive amounts they can cause coma or death. Other familiar drugs include digitalis (which helps strengthen the heart), anticoagulants (which prevent blood clots), and diuretics (which help remove excess fluid from the body). Insulin is used in the treatment of diabetes. 41 At the chemist's they keep all drugs in drug cabinets. Every small bottle or box has a label with the name of the medicine stuck on it. There are labels of three colours: white ones are stuck to indicate drugs for internal use; yellow ones are stuck to indicate drugs for external use, and blue ones are stuck to indicate drugs for intramuscular and intravenous injections. The dose to be taken is usually indicated on a signature or a label. As a rule, the directions for the administration of a drug are written on the signature. It is also recommended to keep drugs in a dry and cool place. As for mixtures and solutions, they should be shaken before using. In case you want to get some medicine for injection you should also buy a little alcohol to sponge the skin and rinse the hands before giving injections. At this chemist's

shop one can get drugs of all kinds, as well as bottles of iodine, tubes of healing ointment, ampules of glucose and camphor, mustard plasters, cups, hot-water bottles, medicine droppers, thermometers, syringes, dressing materials and many other things which are quite necessary for medical care. The other day I went to the nearest chemist's to order the drugs prescribed to my younger sister ill with quinsy. At the prescription department I ordered the prescription for 50 grams of alcohol to sponge her skin before giving injections. Then the chemist gave me some bottles of penicillin and streptomycin and several ampules of novocaine for intramuscular injections. I was also given an antiseptic mouth-wash to gargle the throat several times a day. The chemist recommended me to keep it in a cool place and shake it before using. He also advised me to buy mustard plasters to apply them to my sister's back before going to bed to keep her warm at night.



UNIT 3. AT THE POLICLINIC.



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Health services in Russia are represented by state, municipal and private medical units.

Medical preventive units representing state and municipal health services include a wide range of medical institutions: hospitals specialized hospitals, clinics, outpatient clinic, medical institutions of maternity and child protection, medical institutions of urgent and emergency aid, sanatorium and health resorts.

Outpatient medical units are divided into five groups according to the number of patients they can provide with medical care in one shift: local district, municipal, regional hospitals and polyclinics.

To receive medical care free of charge a person is to obtain the certificate of obligatory medical insurance. This certificate is given to each Russian citizen regardless of gender and age.

Polyclinic is a medical preventive institution aimed to provide population with diseases' preventive measures, medical aid at home, diagnostic services and examinations of temporary disability. In general, responsibilities of any polyclinic are centered on prevention, prophylaxis and treatment of diseases among local people.

People are assigned to the polyclinic according to the place they live, work or study and have their personal 'patient's card' containing information about their visits to doctors, results of laboratory tests and other relevant information.

According to the age criteria there are polyclinics for children (up to fourteen years old) and for adults. Polyclinics have their own laboratories, X-ray rooms;

physiotherapy, surgery and dental departments. Each polyclinic has a number of general practitioners (therapists), doctors specialized in some particular medical field (e.g. allergists, oculists, neuropathologists, surgeons etc.) and attached nurses.

To receive medical care at polyclinic one should be registered there. This can

be done by phone, personally or through the Internet.

A therapist working day consists of consultation hours and home visits. While consulting a therapist asks patients about any complaints they may have and makes notes in the patients' card. Then he takes patients' blood pressure, feels his pulse and listens to his lungs and heart. He may also check patients' temperature. If it is necessary for making a diagnosis the therapist recommends his patient to undergo some special tests: urin analysis, X-ray examination, blood test, etc. Only after the diagnosis is proved, proper treatment is prescribed and recommendations are given.

Polyclinic



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In our country there is a wide network of medical institutions to protect the health of our people. One of such medical institutions is the polyclinic.

If a person falls ill he will ring up his local polyclinic and call in a doctor. When his condition isn't very poor and he has no high temperature he will go to the local polyclinic and a physician will examine him there.

Many specialists including therapists, neurologists, surgeons and others work at the polyclinic. During the medical examination a physician usually asks the patient what he complains of and according to the complaints carries on the medical examination. The physician listens to the patient's heart and lungs and measures his blood pressure and if necessary asks the patient to take the temperature. The laboratory findings which include blood analysis, the analysis of urine (urinalysis) and other tests help the physician to make a correct diagnosis and administer a proper treatment.

In addition to their consulting hours at the polyclinic local physicians go out to the calls to examine those patients who are seriously ill and whose condition is bad. Such sick persons receive a sick-leave. They usually follow a bed regimen.

Any physician of the polyclinic knows his patients very well because he treats only a definite number of patients. At the local polyclinic every patient has a personal patient's card which is filled in by his physician. Everything about the patient – the diagnosis of the disease, the

administrations made by the doctor, the course of the disease, the changes in the patient's condition after the treatment – are written down in the card.

If it is necessary a nurse will come to the patient's house to give him the administered injections or carry out any of the doctor's administrations.

Polyclinics



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Polyclinic or an out - patient department is a medical institution providing prevention, diagnosis and treatment illnesses.

Many specialists including therapists, neurologists, surgeons, otolaryngologists, ophthalmologists and others work at the polyclinic.

If you have any health problems you seek doctor's, advise. You ring up your local polyclinic and make an appointment. At a fixed time a local physician examines you at his office.

During the medical examination a physician usually asks the patient about his complaints. He listens to the patient's heart and lungs and measures his blood //) pressure. If necessary he asks the patient to take the temperature. The laboratory findings which include blood analysis, the analysis of urine, stool, sputum and other tests help the physician to make a correct diagnosis. After the diagnosis having been made the doctor administers a proper treatment.

If a serious disease develops or diagnosis is difficult a local physician may send his patient to a medical specialist for a check up or get hospital treatment for him.

At the local polyclinic every patient has a personal patient's card which is filled in by his physician. Everything about the patient - the diagnosis of the disease, the administrations, made by the doctor, the course of the disease, the changes in • Inpatient's condition after the treatment - are written down in the card.

I had the good fortune to be in the audience when Ms Magnussen spoke at the International Conference on Physician Health in 2002. With eloquence and grace, she told us about the murder of her beloved brother Dr Doug Snider in 1999 in the small northern Alberta town of Fairview. He was felled by another physician, Dr Abe Cooper, now serving time for manslaughter. Dr

Snider's body has never been found. Now she has written this book, a loving tribute to her brother, a chronicle of his life and death.

The story is well known to the Canadian public so I won't reiterate it here. But I do want to say a few words about the content and form of the book. Ms Magnussen writes well and engages the reader from start to finish. She accomplishes this not only with her fine prose but also with touching photographs of Dr Snider and other family members. She honors her brother by giving us much biographical detail of how he lived, not just how he died. This is important because too often individuals who suffer a violent death are eclipsed (and inadvertently diminished) by how they die. She walks us through the details of the interpersonal conflicts at Fairview Hospital Complex, the dismissal of Dr Cooper and his retaliatory lawsuit, the disappearance of Dr Snider, the stunned and grief-ridden family and community, the gathering of evidence, and the protracted trial. We learn how skewed our criminal justice system is. The book's appendices are key, especially the recommendations that Ms Magnussen makes for regulatory reform.

This slim volume is important reading for all Canadian physicians. It gives us much insight into disruptive behavior by physicians in the medical workplace, an increasingly common and pressing issue in our health care system. It is a phenomenon that we must never take lightly. Our nation's colleges of physicians and surgeons, provincial physician health programs, and all physicians in leadership and managerial positions will learn from Ms Magnussen's gripping account and wise words. May Dr Snider's life not be in vain.



Dialogues on the theme: “A Doctor’s call”



A: I need to make an appointment to see the doctor.

B: What seems to be the problem?

A: I have a rash that I need a doctor to look at.

B: Do you have a fever with that rash?

A: No, it just itches a lot.

B: I have openings on Tuesday or Wednesday. Which would be best for you?

A: I need an appointment on Tuesday.

B: Fine, I am putting you down for 9:00 on that day. Would you like to see Dr. Smith or Dr. Jones?

A: I would like to see Dr. Jones.

B: I can schedule you with him with no problem. We look forward to seeing you.



A: Good morning, I would like to make a doctor's appointment.

B: Can you describe your health concern?

A: I have been having skin problems that aren't going away.

B: Are you in any pain?

A: No. Except for the rash, I feel fine.

B: Would Tuesday or Wednesday be best for you?

A: I would like to come in on Tuesday.

B: I will write you in for that day at 4:00. You can see either Dr. Smith or Dr. Jones.

A: I would like to see Dr. Smith.

B: I will write you in on that doctor's schedule. See you then.



A: I need to come in and see the doctor.

B: Are you scheduling a check-up, or are you ill?

A: I have really itchy skin and think I may have to have it looked at.

B: Have you been feeling any joint aches with that rash?

A: No, but I have a low fever.

B: I have times available for Tuesday or Wednesday. Which one would work best for you?

A: I want to come in on Wednesday.

B: I can fit you in on that day at 10:00. Dr. Smith or Dr. Jones is available.

A: I would prefer Dr. Smith.

B: You can see the doctor of your choice then, and we will see you at your scheduled appointment time.

A dialogue between a doctor and a patient



Patient: Hello doctor! Can you spare me a few minutes?

Doctor: Certainly! Come in and sit down. Now, what is the matter with you?

P: That is just what I want you to tell me.

D: Well, tell me how you are suffering?

P: I seem to be generally out of sorts. I have no appetite for my food, and yet I am always suffering from indigestion.

D: Are you troubled with headaches?

P: Yes, I am. And what is worse I cannot sleep at night.

D: I see, What is your work?

P: I am a clerk in an office, and have to work long hours.

D: What sort of exercise do you take in the evening?

P: I am afraid I don't take any. I feel so tired when I get home that I simply want to sit down, or go to bed.

D: I see. Well, you are evidently run down, and need a rest and change. All your troubles are signs of nervous exhaustion. I will give you a nerve tonic but the main thing is rest. If you do as I say, you will soon be all right.

P: Thank you, doctor. I will follow your advice, Good night!

D: Good night! And let me know how you get on.

A dialogue between a doctor and a woman about patient



Shazia: Good morning, doctor.

Doctor: Good morning.

S: 's mother: My daughter Shazia is running temperature today, doctor. Please check my loving daughter.

D: Sit on the stool Shazia and open your mouth.

S: 's mother: Does she have fever?

D: Yes, she should take these medicines regularly three times daily.

S: 's mother: For how many days this treatment is required?

D: 3 day. Moreover, it is necessary to take precaution.

S: 's mother: My daughter has become very weak. Please write some medicine to recover her from this weakness.

D: Medicines are not necessary to treat such weakness. She should drink milk and eat eggs etc. These are the great gifts of God Almighty and a complete food.

S: 's mother: Can my daughter take bath?

D: Why not. Taking bath every day is necessary in such summer days even if she has a fever.

S: 's mother: When should we come again?

D: Please come here again after three days.

S: 's mother: Good morning doctor, Please (After 3 days) check my daughter.

D: Your daughter does not need further medicine. She will be safe and sound.

S: 's mother: Good-bye, Thank you doctor.

D: Good-bye, Thank you.

UNIT 4. THERAPY



Common Therapy Topics

Many of the challenges that couples face are very common, and others are unique. Below are descriptions of some of the most common problems and how I can help. If you do not see your concerns in this list, give me a call anyway. With well over 20 years of experience, there are very few situations I have not seen and I likely have some insights you'd find helpful.

DRIFTING APART

The antidote to drifting apart is friendship and communication — but that's easier said than done. No couple purposely sets out to drift apart, but the different stresses that you each experience can lead to lonely and even conflicting coping strategies. The balance between togetherness and separateness shifts too far towards the latter. But couples can consciously decide to make it a habit to turn “towards” each other, rather than “away,” while still fostering their separate identities and pursuits. It's all about balance and about finding a way to address the obstacles so that it's easier.

AFFAIR RECOVERY

When couples have experienced an affair, the therapy process naturally falls into two stages. The first is to create security in the marriage by making a clear boundary and by learning how to live within that commitment. For example we might discuss what to do about unwanted images and thoughts. Whether the affair was yours or your spouse's, whether it was emotional or physical, both partners need to know what to do when/if things are still very sensitive. The second stage is devoted to understanding the unaddressed, underlying weaknesses in the relationship that made the affair possible. In this stage, couples have moved beyond the immediate effects of the affair and are working, like all couples in therapy, on making their relationship better.

