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Кафедра іноземних мов

ПРАКТИКУМ  
ДЛЯ ВДОСКОНАЛЕННЯ КОМУНІКАТИВНИХ ВМІНЬ З АНГЛІЙСЬКОЇ  
МОВИ У СТУДЕНТІВ ВИЩИХ МЕДИЧНИХ ЗАКЛАДІВ ОСВІТИ

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Практикум для вдосконалення комунікативних вмінь з англійської мови у студентів вищих медичних закладів освіти /Ю.В.Орел-Халік , С.Є.Трегуб.- Запоріжжя, ЗДМУ, 2016.- 101с.

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## Передмова

Практикум призначений для аудиторної та самостійної роботи з англійської мови для студентів денної та заочної форми навчання вищих медичних закладів освіти України та розрахований на 60-80 годин.

Метою практикуму є вдосконалення комунікативних вмінь з іноземної (англійської) мови для спеціальних цілей, сприяння розвитку та удосконаленню навичок студентів з оволодіння професійною лексикою, збагачення знань з хімії та фармації, формування культури фахового мовлення. Практикум є своєрідним, інтенсивним курсом який дозволяє повторити, закріпити та перевірити знання в рамках головного напрямку, а саме, формування культури фахового мовлення студентів вищих медичних закладів освіти.

Пропонований практикум має як теоретичну так і практичну орієнтацію та пов'язаний, насамперед, з професійною освітою студентів медичних вищів.

Структурна організація практикуму зумовлена сутністю і специфікою читання як комунікативного процесу, пов'язаного з аналітико-синтетичною обробкою інформації, поданої у текстах фахової тематики.

Практикум складається з 10 відносно незалежних модулів, які об'єднані загальною фаховою тематикою. Це дозволить викладачу підходити індивідуально до вибору завдань з урахуванням мовленнєвого рівня студентів. В кінці практикуму подається фаховий глосарій, який сприяє кращому засвоєнню термінології.

В кожному розділі приділяється увага розвитку лексичних та граматичних навичок, що дозволяє активізувати всі аспекти мовленнєвої діяльності студентів : читання, переклад, усне та письмове мовлення, які є базисом для формування та вдосконалення комунікативних вмінь з англійської мови у студентів вищих медичних закладів освіти.

Тексти пристосовано до виконання навчальних завдань з професійної мовної підготовки студентів медичного профілю за рахунок скорочення інформації та спрощення.

Лексичний склад текстів забезпечує тематичну спадкоємність і достатньо високу повторюваність, що сприяє вдосконаленню комунікативних вмінь студентів, тоді як запропоновані перед текстові, притекстові та після текстові завдання спрямовують дії студентів під час самостійної роботи, сприяють вирішенню мовленнєвих завдань.

Практикум також містить анотації до лікарських препаратів, що сприятиме ефективному читанню фахової літератури та збагаченню словникового запасу студентів.

Практикум містить мовні кліше, що відіграють невід'ємну частину фахової комунікації.

У контексті сучасних лінгво-методичних концепцій навчання іноземної мови для спеціальних цілей на особливу увагу заслуговує проблема формування культури професійної комунікації у майбутнього фахівця, вирішення якої неможливе без звертання до навчальних текстів, пов'язаних із майбутнім фахом.

Отже, пропонується «Практикум для вдосконалення комунікативних вмінь з англійської мови у студентів вищих медичних закладів освіти» відповідає саме цим вимогам.

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## Unit 1

### 1. Reading

#### THE ROLE OF THE ENGLISH LANGUAGE

##### I STUDY ENGLISH

English is an international **means of communication**. It is studied as a **foreign language** at secondary and higher schools of our country.

As for me I like English very much. I studied English at school and I'm studying it now. I study it every day because I want **to have a good command of** the language.

I am sure if I work at it systematically as I do now I will know the language very well. I try to do my best **to master English** as quickly as possible. I study pronunciation, vocabulary and grammar. I try to speak English with my teachers and with my friends. I read much and do many language exercises. I have many English books. I know that foreign languages are **of great importance** in our modern life.