DIFFERENCES IN PARENTING STYLE

The two main tasks of parenting are to nurture and to teach. Nurture gives the child a sense of his/her own specialness, wonder and worth just because they exist! Teaching gives structure to a child's experience and information about how family life and eventually the wider world is structured and how it works. When parents differ in their styles it is usually the case that one tends towards teaching and the other towards nurture. Children need both. When these dimensions begin to polarize, however, teaching can become harsh expectation and nurture can become lenient permissiveness. We will work to balance and foster the healthy version of these two parenting dimensions, finding a unified approach that both parents can support.

OBSTACLES TO SEXUAL INTIMACY

Almost always, difficulties in the sexual relationship stem from conflict or estrangement in other areas of the relationship. In addition, there are often natural differences between spouses in their rhythms for frequency and transitioning into a sexual frame of mind. As we become older our bodies may not respond in exactly the same ways that they did when we were younger. All of these things can be talked about and understood. When problems are solved and the feeling of friendship returns, intimacy can again take its place in all its various forms, including sexuality.

BALANCING WORK AND FAMILY

This is one of the most common challenges that couples face. With more and more technology available to keep us connected, many work environments expect nearly 24/7 access to the worker's time. One's spouse and family can begin to feel lonely and unimportant, and those feelings can be made even worse if the less occupied spouse does not have enough interests of their own.

In addition, even without the pressures created by technology and demanding jobs, spouses can have differing approaches to making the daily transition from family to work and back to family. I enjoy helping couples work out the balance that is best for them. Getting the balance just right can make a world of difference in the happiness and ease of creating a life together that works.

STRONG EMOTIONS

When things are difficult, strong emotions such as anger, anxiety, depression or grief can be part of the challenge. Strong emotions are red flags that something isn't right and needs to be attended to. To the extent that these emotions and moods stem from problems in the relationship, they will drop away as those problems are solved. In the meantime, I will help you work with your strong emotion to achieve the best possible result for you. If an emotion or mood seems to have a life of its own, beyond the situational factors, we can discuss your interest or not in exploring the possibility of medication.



What is Chronic Pain or Illness?

According to a study conducted by the Johns Hopkins University of Medical Sciences, 133 million Americans live with continual aches and pains. These pains and discomfort, when experienced for extended periods of time, may indicate that you are dealing with chronic pain or illness. These pains usually last longer than six months and can be debilitating during

particularly intense episodes. Suffering through pain that will not go away hinders your every day activities and can greatly reduce your quality of life.

Dealing with physical pain is bad enough, but additional studies have revealed that it goes far beyond that. The Mayo Clinic has released several reports detailing the connections of [depression](#) and deteriorating mental health with chronic pain. It's no wonder that dealing with chronic pain is a top priority for many doctors.

Chronic Pain Classifications

Pain is traditionally separated between designations of acute and chronic. If your pain recedes in a short manner of time, usually in the realm of 3-6 months, it is labeled as acute. However if your pain persists, as noted above, it would be classified as being chronic. Further classifications of chronic pain or illness focus on the location or cause of the pain. Illnesses affecting your neurological system, as well as those centered around regional pain in your body, can transcend into the chronic designation as the duration lengthens. Even pains being described as 'phantom' have been noted as being chronic in those who have lost limbs or appendages, yet still feel pain.

Conditions Associated with Chronic Pain

Many conditions may be at the root of your chronic pain. Common injuries such as bulging or slipped discs in your back, severe joint pain, arthritis, Carpel Tunnel Syndrome, and recurring straining of muscles or tendons can all lead to chronic aches and pains. Certain diseases may also be generating your painful symptoms, such as Fibromyalgia and tumors brought on by cancerous growths. With such a varying list of medical ailments associated with extended discomfort, seeking the help of a licensed professional is the most effective way to ascertain the cause of your chronic pain or illness.

Chronic pain obviously restricts movement and detracts from your ability to function in day to day life. However, what most people don't realize is that chronic pain can also lead to severe bouts of depression and eventual mental deteriorating. When dealing with chronic pain, many of the hormones like serotonin and endorphins are suppressed. The pain also taxes the patient's ability to cope with everyday situations, making it significantly difficult to respond appropriately.

Treatments for Chronic Pain of Illness



What is Chronic Pain Therapy?

The ideal treatment regime should be developed based on the individual patient with the goal of decreasing the pressure, pain as well as possible associated depression. Managing mental health is an important part of pain management. According to a study conducted by Yale University, patients with depression and chronic pain are more likely to commit suicide or harm themselves in some other way than patients who only suffer from chronic pain. Pain specialists now prescribe treatments that attack moderate-to-severe chronic pain from different angles — innovative drugs, targeted nerve-zapping procedures, and drug pumps that deliver strong painkillers to the nerve root. Doctors also endorse the use of [psychotherapy](#), relaxation techniques and alternative therapies, supported by growing evidence of the mind-body connection in chronic pain relief. In most cases, doctors use a variety of methods to treat chronic pain including:

- Physical therapy sessions
- Antibiotics
- Pain medications
- Antidepressant medications
- Talk therapy and stress reduction techniques
- Rehabilitation programs

What Can You Do To Get the Most Out of Treatment?

If you are preparing for treatment relating to chronic pain, you must make sure that you adequately report your pain levels. “The Treatment of Chronic Pain” states that the majority of patients under report their pain because they don’t want to be seen as hypochondriacs. You should also take steps to reduce your stress and to relax. Relaxation and stress reduction both help to decrease inflammatory pain to a certain degree, but more importantly, they help to promote endorphin release and assist in counteracting depression.



What is Psychotherapy? How Does Psychotherapy Work?

Clinically speaking, psychotherapy is a form of intervention between a trained psychotherapist and a client in order to aid in the problems of living. Don't be alarmed by the long, medical jargon – psychotherapy is simple talking about your problems with a therapist in order to resolve issues like mental disorders, depression, addiction and other mental health ailments.

Psychotherapists use a variety of techniques in order to help their patients. These can be through communication, behavioral conditioning, and other methods a therapist sees fit to help improve a patient's quality of living and mental state. Also, many different people can practice psychotherapy – psychologists, family therapists, social workers, counselors and psychiatrists. These are also only a few of the professions who practice psychotherapy, as many other mental health professionals can also be considered psychotherapists.

The National Institute of Mental Health states that one-third of adults in America experience an emotional or substance abuse problem or disorder in their lifetime. Almost 25 percent of adults in America will experience depression or anxiety. When this happens to you, don't go it alone – get help.

How does psychotherapy help? Why do people consider psychotherapy an option?

By talking with a mental health professional, those with depression and other emotional disorders have found that their quality of living has improved. This can be a small increase or being completely cured – the spectrum of help provided through psychotherapy is vast and can be very long-term.

Those with mental health problems often feel like there is no way out of their problems. If they cannot be helped by a mental health professional, their first resource outside of medicine is usually self-medicating through drugs or alcohol. Others simply spiral out of control, which can lead to even worse mental disorders or suicide. By seeking a psychotherapist, these problems and burdens can be lessened via support and the tools to get well.

The most common reasons someone might look to see a psychotherapist include:

- Feeling overwhelmed and in despair for long periods of time.
- Their emotional difficulties and problems making simply living life from day to day a chore and seem impossible.
- The behaviors brought about by these emotions damage their relationships, either through withdrawal or violence/aggression.
- They have no one else to turn to and an outside source of help is the safest option.



Is psychotherapy effective?

Many studies have shown throughout the years that psychotherapy is an effective form of treating and managing mental illnesses and other emotional disorders. Those with depression, anxiety and addiction can see an increase in their quality of life, as well as the potential for a total cure in some cases.

The positive effects of psychotherapy can also be found in physical illness. Psychotherapy can increase the survival time of those who have gone through heart surgery and cancer treatments because of the positivity and support it gives them. This means that psychotherapy affects both a person's physical and mental well-being.

It is true, however, that no one can be cured overnight. The positive aspects of psychotherapy can be both short-term and long-term, but effort on the part of both parties is required for at least several sessions – possibly even years.

How do you get the most out of psychotherapy?

First, be willing. Many suffering from mental illness or addictions have a sometimes crippling fear of failure or aren't fully committed to the recovery and healing process. It's imperative that you both cooperate with your psychotherapist and follow any at-home instructions they offer you.

Remember that therapy is a two-way street. Your therapist has responsibilities to treat you competently with approved therapy methods and understanding. You also have a responsibility to follow instructions, not be combative and be open to what your therapist has to say.

How do I know the therapy is working?

First and foremost, your therapist should establish some goals with you in regards to your current problem. These goals can be both long and short-term, but they should be set out within a few sessions. Short-term goals can be easily tracked, but your long-term goals may be more important. Focusing on the progress you've made for both types of goals should be a great way to track your success.

Also, remember to take a baby steps approach to psychotherapy. You won't see instant results, so don't be downtrodden when you aren't magically cured within a month. Any progress is good progress.

You'll also know your therapy is working when you have a good rapport with your psychotherapist. When you're both putting in a positive effort, you both know you're succeeding. When you feel stuck or like you aren't moving forward with a therapist, they may not be a good fit for you.

Remember to look at your therapist's opinions and observations objectively. Consider them with as rational a mind as possible. Being immediately combative and dismissive isn't a great way to get better. The opposite is also true – if your therapist seems overly flippant about your problems, you may not be a good match for each other.

Don't be afraid if you're having a lot of emotional moments and breakdowns in and after therapy starts. You're likely tackling a lot of tough subject matter, and this can make your emotions run high. Sometimes the more emotional you feel after therapy, the more proof you have that you are getting somewhere.

Never forget – psychotherapy treatment isn't easy, but the results you'll see are worth working for.

What is Psychotherapy?

Psychotherapy is also referred to as talk therapy, psycho-social therapy, counseling, or, simply, therapy. Psychotherapy is the primary method for treating mental health problems by talking with a psychologist, psychiatrist, counselor or other mental health provider. It's goal is the help them understand their illness and teach strategies and tools that manage unhealthy thoughts and behaviors.

For many, psychotherapy alone may be sufficient treatment, depending on their mental illness and its severity. Other times, psychotherapy is combined with medication. Your therapists will work with you (or your family) to develop the best treatment plan for your particular needs. [Read more about psychotherapy >](#)

What are the different types of psychotherapy?



A brief synopsis of different types and approaches of psychotherapy?

Many approaches to psychotherapy exist. There is no single approach that works for everyone. Often times a therapist will use a blended approach, sampling techniques from several different types of psychotherapy. Other times, a single focused type of psychotherapy may be the best treatment approach. The kind of psychotherapy a person receives depends on his or her own unique needs.

Below is a short list of some of the more common types of psychotherapy. This list is not comprehensive and many of these therapies are constantly evolving. Some therapy techniques have been scientifically tested on a large scale basis; while others are newer and often combined with more established psychotherapies.



Cognitive Behavioral Therapy (CBT): Cognitive behavioral therapy is a blend of two types of therapy: cognitive therapy and behavioral therapy. The premise behind cognitive therapy is to focus on a person's thoughts and beliefs, and how they influence a person's mood and actions. The goal is to bring awareness to a person's particular type of thinking and guide it to be more adaptive and healthy. Alternatively, behavioral therapy focuses on behavior. By bringing awareness to a person's unhealthy behaviors, actions, or habits behavioral therapy can help to change behavior patterns.

Dialectical Behavior Therapy (DBT): Dialectical behavior therapy is a form of CBT developed by Marsha Linehan specifically to treat people with suicidal thoughts and actions. In more recent years, DBT has since been expanded to effectively treat people with borderline personality disorder (BPD). DBT is structured to help clients gain insight and skills to manage their thoughts, emotions and behaviors.

Psychodynamic Therapy: Psychodynamic therapy is a form of depth psychology. Its focus is to help you gain greater self-awareness and understanding over your own actions. This approach relies heavily on the relationship between client and therapist with the goal of identifying and explore how non-conscious emotions and motivations can influence behavior. Psychodynamic

therapy tends to be more eclectic and is often interwoven with other types of therapy, like CBT or IPT, to treat various types of mental disorders.

Interpersonal Therapy (IPT): Interpersonal therapy is most commonly used on an individual basis to treat depression or dysthymia. Interpersonal therapy focuses on a person's interpersonal relationships. The treatment approach is based on the premise that improving communication patterns and the way you relate to others will effectively treat your depression. Interpersonal therapy helps you to identify when a behavior is causing problems, and guide you to change it.

Family Systems Therapy: This form of therapy is often called “couples therapy” or “relationship counseling.” Its focus is to work with families and couples in intimate relationships to nurture change and development. This school of therapy views the couple or family as a single system, and treatment is accomplished by direct participation of all members in the therapy sessions.

Family-focused Therapy (FFT): Family-focused therapy was developed to help treat bipolar disorder. The therapy technique was designed with the assumption that a patient's relationship with his or her family is vital to the success of managing their illness. Family-focused therapy sessions include family members with the goal of improving family relationships and creating a support system for treatment.

Cognitive-Behavioral Hypnotherapy: Cognitive-behavioral hypnotherapy is an integrated approach combining clinical hypnosis and cognitive behavioral therapy. This is sometimes referred to as CBT-hypnosis, where hypnosis is used as an additive benefit to traditional CBT. Studies have shown CBT-hypnosis can help reduce symptoms at post treatment and may have use in helping to treat post-traumatic stress disorder (PTSD).

Hypnotherapy: Often used to help clients break bad habits, hypnotherapy utilizes hypnosis or hypnotic suggestion to bring a client into a “trance-like” state in which they experience heightened focus and concentration. A hypnotherapist will use verbal repetition and mental images to help you feel calm, relaxed and more open to suggestions. It is important to note that at no time do you don't lose control over your behavior.

Expressive Therapy: Expressive therapy is a form of psychotherapy that uses various creative expression techniques as a form of communication with a therapist. This form of therapy is based on the premise that people can help heal themselves through the process of creating art, music, dance, writing, or other expressive acts. While clients who can use expressive therapy may have a wide range of difficulties, disabilities or diagnoses – expressive therapy is particularly useful in treating mild depression. Expressive therapy is an umbrella term for a variety of creative art therapy types. Some common types of expressive therapy include: art therapy, dance therapy, drama therapy, music therapy and writing therapy.

Play Therapy: Play therapy is an important therapy technique used with children. At a minimum, the use of toys and games can help a therapist establish communication and develop a relationship with a child. While research in play therapy is minimal, therapist can sometimes better understand a child's problems by watching how he or she plays.



UNIT 5. SURGERY.



Surgery (from the [Greek](#): χειρουργική *cheirourgikē* (composed of χεῖρ, "hand", and ἔργον, "work"), via [Latin](#): *chirurgiae*, meaning "hand work") is an ancient [medical specialty](#) that uses operative manual and instrumental techniques on a [patient](#) to investigate and/or treat a pathological condition such as [disease](#) or [injury](#), to help improve bodily function or appearance or to repair unwanted ruptured areas (for example, [a perforated ear drum](#)).

An act of performing surgery may be called a "surgical procedure", "operation", or simply "surgery". In this context, the verb "operate" means to perform surgery. The adjective "surgical" means pertaining to surgery; e.g. [surgical instruments](#) or [surgical nurse](#). The patient or subject on which the surgery is performed can be a person or an animal. A [surgeon](#) is a person who practices surgery and a [surgeon's assistant](#) is a person who practices surgical assistance. A [surgical team](#) is made up of [surgeon](#), [surgeon's assistant](#), [anesthesia](#) provider, circulating nurse and [surgical technologist](#). Surgery usually spans minutes to hours, but it is typically not an ongoing or periodic type of treatment. The term "surgery" can also refer to the place where surgery is performed, or simply the office of a physician, dentist, or veterinarian.

Definitions

Surgery is a technology consisting of a physical intervention on tissues.

As a general rule, a procedure is considered surgical when it involves cutting of a patient's tissues or closure of a previously sustained wound. Other procedures that do not necessarily fall under this rubric, such as [angioplasty](#) or [endoscopy](#), may be considered surgery if they involve "common" surgical procedure or settings, such as use of a sterile environment, [anesthesia](#), [antiseptic](#) conditions, typical [surgical instruments](#), and [suturing](#) or [stapling](#). All forms of surgery are considered invasive procedures; so-called "noninvasive surgery" usually refers to an excision that does not penetrate the structure being excised (e.g. laser ablation of the cornea) or to a radiosurgical procedure (e.g. irradiation of a tumor).



Types of surgery

Surgical procedures are commonly categorized by urgency, type of procedure, body system involved, degree of invasiveness, and special instrumentation.

- Based on timing: [Elective surgery](#) is done to correct a non-life-threatening condition, and is carried out at the patient's request, subject to the surgeon's and the surgical facility's availability. A [semi-elective surgery](#) is one that must be done to avoid permanent disability or death, but can be postponed for a short time. [Emergency surgery](#) is surgery which must be done promptly to save life, limb, or functional capacity.
- Based on purpose: [Exploratory surgery](#) is performed to aid or confirm a diagnosis. Therapeutic surgery treats a previously diagnosed condition. [Cosmetic surgery](#) is done to subjectively improve the appearance of an otherwise normal structure.
- By type of procedure: [Amputation](#) involves cutting off a body part, usually a limb or digit; castration is also an example. **Resection** is the removal of all or part of an internal organ or part of the body. [Replantation](#) involves reattaching a severed body part. [Reconstructive surgery](#) involves reconstruction of an injured, mutilated, or deformed part of the body. Excision is the cutting out or removal of an organ, tissue, or other body part from the patient. [Transplant](#) surgery is the replacement of an organ or body part by insertion of another from different human (or animal) into the patient. Removing an organ or body part from a live human or animal for use in transplant is also a type of surgery.
- By body part: When surgery is performed on one organ system or structure, it may be classed by the organ, organ system or tissue involved. Examples include cardiac surgery (performed on the heart), gastrointestinal surgery (performed within the digestive tract and its accessory organs), and orthopedic surgery (performed on bones and/or muscles).

- By degree of invasiveness of surgical procedures: [Minimally-invasive surgery](#) involves smaller outer incision(s) to insert miniaturized instruments within a body cavity or structure, as in [laparoscopic surgery](#) or [angioplasty](#). By contrast, an [open surgical procedure](#) such as a [laparotomy](#) requires a large incision to access the area of interest.
- By equipment used: [Laser surgery](#) involves use of a [laser](#) for cutting tissue instead of a [scalpel](#) or similar surgical instruments. [Microsurgery](#) involves the use of an [operating microscope](#) for the surgeon to see small structures. [Robotic surgery](#) makes use of a surgical [robot](#), such as the [Da Vinci](#) or the Zeus surgical systems, to control the instrumentation under the direction of the surgeon.



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Terminology

See also: [List of surgical procedures](#)

- [Excision](#) surgery names often start with a name for the organ to be excised (cut out) and end in **-ectomy**.
- Procedures involving cutting into an organ or tissue end in **-otomy**. A surgical procedure cutting through the [abdominal](#) wall to gain access to the [abdominal cavity](#) is a [laparotomy](#).
- [Minimally invasive procedures](#) involving small incisions through which an endoscope is inserted end in **-oscopy**. For example, such surgery in the abdominal cavity is called [laparoscopy](#).
- Procedures for formation of a permanent or semi-permanent opening called a [stoma](#) in the body end in **-ostomy**.
- Reconstruction, plastic or cosmetic surgery of a body part starts with a name for the body part to be reconstructed and ends in **-oplasty**. *Rhino* is used as a prefix for "nose", therefore a [rhinoplasty](#) is reconstructive or cosmetic surgery for the nose.
- Repair of damaged or congenital abnormal structure ends in **-rraphy**.
- Reoperation (return to the operating room) refers to a return to the operating theater after an initial surgery is performed to re-address an aspect of patient care best treated surgically.

Reasons for reoperation include persistent bleeding after surgery, development of or persistence of infection or, more insidiously, retained foreign objects.

Description of surgical procedure

Location

At a [hospital](#), modern surgery is often performed in an [operating theater](#) using [surgical instruments](#), an [operating table](#) for the patient, and other equipment. Among United States hospitalizations for nonmaternal and nonneonatal conditions in 2012, more than one-fourth of stays and half of hospital costs involved stays that included operating room (OR) procedures.^[1] The environment and procedures used in surgery are governed by the principles of [aseptic technique](#): the strict separation of "sterile" (free of microorganisms) things from "unsterile" or "contaminated" things. All surgical instruments must be [sterilized](#), and an instrument must be replaced or re-sterilized if it becomes contaminated (i.e. handled in an unsterile manner, or allowed to touch an unsterile surface). Operating room staff must wear sterile attire ([scrubs](#), a scrub cap, a sterile surgical gown, sterile latex or non-latex polymer gloves and a surgical mask), and they must scrub hands and arms with an approved disinfectant agent before each procedure. There is moderate-quality evidence that usage of two layers of gloves compared to single gloving during surgery reduces perforations and blood stains on the skin, indicating a decrease in percutaneous exposure incidents.^[2]

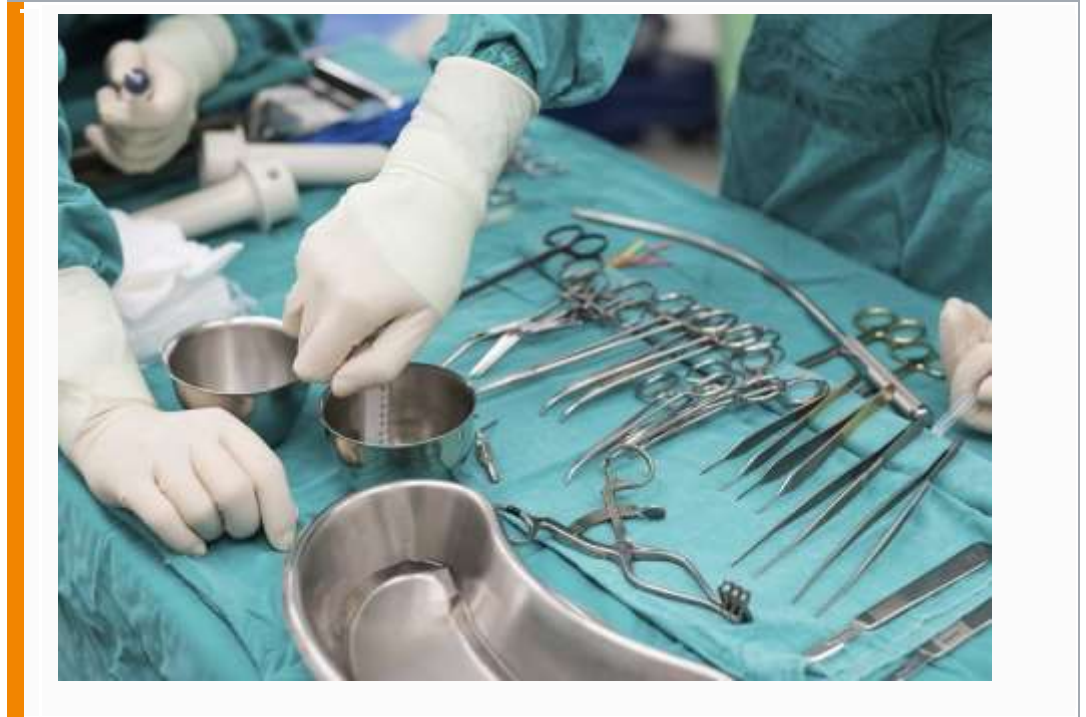
Preoperative care

Main article: [Preoperative care](#)

Prior to surgery, the patient is given a [medical examination](#), receives certain pre-operative tests, and their [physical status](#) is rated according to the [ASA physical status classification system](#). If these results are satisfactory, the patient signs a consent form and is given a surgical clearance. If the procedure is expected to result in significant blood loss, an [autologous blood donation](#) may be made some weeks prior to surgery. If the surgery involves the [digestive system](#), the patient may be instructed to perform a [bowel prep](#) by drinking a solution of [polyethylene glycol](#) the night before the procedure. Patients are also instructed to abstain from food or drink (an [NPO order](#) after midnight on the night before the procedure), to minimize the effect of stomach contents on pre-operative medications and reduce the risk of aspiration if the patient vomits during or after the procedure.