#### ENGLISH AS A MEANS OF INTERNATIONAL COMMUNICATION

English is the **national language** in such countries as Britain, the United States of America, Canada, Australia and New Zealand. It is the mother tongue of nearly three hundred million people. Many people speak English in Japan, China, India and African countries. But many more use it as an international means of communication, because English has become a truly international language.

Science, trade, sport and **international relations** of various kinds have given the English language the status of one of the world's most important languages. Many scientific and technical journals are written in English although they are not necessarily published in England or other English-speaking countries. At **numerous** international meetings and conferences, English is the main language. The Olympic Games and other multinational sports events **cannot do without it**.

The role English plays today is the result of historical processes. The English language, in the course of its historical development, has met with so many influences

from abroad that its lexical and grammatical structure has come **to reflect** in many ways its international use.

English is a language which is indeed **able to cope** with the most **diverse tasks** of international communication.

### Active vocabulary

(to) have a good command of...	добре володіти
(to) try to do one's best	намагатися робити все можливе
(to) be of great importance	мати важливе значення
as quick as possible	якомога швидше
(to) learn by heart	вчити напам'ять
mother tongue	рідна мова
I beg your pardon ...	Вибачте...
I do not understand you.	Я Вас не розумію.
Say it again, please.	Скажіть це ще раз, будь ласка.
Please, speak slowly.	Говоріть, будь ласка, повільно.
What does this word mean?	Що означає це слово?

**2. Read the text paying attention to the words and phrases in bold. Check your knowledge of the vocabulary.**

**3. Find in the text Ukrainian equivalents to the following English words and phrases.**

- language	- scientific
- study	- knowledge
- vocabulary	- interpret
- read	- meaning
- peculiarity	- translate
- accent	- word

**4. Find in the text English equivalents to the following Ukrainian sentences.**

1. Англійська мова — мій улюблений предмет.
2. Багато людей розмовляють англійською мовою.
3. Англійською мовою розмовляють у Великобританії, США, Канаді.
4. Чи ви розмовляєте англійською мовою?
5. Англійська мова є міжнародною.
6. Багато англійських слів мають кілька значень.

**5. Write sentences using each phrase below.**

(English-speaking countries; mother tongue; foreign language; important nowadays; translate; English is spoken).

**6. Define whether each statement is true or false. Correct false statements.**

1. English is not an international means of communication.
2. English is not spoken in such countries as Britain, the United States of America, Canada, Australia and New Zealand.
3. Many scientific and technical journals are written in English.
4. I know that foreign languages are of great importance in our modern life.
5. At numerous international meetings and conferences, English is the main language.

**7. Choose the proper word complete the sentence.**

1. Is there anybody who speaks ... ?
2. What is the ... for ...?
3. The ... for ... is ... .
4. If you want to speak well you ....
5. The word combination "mother tongue" means ....
6. English is spoken in ... .

**8. Render the text. Start with the following phrase: "I would like to tell you about..."**

**9. Make up the summary of the text (using proper phrases p.68)**



### 10. Role-play. 🗣️

A: I am studying English now.

B: Are you really? They say it's very difficult.

A: I don't think English is easy.

B: Why do you think so?

A: Because I have to work hard learning a lot by heart.

A: I am going to be a doctor.

B: Why?

A: For a number of reasons.

B: What reasons?

A: The main one is I like medicine. ....

**Students should discuss questions in pair first and then after, share with the whole class their experiences.**

1. Give a piece of advice on how to learn English
2. Advertise the language you are studying now. Why do you study it?
3. Speak now:
  - a) the importance of English language;
  - b) how to use a dictionary.

## Unit 2

### 1. Reading

#### Pharmacy Education in the United Kingdom

Historically, entrance to the **pharmacy profession** required **successful** completion of a 3-year Bachelor of Science (BSc) degree followed by 1 year **preregistration work** under appropriate **supervision**. Since the turn of the century, however, the recognized qualification that permits registration with the **Royal Pharmaceutical Society of Great Britain (RPSGB)** has been the 4-year MPharm program, followed by the **compulsory** 1-year work program prior to **application** for registration as a pharmacist. Under the **Bologna agreement** for educational equivalence across Europe, this is classed as an “**undergraduate masters program**,” which is a lesser qualification than the traditional MSc degree; the reason being that possession of a bachelor's degree is not necessary for application to the program. Within Europe, pharmacy degree programs typically are 5 to 6 years. The United Kingdom's 4-year degree is the shortest of the European pharmacy degrees. The MPharm programs **fulfill** all of the **criteria** required under European regulations concerning equivalence of **qualifications**: a European Union citizen achieving an MPharm degree is thus eligible to apply for registration in any of the European member states. However, most member states **impose** some **additional** language requirements and the need to work under supervision for the first 3 to 6 months after taking up their new post. A non-European Union citizen qualifying as a pharmacist in one member state is not automatically **eligible** to apply for registration as a pharmacist in another member state since legislation applying to mutual recognition of qualifications applies to European Union citizens only. Students, however, are not obliged to undertake their preregistration **training** immediately following graduation; thus, a student who graduates in 4 years may decide to delay preregistration training.

There are cases where **graduates** have applied for preregistration training more than 10 years after **graduation**. Using the argument of “currency of knowledge,” it has now been suggested that graduates should be required to begin their preregistration

training within 3 years of graduation. This has yet to be legislated. The 12-month preregistration training culminates with a national registration examination. Students are allowed 3 **attempts** to pass this assessment if needed, with an additional 12-month period of training enforced after the second failure. The “standard” student is therefore expected to enter the Register of Pharmaceutical Chemists following completion of a 4-year university program and 1-year workplace training.

However, things changed in 2007 when a European directive concerning pharmacy qualifications began permitting part-time study. Whereas prior to October 2007 students were required to study full time for at least 4 years at a university, the **requirement** changed to “the equivalent of at least 4 years, **full-time study**.” How the issue of prolonged, part-time study and “currency of knowledge” is to be reconciled has yet to be decided.

The only other route which **bestows** eligibility for registration with the RPSGB is the Overseas Pharmacist Accreditation Program (**OSPAP**). Qualified non-European Union pharmacists may apply to the RPSGB for entry to an OSPAP program. Practicing pharmacists from outside the European Union who have qualified within the European Union, who satisfy various criteria, including English language qualifications and the **content** of the program from which they have graduated, may then be referred to one of 4 universities providing the OSPAP program. This is a 1-year **postgraduate program**, which following successful completion of the 1-year preregistration training, permits application for entry onto the Register of Pharmaceutical Chemists.

#### Active vocabulary

permit	ДОЗВОЛЯТИ
compulsory	ОБОВ’ЯЗКОВИЙ
fulfill	ВИКОНУВАТИ
additional	ДОДАТКОВИЙ
automatically	АВТОМАТИЧНО
training	ПІДГОТОВКА
to delay	УПОВІЛЬНЮВАТИ
therefore	ТОМУ ЩО

prolong	продовжувати
to apply	застосовувати
criteria	критерії
content	склад
entry	вступ
failure	помилка, провал

**2. Read the text paying attention to the words and phrases in bold. Check your knowledge of the vocabulary.**

**3. Find in the text Ukrainian equivalents to the following English words and phrases.**

- pharmacy profession	- criteria
- successful completion	- additional requirements
- (BSc) degree	- full-time study
- appropriate supervision	- attempts
- RPSGB	- Register of Pharmaceutical Chemists
- Bologna agreement	- criteria

**4. Find in the text English equivalents to the following Ukrainian words and phrases.**

- |                             |                      |
|-----------------------------|----------------------|
| - фармацевтична освіта      | - Реєстр фармацевтів |
| - ступінь бакалавра         | - кваліфікація       |
| - дореєстраційна робота     | - під керівництвом   |
| - спроба                    | - ступінь магістра   |
| - після дипломна підготовка | - успішне завершення |
| - склад програми            | - додаткові вимоги   |

**5. Write sentences using each vocabulary word below.**

(pharmacy profession; full-time study; under supervision; Bologna agreement; bestow).

**6. Define whether each statement is true or false. Correct false statements.**

1. Entrance to the pharmacy profession required successful completion of a 2-year Bachelor of Science (BSc) degree.

2. The MPharm programs fulfill all of the criteria required under European regulations concerning equivalence of qualifications.