Some medical systems have a practice of routinely performing chest x-rays before surgery. The premise behind this practice is that the physician might discover some unknown medical condition which would complicate the surgery, and that upon discovering this with the chest x-ray, the physician would adapt the surgery practice accordingly.^[3] In fact, [medical specialty professional organizations](#) recommend against routine pre-operative [chest x-rays](#) for patients who have an unremarkable medical history and presented with a physical exam which did not indicate a chest x-ray.^[3] Routine x-ray examination is more likely to result in problems like misdiagnosis, overtreatment, or other negative outcomes than it is to result in a benefit to the patient.^[3] Likewise, other tests including [complete blood count](#), [prothrombin time](#), [partial thromboplastin time](#), [basic metabolic panel](#), and [urinalysis](#) should not be done unless the results of these tests can help evaluate surgical risk.^[4]

Staging for surgery



In the pre-operative holding area, the patient changes out of his or her street clothes and is asked to confirm the details of his or her surgery. A set of vital signs are recorded, a peripheral [IV line](#) is placed, and pre-operative medications (antibiotics, sedatives, etc.) are given. When the patient enters the operating room, the skin surface to be operated on, called the operating field, is cleaned and prepared by applying an [antiseptic](#) such as [chlorhexidine gluconate](#) or [povidone-iodine](#) to reduce the possibility of infection. If hair is present at the surgical site, it is clipped off prior to prep application. The patient is assisted by an anesthesiologist or resident to make a specific [surgical position](#), then sterile drapes are used to cover the surgical site or at least a wide area surrounding the operating field; the drapes are clipped to a pair of poles near the head of the bed to form an "ether screen", which separates the [anesthetist/anesthesiologist's](#) working area (unsterile) from the surgical site (sterile).^[51]

[Anesthesia](#) is administered to prevent [pain](#) from incision, tissue manipulation and suturing. Based on the procedure, anesthesia may be provided [locally](#) or as [general anesthesia](#). [Spinal anesthesia](#) may be used when the surgical site is too large or deep for a local block, but general anesthesia may not be desirable. With local and spinal anesthesia, the surgical site is anesthetized, but the patient can remain conscious or minimally sedated. In contrast, general anesthesia renders the patient unconscious and paralyzed during surgery. The patient is [intubated](#) and is placed on a [mechanical ventilator](#), and anesthesia is produced by a combination of injected and inhaled agents. Choice of surgical method and [anaesthetic](#) technique aims to reduce risk of complications, shorten time needed for recovery and minimise the [surgical stress](#) response.

Surgery



An incision is made to access the surgical site. [Blood vessels](#) may be clamped or [cauterized](#) to prevent bleeding, and retractors may be used to expose the site or keep the incision open. The approach to the surgical site may involve several layers of incision and dissection, as in abdominal surgery, where the incision must traverse skin, subcutaneous tissue, three layers of muscle and then the peritoneum. In certain cases, [bone](#) may be cut to further access the interior of the body; for example, cutting the [skull](#) for [brain](#) surgery or cutting the [sternum](#) for [thoracic \(chest\) surgery](#) to open up the [rib cage](#). Whilst in surgery [aseptic technique](#) is used to prevent infection or further spreading of the disease. The surgeons' and assistants' hands, wrists and forearms are washed thoroughly to prevent germs getting into the operative field, then sterile gloves are placed onto their hands. An antiseptic solution is applied to the area of the patient's body that will be operated on. Sterile drapes are placed around the operative site. Surgical masks are worn by the surgical team to avoid germs on droplets of liquid from their mouths and noses from contaminating the operative site.

Work to correct the problem in body then proceeds. This work may involve:

- [excision](#) – cutting out an organ, tumor, ⁶¹ or other tissue.
- [resection](#) – partial removal of an organ or other bodily structure.
- reconnection of organs, tissues, etc., particularly if severed. Resection of organs such as intestines involves reconnection. Internal [suturing](#) or stapling may be used. Surgical connection between blood vessels or other tubular or hollow structures such as loops of intestine is called [anastomosis](#).
- [Reduction](#) – the movement or realignment of a body part to its normal position. e.g. Reduction of a broken nose involves the physical manipulation of the bone and/or cartilage from their displaced state back to their original position to restore normal airflow and aesthetics.
- [ligation](#) – tying off blood vessels, ducts, or "tubes".
- [grafts](#) – may be severed pieces of tissue cut from the same (or different) body or flaps of tissue still partly connected to the body but re sewn for rearranging or restructuring of the area of the body in question. Although grafting is often used in cosmetic surgery, it is also used in other surgery. Grafts may be taken from one area of the patient's body and inserted to another area of the body. An example is [bypass surgery](#), where clogged blood vessels are bypassed with a graft from another part of the body. Alternatively, grafts may be from other persons, cadavers, or animals.

- insertion of [prosthetic](#) parts when needed. Pins or screws to set and hold bones may be used. Sections of bone may be replaced with prosthetic rods or other parts. Sometime a plate is inserted to replace a damaged area of skull. [Artificial hip](#) replacement has become more common. [Heart pacemakers](#) or [valves](#) may be inserted. Many other types of [prostheses](#) are used.
- creation of a [stoma](#), a permanent or semi-permanent opening in the body
- in [transplant](#) surgery, the donor organ (taken out of the donor's body) is inserted into the recipient's body and reconnected to the recipient in all necessary ways (blood vessels, ducts, etc.).
- [arthrodesis](#) – surgical connection of adjacent bones so the bones can grow together into one. [Spinal fusion](#) is an example of adjacent [vertebrae](#) connected allowing them to grow together into one piece.
- modifying the [digestive tract](#) in [bariatric surgery](#) for [weight loss](#).
- repair of a [fistula](#), [hernia](#), or [prolapse](#)
- other procedures, including:
 - clearing clogged ducts, blood or other vessels
 - removal of calculi (stones)
 - draining of accumulated fluids
 - [debridement](#)- removal of dead, damaged, or diseased tissue

[Blood](#) or blood expanders may be administered to compensate for blood lost during surgery. Once the procedure is complete, [sutures](#) or [staples](#) are used to close the incision. Once the incision is closed, the anesthetic agents are stopped and/or reversed, and the patient is taken off ventilation and extubated (if general anesthesia was administered).^[7]

Post-operative care



After completion of surgery, the patient is transferred to the [post anesthesia care unit](#) and closely monitored. When the patient is judged to have recovered from the anesthesia, he/she is either transferred to a surgical ward elsewhere in the hospital or discharged home. During the post-operative period, the patient's general function is assessed, the outcome of the procedure is assessed, and the surgical site is checked for signs of infection. There are several risk factors associated with postoperative complications, such as immune deficiency and obesity. Obesity has long been considered a risk factor for adverse post-surgical outcomes. It has been linked to many disorders such as obesity hypoventilation syndrome, atelectasis and pulmonary embolism, adverse cardiovascular effects, and wound healing complications.^[8] If removable skin closures are used, they are removed after 7 to 10 days post-operatively, or after healing of the incision is well under way.

It is not uncommon for surgical drains (see [Drain \(surgery\)](#)) to be required to remove blood or fluid from the surgical wound during recovery. Mostly these drains stay in until the

volume tapers off, then they are removed. These drains can become clogged, leading to [retained blood complications](#) or [abscess](#).

Postoperative therapy may include adjuvant treatment such as [chemotherapy](#), [radiation therapy](#), or administration of [medication](#) such as [anti-rejection medication](#) for transplants. Other follow-up studies or [rehabilitation](#) may be prescribed during and after the recovery period.

The use of [topical antibiotics](#) on surgical wounds to reduce infection rates has been questioned.^[9] Antibiotic ointments are likely to irritate the skin, slow healing, and could increase risk of developing [contact dermatitis](#) and [antibiotic resistance](#).^[9] It has been also suggested that topical antibiotics should only be used when a person shows signs of infection and not as a preventative.^[9] A systematic review published by [Cochrane \(organisation\)](#) in 2016, though, concluded that topical antibiotics applied over certain types of surgical wounds reduce the risk of surgical site infections, when compared to no treatment or use of [Antiseptics](#).^[10] The review also did not find conclusive evidence to suggest that topical antibiotics increased the risk of local skin reactions or antibiotic resistance.

Through a retrospective analysis of national administrative data, the association between mortality and day of elective surgical procedure suggests a higher risk in procedures carried out later in the working week and on weekends. The odds of death were 44% and 82% higher respectively when comparing procedures on a Friday to a weekend procedure. This “weekday effect” has been postulated to be from several factors including poorer availability of services on a weekend, and also, decrease number and level of experience over a weekend.^[11]

Epidemiology

Of the 38.6 million hospital stays that occurred in U.S. hospitals in 2011, 29% included at least one operating room procedure. These stays accounted for 48% of the total \$387 billion in hospital costs.^[12]

In total, there were over 15 million operating room procedures performed in U.S. hospitals in 2011. The overall number of procedures remained stable from 2001 to 2011.^[13]

A study of data from 2003 to 2011 showed that U.S. hospital costs were highest for the surgical service line; the surgical service line costs were \$17,600 in 2003 and projected to be \$22,500 in 2013.^[14] For hospital stays in 2012 in the United States, private insurance had the highest percentage of surgical expenditure.^[15] Mean hospital costs in the United States in 2012 were highest for surgical stays.^[15]

Special populations

Elderly people

Older adults have widely varying physical health. [Frail elderly](#) people are at significant risk of post-surgical complications and the need for extended care. Assessment of older patients before elective surgery can accurately predict the patients' recovery trajectories.^[16] One frailty scale uses five items: unintentional weight loss, [muscle weakness](#), exhaustion, low physical activity, and slowed walking speed. A healthy person scores 0; a very frail person scores 5. Compared to non-frail elderly people, people with intermediate frailty scores (2 or 3) are twice as likely to have post-surgical complications, spend 50% more time in the hospital, and are three times as likely to be discharged to a skilled nursing facility instead of to their own homes.^[16] Frail elderly patients (score of 4 or 5) have even worse outcomes, with the risk of being discharged to a nursing home rising to twenty times the rate for non-frail elderly people.

Children



Surgery on children requires considerations which are not common in adult surgery. Children and adolescents are still developing physically and mentally making it difficult for them to make informed decisions and give consent for surgical treatments. [Bariatric surgery in youth](#) is among the controversial topics related to surgery in children.

See also: [Pediatric surgery](#) and [Pediatric plastic surgery](#)

Persons with health conditions

A person with a debilitating medical condition may have special needs during a surgery which a typical patient would not.

Vulnerable populations

Doctors perform surgery with the consent of the patient. Some patients are able to give better [informed consent](#) than others. Populations such as [incarcerated persons](#), the mentally incompetent, persons subject to coercion, and other people who are not able to make decisions with the same authority as a typical patient have special needs when making decisions about their personal healthcare, including surgery.

In low- and middle-income countries

In 2014, the Lancet Commission on Global Surgery was launched to examine the case for surgery as an integral component of global health care and to provide recommendations regarding the delivery of surgical and anesthesia services in low and middle income countries.^[17] The primary conclusions of the study were as follows:

- Five billion people worldwide lack access to safe, affordable surgical and anesthesia care. Areas in which especially large proportions of the population lack access include Africa, the Indian Subcontinent, Central Asia and, to a lesser extent, Russia and China. Of the estimated 312.9 million surgical procedures undertaken worldwide in 2012, only 6.3% were done in countries comprising the poorest 37.3% of the world's population.
- An additional 143 million surgical procedures are needed each year to prevent unnecessary death and disability.
- 33 million people face catastrophic payments for surgical and anesthesia care each year.
- Investment in surgical and anesthesia services is cost-effective, saves lives, and promotes economic growth
- Surgery is an indispensable part of health care.

History

Main articles: [History of surgery](#), [Prehistoric medicine](#), and [History of general anesthesia](#)



https://en.wikipedia.org/wiki/File:Edwin_Smith_Papyrus_v2.jpg

Plates vi & vii of the [Edwin Smith Papyrus](#), an Egyptian surgical treatise



[Sushruta](#), the author of [Sushruta Samhita](#), one of the oldest texts on surgery

Ancient Egypt

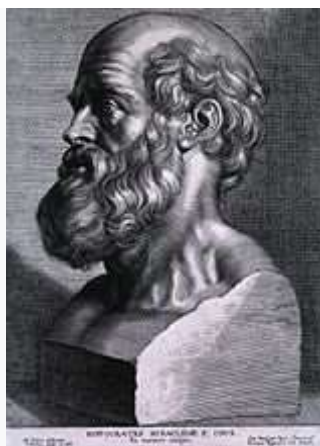
Surgical treatments date back to the prehistoric era. The oldest for which there is evidence is [trepanation](#),^[18] in which a hole is [drilled](#) or scraped into the [skull](#), thus exposing the [dura mater](#) in order to treat health problems related to intra cranial pressure and other diseases. Prehistoric surgical techniques are seen in [Ancient Egypt](#), where a [mandible](#) dated to approximately 2650 BC shows two perforations just below the root of the first [molar](#),

indicating the draining of an [abscessed tooth](#). Surgical texts from ancient Egypt date back about 3500 years ago. Surgical operations were performed by priests, specialized in medical treatments similar to today.,^[19] and used sutures to close wounds.^[20] Infections were treated with honey.^[21]

India and China

Remains from the early Harappan periods of the [Indus Valley Civilization](#) (c. 3300 BC) show evidence of teeth having been drilled dating back 9,000 years.^[22] [Susruta](#)^[23] was an ancient [Indian surgeon](#) commonly credited as the author of the treatise [Sushruta Samhita](#). He is dubbed as the "founding father of surgery" and his period is usually placed between the period of 1200 BC – 600 BC.^[24] One of the earliest known mention of the name is from the [Bower Manuscript](#) where Sushruta is listed as one of the ten sages residing in the Himalayas.^{[25][25]} Texts also suggest that he learned surgery at [Kasi](#) from Lord [Dhanvantari](#), the god of medicine in Hindu mythology.^[26] It is one of the oldest known surgical texts and it describes in detail the examination, diagnosis, treatment, and prognosis of numerous ailments, as well as procedures on performing various forms of cosmetic surgery, [plastic surgery](#) and [rhinoplasty](#).^[27]

Instruments resembling surgical tools have also been found in the archaeological sites of [Bronze Age](#) China dating from the [Shang Dynasty](#), along with seeds likely used for herbalism.^[28]



[Hippocrates](#) stated in the oath (c. 400 BC) that general physicians must never practice surgery and that surgical procedures are to be conducted by specialists

Ancient Greece

In [ancient Greece](#), temples dedicated to the healer-god [Asclepius](#), known as *Asclepieia* ([Greek](#): Ασκληπιεία, sing. *Asclepieion* Ασκληπιείον), functioned as centers of medical advice, prognosis, and healing.^[29] In the Asclepieion of [Epidaurus](#), some of the surgical cures listed, such as the opening of an abdominal abscess or the removal of traumatic foreign material, are realistic enough to have taken place.^[7] The Greek [Galen](#) was one of the greatest surgeons of the ancient world and performed many audacious operations—including brain and eye surgery—that were not tried again for almost two millennia.