3. A non-European Union citizen qualifying as a pharmacist in one member state is automatically eligible to apply for registration as a pharmacist in another member state.

4. Students are allowed 13 attempts to pass examinations.

5. Pharmacy study lasts 7 years in the UK.

**7. Choose the proper word and make up the sentence.**

1. Students are allowed ... attempts to pass examinations.

a.1 b.2 c.3 d.5 e.7

2. Within Europe, ... degree programs typically are 5 to 6 years.

a. pharmacy b. medicine c. biology d. chemistry e. sociology.

3. Students, however, ... to undertake their preregistration training immediately following graduation;

a. are not obliged b. are obliged c. must d. are able to e. are to.

4. The MPharm programs fulfill all of the criteria required under ... regulations concerning equivalence of qualifications.

a. European b. American c. Australian d. Canadian e. UK

5. Qualified non-European Union ... may apply to the RPSGB for entry to an OSPAP program.

a. pharmacists b. biologists c. nurses d. surgeons e. therapists.

**8. Render the text. Start with the following phrase: "I would like to tell you about..."**

**9. Make up the summary of the text (using proper phrases p.68)**

**10. Role-play. 🗨️**

## **Vocabulary Definition**

**Pharmacy** A shop where medicines are prepared and sold. (Chemist)

**Pharmacist** Someone whose job is to prepare medicines in a shop or hospital.

**Tablets** Pill (a small round hard piece of medicine which you swallow.)

**capsules** A plastic container shaped like a very small tube with medicine inside that you swallow whole. (tablet)

**Prescription** A piece of paper on which a doctor writes what medicine a sick person should have, so that they can get it from a pharmacist.

**Warning** A statement that tells you that something bad, dangerous, or annoying might happen so that you can be ready or avoid it.

**Dosage** Amount of medicine to take

**Precaution** Something you do in order to prevent something dangerous or unpleasant from happening.

1. What do you understand by "pharmacy"?
2. Have you ever gone to the pharmacy?
  - a. when did you go?
  - b. what was the problem?
  - c. what medication did you get?
  - d. did you talk to the pharmacists?
  - e. did the medication help?

**Students should discuss questions in pair first and then after, share with the whole class their experiences.**

**Here is an example:**

“I went to the drugstore in town to fill a prescription at the pharmacy. I had had some problems with my arm and the doctor prescribed for me a new medication. I waited in line and when it was my turn, I handed the prescription to the pharmacist. She told me to come back in 15 minutes and she would have it ready for me.

In the meantime, I went to look for some stomach medication at the counter. There were some tablets and capsules. I decided on the capsules and returned to the pharmacy.

The pharmacist asked me if I had taken this medicine before. I told her I hadn't, and she pointed out the directions on the bottle. It had the dosage information: Take two tablets two times a day. There was also a warning not take it on an empty stomach. The bottle also read that I should stop the medication if I had any serious side effects. The pharmacist told me to follow the directives closely so that I can avoid an overdose. I paid for the medicine and thanked her for her help.”

## Unit 3

### 1. Reading

#### UK Pharmacy program

There are 22 schools of pharmacy in the United Kingdom offering **MPharm degrees**, of which 4 also offer the OSPAP. A further 4 universities are currently in **negotiation** with RPSGB regarding possible **accreditation** of new MPharm programs. Each school admits **an average** of 150 students to their MPharm program each year; thus, the United Kingdom provides **approximately** 3300 undergraduate pharmacy places per year. **In addition** there are about 120 places available on OSPAP programs **per year**. Under the current UK system, students applying for university entrance can apply to a maximum of 5 courses, which may be at the same or different universities. In the case of medical school, students can apply to 4 medical programs only, plus 1 other **non-medicine program**. **The majority** of students applying for pharmacy **apply** exclusively to pharmacy programs, although approximately 20% list pharmacy as their fifth choice after the 4 medicine **applications**. On average, each school of pharmacy receives approximately 8-10 **applicants** for each place on their MPharm program, but **taking into account** that each applicant has applied to 4 other schools of pharmacy, this translates to 10,000 applicants for the 3,300 places across the UK per year. OSPAP programs are also over-subscribed with waiting lists for applications, the current under **capacity** in number of places resulting in 3 applicants for each place.