12th century medieval eye surgery in Italy

In the Middle East, surgery was developed to a high degree in the [Islamic world](#). [Abulcasis](#) (Abu al-Qasim Khalaf ibn al-Abbas Al-Zahrawi), an [Andalusian-Arab](#) physician and scientist who practised in the Zahra suburb of [Córdoba](#), wrote medical texts that influenced European surgical procedures. ^{[[citation needed](#)]}

Early modern Europe

In [Europe](#), the demand grew for surgeons to formally study for many years before practicing; universities such as [Montpellier](#), [Padua](#) and [Bologna](#) were particularly renowned. In the 12th century, [Rogerius Salernitanus](#) composed his *Chirurgia*, laying the foundation for modern Western surgical manuals. [Barber-surgeons](#) generally had a bad reputation that was not to improve until the development of academic surgery as a specialty of medicine, rather than an accessory field. ^{[[30](#)]} Basic surgical principles for asepsis etc., are known as [Halsteads principles](#).



Ambroise Paré (ca. 1510–1590), father of modern military surgery.

There were some important advances to the art of surgery during this period. The professor of anatomy at the [University of Padua](#), [Andreas Vesalius](#), was a pivotal figure in the [Renaissance](#) transition from classical medicine and anatomy based on the works of [Galen](#), to an empirical approach of 'hands-on' dissection. In his anatomic treatise, *[De humani corporis fabrica](#)*, he exposed the many anatomical errors in Galen and advocated that all surgeons should train by engaging in practical dissections themselves.

The second figure of importance in this era was [Ambroise Paré](#) (sometimes spelled "Ambrose"^{[[31](#)]}), a French army surgeon from the 1530s until his death in 1590. The practice for cauterizing gunshot wounds on the battlefield had been to use boiling oil; an extremely

dangerous and painful procedure. Paré began to employ a less irritating emollient, made of [egg yolk](#), [rose oil](#) and [turpentine](#). He also described more efficient techniques for the effective [ligation](#) of the [blood vessels](#) during an [amputation](#).

Modern surgery



[Hieronymus Fabricius](#), *Operationes chirurgicae*, 1685



John Syng Dorsey wrote the first American textbook on surgery

The discipline of surgery was put on a sound, scientific footing during the [Age of Enlightenment](#) in Europe. An important figure in this regard was the English surgical scientist, [John Hunter](#), generally regarded as the father of modern scientific surgery.^[32] He brought an [empirical](#) and [experimental](#) approach to the science and was renowned around Europe for the quality of his research and his written works. Hunter reconstructed surgical knowledge from scratch; refusing to rely on the testimonies of others, he conducted his own surgical experiments to determine the truth of the matter. To aid comparative analysis, he built up a collection of over 13,000 specimens of separate organ systems, from the simplest plants and animals to humans.

He greatly advanced knowledge of [venereal disease](#) and introduced many new techniques of surgery, including new methods for repairing damage to the [Achilles tendon](#) and a more effective method for applying ligature of the [arteries](#) in case of an [aneurysm](#).^[33] He was also one of the first to understand the importance of [pathology](#), the danger of the spread of [infection](#) and how the problem of [inflammation](#) of the wound, bone [lesions](#) and even [tuberculosis](#) often undid any benefit that was gained from the intervention. He consequently adopted the position that all surgical procedures should be used only as a last resort.^[34]

Other important 18th- and early 19th-century surgeons included [Percival Pott](#) (1713–1788) who described [tuberculosis on the spine](#) and first demonstrated that a cancer may be caused by an environmental [carcinogen](#) – (he noticed a connection between [chimney sweep](#)'s exposure to soot and their high incidence of [scrotal cancer](#)). [Astley Paston Cooper](#) (1768–1841) first performed a successful ligation of the abdominal aorta, and [James Syme](#) (1799–1870) pioneered the Symes Amputation for the [ankle joint](#) and successfully carried out the first [hip disarticulation](#).



An operation in 1753, painted by [Gaspare Traversi](#).

Modern [pain](#) control through [anesthesia](#) was discovered in the mid-19th century. Before the advent of [anesthesia](#), surgery was a traumatically painful procedure and surgeons were encouraged to be as swift as possible to minimize patient [suffering](#). This also meant that operations were largely restricted to [amputations](#) and external growth removals. Beginning in the 1840s, surgery began to change dramatically in character with the discovery of effective and practical anaesthetic chemicals such as [ether](#), first used by the American surgeon [Crawford Long](#), and [chloroform](#), discovered by [James Young Simpson](#) and later pioneered by [John Snow](#), physician to [Queen Victoria](#).^[35] In addition to relieving patient suffering, anaesthesia allowed more intricate operations in the internal regions of the human body. In addition, the discovery of [muscle relaxants](#) such as [curare](#) allowed for safer applications.

Infection and antisepsis

Unfortunately, the introduction of anesthetics encouraged more surgery, which inadvertently caused more dangerous patient post-operative infections. The concept of infection was unknown until relatively modern times. The first progress in combating infection was made in 1847 by the [Hungarian](#) doctor [Ignaz Semmelweis](#) who noticed that medical students fresh from the dissecting room were causing excess maternal death compared to midwives. Semmelweis, despite ridicule and opposition, introduced compulsory handwashing for everyone entering the maternal wards and was rewarded with a plunge in maternal and fetal deaths, however the [Royal Society](#) dismissed his advice.



[Joseph Lister](#), pioneer of [antiseptic surgery](#).

Until the pioneering work of British surgeon [Joseph Lister](#) in the 1860s, most medical men believed that chemical damage from exposures to bad air (see "[miasma](#)") was responsible for [infections](#) in wounds, and facilities for washing hands or a patient's [wounds](#) were not available.^[36] Lister became aware of the work of French [chemist Louis Pasteur](#), who showed that rotting and [fermentation](#) could occur under [anaerobic conditions](#) if [micro-organisms](#) were present. Pasteur suggested three methods to eliminate the [micro-organisms](#) responsible for [gangrene](#): filtration, exposure to heat, or exposure to [chemical solutions](#). Lister confirmed Pasteur's conclusions with his own experiments and decided to use his findings to develop [antiseptic](#) techniques for wounds. As the first two methods suggested by Pasteur were inappropriate for the treatment of human tissue, Lister experimented with the third, spraying [carbolic acid](#) on his instruments. He found that this remarkably reduced the incidence of gangrene and he published his results in [The Lancet](#).^[37] Later, on 9 August 1867, he read a paper before the British Medical Association in Dublin, on the [Antiseptic Principle of the Practice of Surgery](#), which was reprinted in [The British Medical Journal](#).^{[38][39][40]} His work was groundbreaking and laid the foundations for a rapid advance in infection control that saw modern antiseptic operating theatres widely used within 50 years.

Lister continued to develop improved methods of [antiseptis](#) and [asepsis](#) when he realised that infection could be better avoided by preventing bacteria from getting into wounds in the first place. This led to the rise of sterile surgery. Lister introduced the Steam Steriliser to [sterilize](#) equipment, instituted rigorous hand washing and later implemented the wearing of rubber gloves. These three crucial advances – the adoption of a scientific methodology toward surgical operations, the use of anaesthetic and the introduction of sterilised equipment – laid the groundwork for the modern invasive surgical techniques of today.

The use of [X-rays](#) as an important medical diagnostic tool began with their discovery in 1895 by German [physicist Wilhelm Röntgen](#). He noticed that these rays could penetrate the skin, allowing the skeletal structure to be captured on a specially treated [photographic plate](#).

Surgical specialties

- [General surgery](#)
- [Breast](#)
- [Cardiothoracic](#)
- [Colorectal](#)
- [Craniofacial surgery](#)
- [Dental surgery](#)
- [Endocrine](#)

- [Gynaecology](#)
- [Neurosurgery](#)
- [Ophthalmology](#)
- [Oncological](#)
- [Oral and maxillofacial surgery](#)
- [Transplant](#)
- [Orthopaedic surgery](#)
- [Otolaryngology](#)
- [Paediatric \(Pediatric\)](#)
- [Plastic](#)
- [Podiatric surgery](#)
- [Skin](#)
- [Trauma](#)
- [Urology](#)
- [Vascular](#)



Operating department practitioners (ODPs) are a type of [health care provider](#) involved with the overall planning and delivery of perioperative care. They are mainly employed in surgical operating departments but can also be found in other clinical areas, including [emergency departments](#), [intensive care units](#) (ICUs), and ambulance services. "Operating department practitioner" is a protected title in the [United Kingdom](#), and the profession has been regulated since 2004 by the UK's [Health and Care Professions Council](#) (HCPC).^[1] As of September 2016 there are 12,986 registered ODPs in the UK.^[1] ODPs work as members of multi-disciplinary teams that include [doctors](#), [nurses](#), and support workers.

History

The Association of Operating Department Practitioners operated a voluntary register and campaigned through the nineties for formal regulation.^[2] By 1999 there were around 8,000 ODPs across the UK.^[2]

In 2004 the regulation of ODPs was taken over by the UK's [Health and Care Professions Council](#), which changed its name in 2012 to Health and Care Professions Council (HCPC).^[11] In July 2004, the HPC published standards of proficiency for ODP, later revised in November 2008.^[13]

ODPs are not classified as [allied health professionals](#), although in England this will change in April 2017.^[14]

Duties

ODPs provide care for patients during the [anaesthesia](#) (pre-operative), [surgical](#) (intra-operative), and recovery (post-operative) phases.^[15]

Anaesthetic stage



ODPs prepare the drugs and equipment needed for the patient to undergo anaesthesia. This involves preparing and checking ventilation equipment, anaesthetic machines, intravenous drugs and fluids, and devices to facilitate breathing (such as laryngeal mask airways and endotracheal tubes). ODPs must also be able to assist anaesthetists in emergency situations.^[16] ODPs conduct pre-surgery checklists to ensure that the right patient is receiving the right treatment and has given informed consent. These last "barrier" checks can sometimes discover important information that no one else has picked up on, such as allergies and fasting status. ODPs stay with the patient throughout their surgical intervention and help to maintain the "triad of anaesthesia":

- [Analgesia](#) (pain control with [opioid](#) and non-opioid drugs)
- Muscle relaxation (to minimise patient movement during surgery and/or facilitate ventilation)
- Hypnosis (drug-induced sleep)

ODPs work closely with anaesthetists to maintain the patient's airway. In some hospitals, they are members of cardiac arrest teams.

In some [NHS Trusts](#), ODPs are used during emergency inter-hospital transfers, mainly to neurosurgical hospitals, decompression chambers, and intensive care units. They prepare and facilitate transfers, arranging drugs, equipment, and emergency airway apparatus. Transfer teams usually consist of an anaesthetist, an ODP, and two [paramedics](#).

Surgical stage



ODPs prepare sterile instruments and equipment and work with the surgeon, passing the instruments within the sterile area.

Specially trained ODPs can also be the first assistant to the surgeon. Swabs and instruments are all accounted for by the ODP to check that nothing has been left inside the patient.

ODPs may sometimes work in a circulating role during the surgical stage of a patient's care. In this role, they give extra materials to the sterilised person, help position the patient on the operating table, and plan ahead to supply what the surgical team may need. They may also set up extra equipment and act as a link between the surgical team and the rest of the hospital.

Recovery stage

When the operation has finished, the patient is taken to the recovery unit, where the ODP will check on him or her, providing [airway management](#) if needed and monitoring the patient's physiological signs. The ODP will then give treatment such as the administration of prescribed drugs or other procedures, allowing the patient to fully recover from the effects of anaesthesia. The ODP will also check if the patient needs help from a physician or can be safely discharged to the ward.



UNIT 6. THE OPERATION.



Until the 1800s one of the biggest problems a patient undergoing surgery had to face was unimaginable pain. Before the development of modern [anaesthetics](#), patients would be sedated with herbs or alcohol in order to reduce - but never eliminate - the horrific ordeal of surgery. Assyrian surgeons even went so far as to restrict children's airways, causing unconsciousness before the child underwent [circumcision](#). By the 1400s a mixture of [opium](#), [mandragora](#) and [henbane](#) might be administered to the would-be patient and there was not much change in these methods until the 1800s.

Nitrous oxide - preventing pain

In 1799 [nitrous oxide](#) was first used by Sir Humphry Davy. It was not used for surgery as its effects were unreliable, but in the early 1800s it became popular with dentists who used it to prevent pain during extraction. It was also used as a recreational drug at parties - often by doctors.

Seishu Hanaoka: early anaesthetic in the 1800s



The earliest general anaesthetic was developed in the 1800s by [Seishu Hanaoka](#) in Japan and was a combination of herbs based on [Traditional Chinese Medicine](#). It could cause unconsciousness for between 6 and 24 hours, depending on its potency.

Ether (gas anaesthetic): the rise and fall

The first gas anaesthetic to be used in Western surgery was [ether](#). William Morton, a Boston dentist, demonstrated its usefulness in an 1846 operation. It rendered the patient unconscious, allowing surgeons to perform more complicated surgery. Morton tried to patent the discovery, but others had already performed surgery with ether and its use spread quickly across North America and Europe. Unfortunately ether was flammable and irritated the lungs, so a replacement was sought. [Chloroform](#) followed and was used in childbirth from the late 1840s - [Queen Victoria](#) popularised it when she used it in 1853 and 1857.

Safer injectable anaesthetics in the 1900s



FIG. 43.—Gag of FIG. 42 in position.

New, safer injectable anaesthetics were developed in the 1900s and computerised systems were designed to ensure safe monitoring during surgery. More complex combinations of drugs are now given, and the patient is monitored carefully both with computerised systems and by the anaesthetist, who specialises in the administration of anaesthetics. But very disturbing problems, although rare, can still occur, such as ‘anaesthetic awareness’, where the patient is aware of the surgical procedure. In ‘Under the Knife’, a short story by H G Wells written in 1896, the main character undergoes surgery with chloroform as an anaesthetic and has a strange dream-like out-of-body experience.

The control of infection from ancient times to the Middle Ages

While anaesthetics improved, patients were still at grave risk from infection until relatively recently. Turpentine and vinegar were used as methods of infection control in ancient times; these were followed in the Middle Ages by [cauterisation](#).

Germ theory and the prevention of infection

Hungarian doctor [Ignaz Semmelweis](#) introduced hand-washing in 1847, which saved the lives of many patients. But no effective method for the prevention of infection in surgery was developed until 1867. This was partly because the existence of germs, or [germ theory](#), was not recognised until 1861.

Reducing infection

[Joseph Lister](#), a Glaswegian surgeon, designed a [carbolic spray](#) that was misted onto the wound, which was then bandaged. This method reduced infection and was followed by the use of a

carbolic spray in the operating theatre. This was called [antiseptis](#), where infection is prevented by the destruction of [bacteria](#) using a disinfectant. Later, the [aseptic](#) method was developed, where contamination is prevented by removing contact between the patient and any infective agents. All germs were eliminated from the operating theatre and the surgeon performed the familiar ‘scrubbing up’ procedure that is still practised today.

The continued threat of infection

Even with asepsis methods, infection still occurred and it was not until the regular use of [antibiotics](#) from the late 1940s that the danger of internal infection was reduced. But antibiotic-resistant strains of staphylococcus had appeared by 1947 and even today deaths continue to be caused by [MRSA](#) and other antibiotic-resistant bacteria.

Surgery, branch of [medicine](#) that is concerned with the [treatment](#) of injuries, diseases, and other disorders by manual and instrumental means. Surgery basically involves the management of [acute](#) injuries and illnesses as [differentiated](#) from chronic, slowly progressing diseases, except when patients with the latter type of [disease](#) must be operated upon.

History

Surgery is as old as humanity, for anyone who has ever stanching a wound has acted as a surgeon. In some ancient civilizations surgery reached a rather high level of development, as in [India](#), China, Egypt, and Hellenistic Greece. In [Europe](#) during the Middle Ages, the practice of surgery was not taught in most universities, and ignorant barbers instead wielded the knife, either on their own responsibility or upon being called into cases by physicians. The organization of the United Company of Barber Surgeons of London in 1540 marked the beginning of some control of the qualifications of those who performed operations. This guild was the [precursor](#) of the Royal College of Surgeons of England.

In the 18th century, with increasing knowledge of [anatomy](#), such operative procedures as amputations of the extremities, excision of tumours on the surface of the body, and removal of stones from the [urinary bladder](#) had helped to firmly establish surgery in the medical curriculum. Accurate anatomical knowledge enabled surgeons to operate more rapidly; patients were sedated with opium or made drunk with alcohol, tied down, and a leg [amputation](#), for example, could then be done in three to five minutes. The [pain](#) involved in such procedures, however, continued to limit expansion of the field until the introduction of [etheranesthesia](#) in 1846. The number of operations thereafter increased markedly, but only to accentuate the frequency and severity of “surgical [infections](#).” In the mid-19th century the French microbiologist [Louis Pasteur](#) developed an understanding of the relationship of bacteria to infectious diseases, and the application of this theory to wound sepsis by the British surgeon [Joseph Lister](#) from 1867 resulted in the technique of [antiseptis](#), which brought about a remarkable reduction in the mortality rate from wound infections after operations. The twin emergence of [anesthesia](#) and antiseptis marked the beginning of modern surgery.

SIMILAR TOPICS

- [sports medicine](#)
- [veterinary medicine](#)
- [speech therapy](#)
- [therapeutics](#)
- [spa](#)
- [acupressure](#)
- [radiology](#)
- [gene therapy](#)
- [respiratory therapy](#)
- [art therapy](#)

[Wilhelm Conrad Röntgen's](#) discovery of X-rays at the turn of the 20th century added an important diagnostic tool to surgery, and the discovery of [blood](#) types in 1901 by the Austrian biologist [Karl Landsteiner](#) made transfusions safer. New techniques of [anesthesia](#) involving not only new agents for inhalation but also regional anesthesia accomplished by nerve blocking (spinal and local anesthesia) were also introduced. The use of positive pressure and controlled respiration techniques (to prevent the lung from collapsing when the pleural cavity was opened) made chest surgery practical and relatively safe for the first time. The intravenous administration (injection into the veins) of anesthetic agents was also adopted. In the period from the 1930s to the 1960s, the replenishment of body fluids by intravenous infusion, the introduction of chemicals and antibiotics to fight infection and to treat the metabolically disturbed body, and the development of heart-lung machines helped bring surgery to a state in which every body cavity, system, organ, and area could safely be operated on.

Present-Day Surgery

Contemporary surgical therapy is greatly helped by [monitoring](#) devices that are used during surgery and during the postoperative period. Blood pressure and pulse rate are monitored during an operation because a fall in the former and a rise in the latter give evidence of a critical loss of blood. Other items monitored are the heart contractions as indicated by electrocardiograms; tracings of [brain](#) waves recorded by electroencephalograms, which reflect changes in brain function; the oxygen level in arteries and veins; [carbon dioxide](#) partial pressure in the circulating blood; and respiratory volume and exchange. Intensive monitoring of the patient usually continues into the critical postoperative stage.

[Asepsis](#), the freedom from contamination by pathogenic organisms, requires that all instruments and dry goods coming in contact with the surgical field be [sterilized](#). This is accomplished by placing the materials in an autoclave, which subjects its contents to a period of steam under pressure. Chemical [sterilization](#) of some instruments is also used. The patient's skin is sterilized by chemicals, and members of the surgical team scrub their hands and forearms with antiseptic or disinfectant soaps. Sterilized gowns, caps, and masks that filter the team's exhaled air and sterilized gloves of disposable plastic complete the picture. Thereafter, attention to avoiding contact with nonsterilized objects is the basis of maintaining asepsis.

During an operation, [hemostasis](#) (the arresting of bleeding) is achieved by use of the hemostat, a clamp with ratchets that grasps blood vessels or tissue; after application of hemostats, suture materials are tied around the bleeding vessels. Absorbent sterile napkins called sponges, made of a variety of natural and [synthetic](#) materials, are used for drying the field. Bleeding may also be controlled by electrocautery, the use of an instrument heated with an [electric current](#) to cauterize, or burn, vessel tissue. The most commonly used instruments in surgery are still the scalpel (knife), hemostatic forceps, flexible tissue-holding forceps, wound retractors for exposure, crushing and noncrushing clamps for intestinal and vascular surgery, and the curved needle for working in depth.

The most common method of closing wounds is by [sutures](#). There are two basic types of suture materials; absorbable ones such as [catgut](#) (which comes from sheep intestine) or synthetic substitutes; and nonabsorbable materials, such as nylon sutures, steel staples, or adhesive tissue tape. Catgut is still used extensively to tie off small blood vessels that are bleeding, and since the body absorbs it over time, no foreign materials are left in the wound to become a focus for disease organisms. Nylon stitches and steel staples are removed when sufficient healing has taken place.

There are three general techniques of wound treatment; primary intention, in which all tissues, including the skin, are closed with suture material after completion of the operation; secondary intention, in which the wound is left open and closes naturally; and third intention, in which the wound is left open for a number of days and then closed if it is found to be clean. The third technique is used in badly contaminated wounds to allow drainage and thus avoid the entrapment of microorganisms. Military surgeons use this technique on wounds contaminated by shell fragments, pieces of clothing, and dirt.

The 20th century witnessed several new surgical technologies to supplement the techniques of manual incision. [Lasers](#) are now widely used to destroy tumours and other pigmented lesions, some of which are inaccessible by conventional surgery. They are also used to surgically weld detached retinas back in place and to coagulate blood vessels to stop them from bleeding. [Stereotaxic surgery](#) uses a three-dimensional system of coordinates obtained by X-ray photography to accurately focus high-intensity radiation, cold, heat, or chemicals on tumours located deep in the brain that could not otherwise be reached. [Cryosurgery](#) uses extreme cold to destroy warts and precancerous and cancerous skin lesions and to remove cataracts. In the late 20th century, some traditional techniques of open surgery were being replaced by the use of a thin, flexible fibre-optic tube equipped with a light and a video connection; the tube, or [endoscope](#), is inserted into various bodily passages and provides views of the interior of hollow organs or vessels. Accessories added to the endoscope allow small surgical procedures to be executed inside the body without making a major incision.

The major medical specialties involving surgery are general surgery, plastic surgery, orthopedic surgery, [obstetrics](#) and gynecology, neurosurgery, thoracic surgery, colon and rectal surgery, [otolaryngology](#), [ophthalmology](#), and [urology](#). General surgery is the parent specialty and now centres on operations involving the [stomach](#), intestines, breast, blood vessels in the extremities, endocrine glands, tumours of soft tissues, and amputations. [Plastic surgery](#) is concerned with the bodily surface and with reconstructive work of the face and exposed parts. [Orthopedic surgery](#) deals with the bones, tendons, ligaments, and muscles; fractures of the extremities and congenital skeletal defects are common targets of treatment. Obstetricians perform cesarean sections, while gynecologists operate to remove tumours from the [uterus](#) and ovaries. Neurosurgeons operate to remove brain tumours, treat injuries to the brain resulting from skull fractures, and treat ruptured intravertebral disks that affect the [spinal cord](#). Thoracic surgeons treat disorders of the lungs; the subspecialty of cardiovascular surgery is concerned with the heart and its major blood vessels and has become a major field of surgical endeavour. Colon and rectal surgery deals with disorders of the [large intestine](#). Otolaryngologic surgery is performed in the area of the ear, [nose](#), and [throat](#) (e.g., tonsillectomy), while ophthalmologic surgery deals with disorders of the eyes. Urologic surgery treats diseases of the urinary tract and, in males, of the genital apparatus.

Surgery



Surgery The word ‘surgery’ comes from the Greek *cheirourgen*, made up of *cheir* — hand and *ergo* — to work. Literally the term means ‘to work with the hand’. Surgery can therefore be defined as those manual procedures used in the management of injuries and disease.

Throughout his existence, man has been an aggressive animal and has always been the subject of [violence](#); contusions, fractures, dislocations, impalements, eviscerations, and so on. The earliest surgeons were no doubt those men and women who showed particular interest and skill in dealing with the injuries. Long before written records existed, we have to rely on the only available evidence, obtained from ancient [skeletons](#), to learn something of the diseases which afflicted primitive man and of the earliest surgical endeavours. Archaeologists have unearthed evidence of arthritis, bone infections, and bone tumours from the earliest times. Fractures, of course, are obvious, and splints of wood and of bark recovered from excavations from tombs of the Fifth Dynasty in [Egypt](#) have been dated at approximately 2450 bc. However — remarkably and inexplicably — the earliest major surgery of which we have undoubted evidence is trephination of the [skull](#), which dates back to at least 5000 bc in the Stone Age period. Not only did these primitive surgeons, using no more than crude flint or stone instruments, actually bore holes through the skull, but undoubtedly a proportion at least of their patients survived. We know this because about half of the skulls that have been excavated show evidence of healing around the edges of the bone defect. Others show that repeated operations had been performed. Moreover, this procedure was performed in widely different areas of the world. Trephined skulls have been excavated in Western Europe (including [England](#)), North Africa, [Asia](#), the East Indies, and [New Zealand](#). In the New World, evidence has been found of the operation in [Alaska](#) and down through the Americas to [Peru](#).

Appreciation of the body's anatomy

In the centuries before an understanding of human anatomy, surgical procedures were necessarily both limited and crude. The major advance was the introduction of human [dissection](#) in the European medical schools in the sixteenth century. An important landmark was the publication of the first comprehensive and fully illustrated textbook of human anatomy by Andreas Vesalius in 1543. Surgeons were now at least familiar with the location and relationships of anatomical structures, which enabled them, for example, to expose injured [blood vessels](#) and to appreciate what structures might be injured in deep body wounds. Of course, the scope of their endeavours was still seriously limited by the other three problems listed above.

Control of haemorrhage

For centuries, major haemorrhage from injured blood vessels was controlled by pressure or by the application of the cauterizing iron — what amounts to a red-hot poker. Not only was this

inefficient but, of course, it was also horrifyingly painful. The alternative of tying the damaged vessel with a ligature had been employed by various surgeons dating back to Celsus, a Roman medical author in the first century AD. A great advance was made by the French surgeon Ambroise Paré (1510–90) — a contemporary of Vesalius, and who actually met him once in consultation; he taught that ligation of blood vessels was safer and far kinder in major operations, especially in amputations. From then on, the control of haemorrhage became a safer and more accurate procedure.

Relief of pain

The agonizing pain of surgical procedures, whether to deal with a major wound, a fractured bone, an amputation, or removal of a tumour, was a major obstacle to the development of surgery. Surgeons would attempt to stupefy the patient with alcohol, opium, or morphia, but with little effect. It was the discovery of the anaesthetic properties of ether by William Morton (1811–68), a dentist in Boston, in 1846, and of chloroform by Sir James Young Simpson (1811–70) of [Edinburgh](#), in the following year, that at last allowed the surgeon to carry out his procedures painlessly and in an unhurried manner under general anaesthesia.

Control of infection

Infection, the fourth in our list of problems, was the greatest impediment to surgical progress and the last to be conquered. Over the centuries, the wounds which surgeons were tending, either as a result of injury or inflicted by themselves on their patients, would swell, redden, and suppurate with the discharge of pus. Indeed, this was regarded as the normal process of [wound healing](#). The patient often became severely ill from the general manifestations of infection — [fever](#), rigors, and toxæmia — and was very likely to die when this occurred. Nowadays, of course, we know that both the local and the general effects of infection are due to bacterial contamination of the wound. It was Louis Pasteur (1822–95) who proved conclusively that putrefaction of milk, urine, meat, and wine was due to bacteria and not merely to exposure to the air. It was the genius of Joseph Lister (1827–1919), the professor of surgery in [Glasgow](#), to realize that it was these [bacteria](#), carried into the wound, which resulted in the suppuration, pus, gangrene, and other dreaded complications which plagued the surgical wards of those days. It was obviously impossible to kill microbes in the wound by means of heat as Pasteur had shown in his experiments, so Lister developed chemical methods to destroy the bacteria, initially carbolic acid. Lister's first operation using this antiseptic method was in 1865, and he was soon able to show that major surgery could be performed with what had virtually never been seen before: healing without infection. The next stage was to progress beyond killing the bacteria that reached the wound to the prevention of contamination by eliminating bacteria from the operating theatre — aseptic surgery, with steam sterilization of instruments, dressings, and gowns, and the other rituals of the modern operating theatre.

Since the days of Lister, the dream had been to discover an agent that would kill the bacteria that spread through the body, without damaging the patient, as well as dealing with local contamination of the wound. It was Howard Florey, Ernst Chain, and their team in Oxford who succeeded in extracting penicillin in 1941. Its effects in both the prevention and the treatment of wound sepsis were dramatic and heralded the onset of today's 'antibiotic era'.

The conquest of pain, haemorrhage, and infection, together with today's detailed knowledge of the anatomy and physiology of the human body and its derangements under pathological conditions, has opened the way to the extraordinary burgeoning of surgery in the past century or

so, with advances being made in the past decades in what seems like geometrical progression. Only some aspects of this vast subject can be chosen here to illustrate this theme.

Abdominal surgery

Abdominal cancers are common and serious problems, and were among the first conditions to be dealt with in the post-Lister period. In 1881, Theodor Billroth (1829–94) carried out the first successful resection of a carcinoma of the stomach, soon to be followed by successes in dealing with [cancers](#) of the large bowel, kidney, and other structures. Abdominal emergencies, previously almost invariably fatal, were soon shown to be curable by surgery. Removal of the [appendix](#) for acute appendicitis, repair of perforated peptic ulcers, and removal of the ruptured [spleen](#) after trauma all became routine procedures.

Cardiac surgery

It was long thought that even touching the [heart](#) would be fatal, and it was not until 1897 that Ludwig Rehn (1849–1930) performed the first successful repair of a wound of the heart. Henry Souttar (1875–1964) made a considerable advance in 1925 when he passed his finger through the wall of the heart to dilate a stenosed mitral valve, an operation that was popularized by Harken in 1948. However, to perform careful procedures on the open heart itself under direct vision, the heart must be put out of circulation and stopped. This required the development of an effective pump oxygenator, which was developed successfully by Gibbon in the US and Melrose in London, allowing the first successful operation with this technique to be carried out by Lillehei in 1956. It was now possible to repair complicated congenital anomalies of the heart, replace diseased and defective valves (either with artificial valves or using pig or human cadaver valves preserved by freeze-drying), and, most commonly of all, to perform bypass operations on occluded coronary arteries, using either a superficial vein taken from the leg or an artery from the front of the ribs. This procedure, the [coronary artery bypass](#) graft, is now performed in tens of thousands of patients each year.

Minimal access surgery

Refinement in fiberoptic technology and engineering have produced instruments which are used for so-called ‘keyhole’ surgery. Fine tools can be passed into the abdominal and chest cavities so that many operations which previously required major incisions can now be performed through quite small puncture wounds. This is particularly well established in gynaecological surgery and in operations upon the gall bladder, and techniques are being devised for similar operations on other organs. This technology also involves the development of instruments to pass along every tube in the body, for example to remove obstructions in the oesophagus, bile ducts, bowel, prostate, and major blood vessels. Many procedures on [joints](#) — for example, removal of a torn cartilage from the [knee](#) — can now be performed safely, using these minimal access techniques.

Harold Ellis

UNIT 7. THE FIRST AID STATION.



Aid station



An aid station at a public festival.

An **aid station** is a temporary facility (often a [tent](#), table, or general rest area) established to provide supplies to endurance event participants or medical [first aid](#) and provisions during major events, disaster response situations, or military operations.^[1]

Aid stations may be divided into sections where the station serves both medical and non-medical functions.^[1]

Sporting events

At endurance races like [marathons](#) or [bicycle racing](#) events, aid stations are established along the race route to provide supplies (food, water, and repair equipment) to participants. During modern cycle races, aid station functions may be performed by a mobile [SAG Wagon](#) ("*Supplies And Gear*") or support vehicle that travels with participants at the rear of the *peloton*.

Typically [sports drinks](#) and [energy gels](#) are provided as well as water. Depending on the length of the race, food may be available. Often, medical supplies will also be available.^[2]

The aid station may also serve as a checkpoint to track competitors. During events where the distance between aid stations is predetermined and known by competitors, some trainers advise using aid stations as course markers for [pace-setting](#).^[3]

At some major annual marathon events, particular aid stations and their operators have become local institutions. The [Chicago Marathon](#), for example, has annual prizes for aid stations and aid station volunteers and some volunteers have managed the same station each year for many years. The event includes very large stations, some with more than 300 volunteers, and event organisers publish an *Aid Station Instruction Book*.^[2]

During the [Napoleonic Wars](#) (1803–1815), [the French](#) established a tiered system of medical support services. Basic aid stations operated by one field medic were established as close to front lines as possible, sometimes within a few hundred meters to allow for the treatment of wounded troops as soon as possible. The more seriously injured were transported further back behind front lines to [field hospitals](#) in churches or nearby [chateaus](#). Those who required more extensive treatment were transported again to much larger permanent "receiving" [military hospitals](#) in France.^[4]

Aid stations may also be established during training operations where the deployment of a "full [hospital](#)" is not required and the injuries treated are not as severe as those experienced during [combat operations](#).^[5] In such situations, aid station medics provide "level one" care and treatment of non-life-threatening injuries or illness. There is generally no provision for treating "serious or life-threatening" problems beyond [stabilization](#) for transportation to a larger medical facility.^[5]

In [disaster areas](#), aid stations may be established to provide [triage](#) for injured persons or longer term support for those in need of food or shelter.

Aid stations may be established in response to both a [natural](#) and [man-made](#) disaster events and may remain in place for the duration of the [disaster recovery](#) effort or may be replaced by larger or more permanent facilities. William L. Waugh gives the example of an aid station established during the aftermath of the [Hyatt Regency walkway collapse](#) and later replaced with more substantive triage facilities.^[6]

In the immediate aftermath of [Hurricane Katrina](#), [FEMA](#) and the [Red Cross](#) established a number of emergency aid stations throughout [New Orleans](#) and near [evacuation centers](#). These provided food, water, recovery supplies, medical aid and became a focal point of efforts to find missing persons.^[7] A number of privately owned facilities became makeshift aid stations including the bar, [Johnny White's](#).^[8]

First aid room



A female worker receives first aid for a sore finger from her supervisor in a medical room, circa 1941



First aid station at a [festival](#) ([United States](#), 2007)

A **first aid room** or **medical room** is a room in an establishment (e.g. a school, factory, sports venue or airport) to which someone who is injured or taken ill on the premises can be taken for [first aid](#) and to await the arrival of professional [emergency medical services](#).

According to guidance issued in 1981 in the UK, a first aid room should be clearly signposted, easily accessible and contain:

- a sink and drinking water;
- first aid materials (which may include [protective equipment](#) and blankets);
- an examination / medical couch;
- a telephone or other communication equipment;
- a record book for recording incidents.^[1]

In the [United Kingdom](#) a first aid room is required in some [chemical factories](#), [construction sites](#), and premises at a distance from medical services. In some cases the room may be used for other purposes when not required for first aid.^[1]

A [first aid station](#) or first aid post is a manned first aid room - especially a temporary one at a large gathering of people or an emergency incident.

History of First Aid Kits - The Unique and Unusual

Prevention is a great concept, but it does not take away the need to be ready for what will go wrong. In the world of first aid and emergency care, being prepared is essential in improving outcomes. Readiness requires the right tools.

Like a quickly accessible box full of useful things to help treat injured and ill people...

According to the medical supply company Johnson & Johnson, Robert Wood Johnson, the founder of the company, was on a train headed to Colorado for a vacation in early 1888 when he began a conversation with another passenger. This passenger happened to be the chief surgeon for the railroad and he related to Johnson the difficulty of getting injured railroad workers quickly to medical help.

As a result of this conversation, Johnson quickly conceived the idea of packaging sterile gauzes, bandages, and dressings in protective metal boxes that could be stored much closer to where the injuries were occurring. Injuries could be treated and stabilized immediately, prior to reaching more comprehensive care.

And so... the modern first aid kit was born...



Railroad first aid kits, c. 1890 - c. 1910.

Many early kits came with visual flair including dynamic colors, designs, and printing.



Early Johnson and Johnson first aid kits, c. 1915 – c. 1930

Some kits were created in association with organizations or connected to a unique purpose, c. 1920 – c. 1935



Other kits had unique design features to address certain circumstances or to create competitive advantages.



Glass National Affiliated Safety Organizations (NASO) Jar designed for cleanliness and visibility, c. 1917.



Aluminum tube kit designed by Standard Oil Co., c. 1924.



Johnson and Johnson wooden “wartime container”, c. 1942.

With the modernization of packaging came an alternative to the traditional loose packaging of materials...unit packaging in small cardboard boxes of consistent size.



Bell Telephone Co. disaster kit with unit packaging, c. 1955.

Kits today are a lot less formal and more generic, but Robert Wood Johnson's concept of first aid supplies that are clean, protected, and nearby remains the same. Hope you enjoyed this journey through time. **Written by [Bill Rowe](#)**

UNIT 9. INFECTIOUS DISEASES.



Infectious diseases

Infectious diseases are caused by pathogenic bacteria or other microorganisms that multiply in the body and have a harmful effect on it.

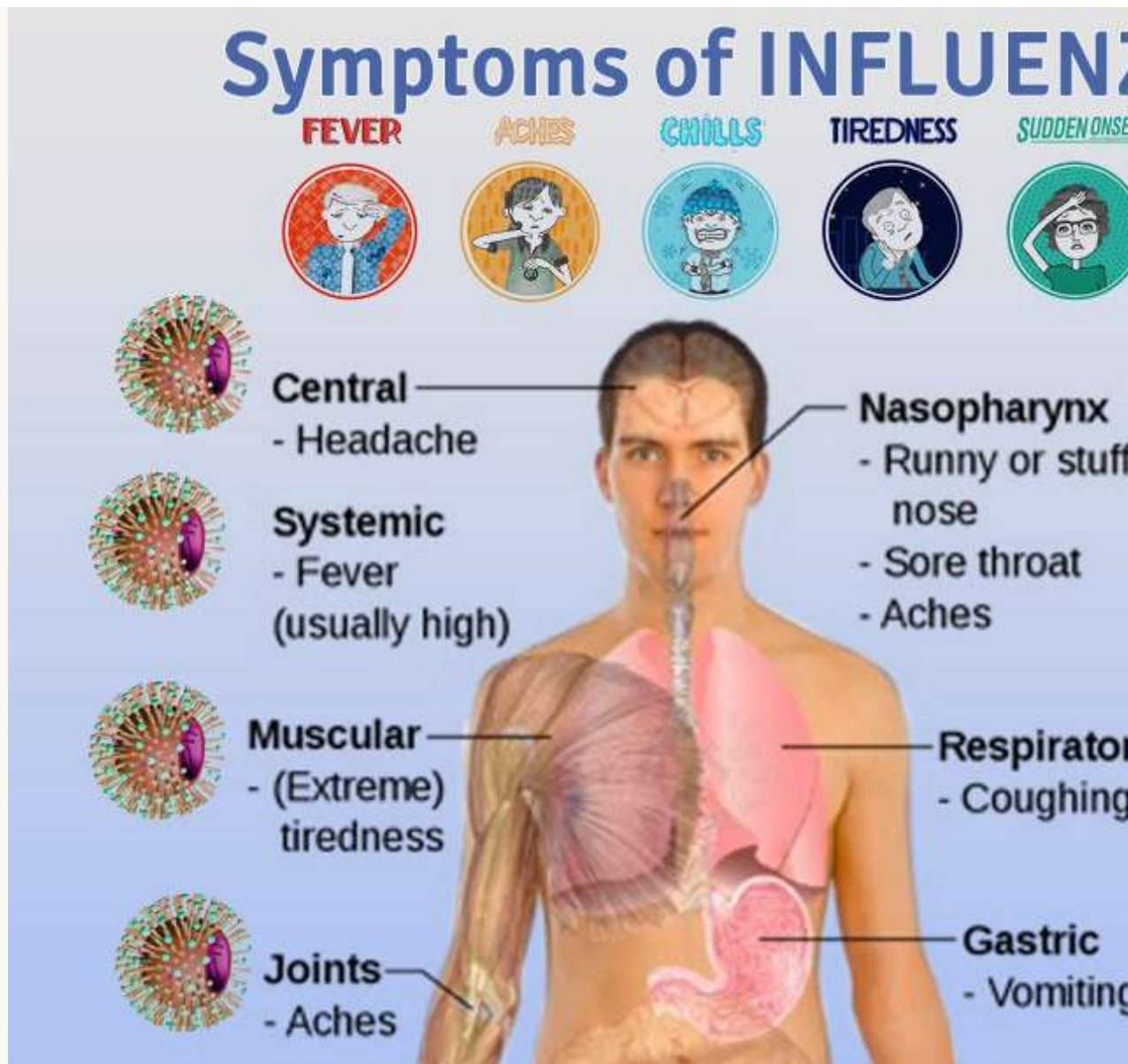
These organisms (germs and viruses) are capable of producing poisonous substances, or toxins, that poison the body.

The chief source of infection is direct or indirect contact with the patient himself, the disease being communicated to others either before it has been recognized and the individual isolated, or transmitted after quarantine has been removed.

According to the mode of infection contagious diseases may be classified as:

I. Infectious diseases in which the infecting organism penetrates

INFECTIOUS DISEASES



INFECTIOUS DISEASES

While many infectious diseases were once all but eliminated from the United States, there's an evidence that climate change is a factor that can help them expand their range and make a comeback.

Mosquitoes capable of carrying and transmitting diseases like dengue fever, for example, now live in at least 28 states. As temperatures increase and rainfall patterns change — and summers become longer — these insects can remain active for longer seasons and in wider areas, greatly increasing the risk for people who live there.

The same is true on a global scale: increases in heat, precipitation, and humidity can allow tropical and subtropical insects to move from regions where infectious diseases thrive into new places.

This, coupled with increased international travel to and from all 50 states, means that the US is increasingly at risk for becoming home to these new diseases.

Nearly 4,000 cases of imported and locally-transmitted dengue fever were reported in the US between 1995 and 2005, and that number rises to 10,000, when cases in the Texas-Mexico border region are included.

In Florida, 28 locally transmitted cases were reported in a 2009 — 2010 outbreak, the first there in more than 40 years. Dengue fever, also known as «Break bone Fever», is characterized by high fever, headaches, bone and joint aches, and a rash.

Recurrent infection can lead to bleeding, seizures, and death.

Lyme disease — transmitted primarily through bites from certain tick species — could expand as temperatures warm, allowing ticks to move into new regions.

West Nile virus, which first entered the US in 1999, expanded rapidly westward across the country. By 2005, over 16,000 cases had been reported.

Warmer temperatures, heavy rainfall and high humidity have reported increased the rate of human infection. Infectious diseases are known to be caused by the invasion and growth of microorganisms in the human body. Infection may result from direct contact with patients or from indirect one. But the human organism is known to have a specific capacity of resistance against infection, which is called immunity, it being natural and artificial. Under various conditions it may be entirely lacking, it may be relative, rarely it may be absolute. A previous attack of an infectious disease produces a more or less permanent protection against its subsequent infection. In the course of their growth in the body many pathogenic microorganisms produce virulent poisons or toxins, they causing the characteristic symptoms of a particular disease. To meet the infection the cells of the body produce a chemical antidote which is specific for this particular infection and is known as an antitoxin. If the patient can produce a sufficient amount of this antidote to neutralize the toxins before the vital organs are injured, recovery occurs. If the human body had not this capacity, we should suffer from all infectious diseases. If the toxin can be isolated from bacterial cultures and injected into men, an artificial immunity can be produced which results from the formation of antitoxin. The cellular elements of the tissues also take an active part in the protection of the organism against the infection. The presence of any infection usually produces leukocytosis and bacteria in the tissue are surrounded by white cells or phagocytes which prevent the spread of bacteria destroying them. If the reaction against invading bacteria is insufficient, vaccines may be injected subcutaneously to produce a more active resistance of the protective mechanisms of the body. Vaccines are employed not only to contribute to the treatment of a disease, but to establish an active artificial immunity.

Infectious diseases are known to be caused by the invasion and growth of microorganisms in the human body. The most common sources of infection in medical practice are direct contact with a patient's blood and saliva, consequently instruments and equipment used in the treatment become contaminated, the chief source of infection being direct or indirect contact with the patient himself.

According to specific way of invasion contagious diseases may be classified into four groups. Intestinal infections composing the first group are disseminated principally by the intestinal discharges, such as dysentery, typhoid fever, cholera etc. During coughing or talking infection is spread through the respiratory tract. The diseases of this group are diphtheria, smallpox and others. Infectious diseases in which the infecting organism penetrates through an abrasion or wound of the skin or mucous membranes are septicemia, gonococcus infection, toxemia etc. The diseases of the fourth group are spread by living insects. All these diseases, of which encephalitis is an example, are called blood infections.

4.4 Fan bo'yicha bilimlar, malaka va ko'nikmalarning reyting nazorati va baholash mezonlari

Talabaning tayyorgarlik darajasini belgilashda asosiy mezon sifatida uning joriy, oraliq, yakuniy nazoratlarda olgan baholar reytingi hisobga olinadi.

Fan uchun qo'yiladigan 100 ball quyidagi shaklda taqsimlanadi:

№	Nazorat turi	Maksimal ball	Koefissenti	O'tish ball
1.	Joriy nazorat TMI bilan birgalikda	50	0,5	27,5
2.	Oraliq nazorat	20	0,2	11,0
3.	Yakuniy nazorat	30	0,3	16,5
	JAMI	100	1	55,0

Semestrlar bo'yicha ballar fan o'qitilishining davomiyligiga qarab taqsimlanadi.

Amaliy ko'nikma o'tiladigan fanlarda baholash mezonlari.

№	Baholash turi	Maksimal bal	Saralash bali	Koeffisient
1	Joriy baholash	45	24.75	0.45
2	T M I	5	2.5	0.05
3	Oraliq baholash	20	11.0	0.2
4	Yakuniy baholash	30	16.5	0.3
	Jami	100	55.0	1

Talabalarining fan bo'yicha o'zlashtirish ko'rsatkichini nazorat qilishda quyidagi namunaviy mezonlar tavsiya etiladi:

a) 86-100 ball uchun talabalarining bilim darajasi quyidagilarga javob berishi lozim:

1. xulosa va qarorlar qabul qilish;
2. ijodiy fikrlar olish;
3. mustaqil mushohada yurita olish;
4. olgan bilimlarini amalda qo'llay olish;
5. mohiyatini tushunish;

6. bilish, aytib berish;
7. tasavvurga ega bo'lish;

b) 71-85 ball uchun talabanning bilim darajasi quyidagilarga javob berishi lozim:

- mustaqil mushohada yurita olish;

-olgan bilimlarini amalda qo'llay olish;

-ohiyatini tushunish;

-bilish, aytib berish;

-tasavvurga ega bo'lish;

c) quyidagi hollarda talabanning bilim darajasi 0-54 ball bilan baholanishi mumkin;

-aniq tasavvurga ega bo'lmaslik;

-bilmaslik;

Talabanning fan bo'yicha bir semestrda reytinqi quyidagicha aniqlanadi:

$$\frac{V \cdot O'}{R_f} = 100$$

$$R_f = 100$$

Bu yerda:

V – semestrda fanga ajratigan umumiy o'quv yuklamasi (soatlarda);

O' - fan bo'yicha o'zlashtirish darajasi (ballarda)

c) Talabalarning joriy va yakuniy nazoratlarda erishgan va tegishli hujjatlar (guruh jurnali, o'qituvchining shaxsiy jurnali, reytinq qaydnomasi)da qayd etilgan o'zlashtirish ko'rsatkichlari dekanatlar va o'quv-metodik boshqarmalarida kompyuter xotirasiga kiritilib, muntazam ravishda tahlil qilib boriladi. Joriy va yakuniy nazorat natijalari kafedra yig'ilishida muntazam ravishda muhokama etib boriladi va tegishli qarorlar qabul qilinadi

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