Entry qualifications **vary** slightly **across** the 22 UK schools of pharmacy, but the most important deciding factor for most applicants is performance in the national school-leaving examinations (Advanced Levels also known as A-Levels). A-Levels are the final examinations taken by 18-year-old school-leavers. The 3 subjects normally studied at A-Level before applying for the MPharm program are chemistry, math, and biology. Typical entry qualifications would approximate to 3 A grades at A-Level or 1 A grade and 2 B grades; invariably A-level chemistry is mandatory. Other equivalent qualifications are acceptable, but heretofore, 15%-20% of entrants already hold a bachelor's degree (graduate entry). Typically graduates would be expected to have achieved an upper-second class honors degree (ie, >60% average) if they are to be



offered a place on the program. The practice regarding the interviewing of applicants also differs. At least one school has adopted a “middle-way” in utilizing a written entrance examination as part of their selection process.

A further **criterion** for entry to an MPharm or OSPAP program is “**fitness to practice**.” Each university is required to ensure that the applicant does not **suffer from** any disability or illness that may prevent registration, and that there is no history of **criminal conviction** that may **prevent** registration.

#### Education costs

In recent years, funding of UK higher education has changed. Thirty years ago higher education was free to all qualified UK **applicants**, and the government paid a means-tested allowance to cover accommodation and subsistence. Non-UK entrants paid the full costs of the program. **Approximately** 10 years ago the government introduced a subsidized tuition fee for all UK and EU students of approximately £1000 per year (£1 = \$2.00 approximately) which had to be paid on registration with the university. Three years ago the system became more complicated with the introduction of “top-up” fees. The government decreed that universities would no longer receive the £1000 student **contribution**, but that universities may opt to charge a fee of up to £3000 per year, which would be payable in installments by students after graduation when they reached **a threshold salary**. This applied to UK and EU citizens; thus, in theory, a student from Greece attending university in the United Kingdom and then returning to employment in Greece would be monitored by UK authorities and invoiced when they achieved the euro equivalent to the salary threshold. UK and EU students attending university in England **therefore** accumulate debts of £3000 per year tuition fees for 4 years, together with the costs of accommodation and subsistence. However, the Welsh and Scottish regional governments have chosen not to impose the top-up fees; thus, tuition is free for Scottish, Welsh, or other EU students, but £3000 per year for English students studying in Scotland or Wales.

The latest development in UK higher education concerns “equivalent or lower qualifications” (ELQs). In 2008, the government announced that the £3000 top-up fees apply only to first degrees; thus, any graduate seeking entry to another bachelors

program will be required to pay the full cost of **tuition/education** upon **registration**, typically £8,000-£10,000 (approximately \$16,000-\$20,000) per year. Interestingly medicine, nursing, and teaching programs are exempt from this decision because the 3 subjects are funded directly from other government departments. Pharmacy, although a masters degree program, is able to admit bachelors degree program graduates, but they are required to pay the full cost of tuition since pharmacy programs are funded from an overarching government **university-funding agency**, the Higher Education Funding Council for England (HEFCE), rather than directly from an **autonomous** government department (as is the case with medicine, nursing, and teaching).

### Active vocabulary

to offer	пропонувати
negotiation	переговори
an average	в середньому
list	список
choice	вибір
capacity	здібність
level	рівень
interviewing	співбесіда
mandatory	обов'язковий
to achieve	досягати
tuition	навчання
decision	рішення
fund	фонд
case	випадок

**2. Read the text paying attention to the words and phrases in bold. Check your knowledge of the vocabulary.**

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**3. Find in the text Ukrainian equivalents to the following English words and phrases.**

- accreditation	- regional governments
- an average	- autonomous government
- in addition	- tuition/education
- attending university	- university-funding agency
- taking into account	- a threshold salary

**4. Find in the text English equivalents to the following Ukrainian words and phrases.**

- |                          |                        |
|--------------------------|------------------------|
| - регіональне управління | - автономне управління |
| - акредитація            | - досягати             |
| - абітурієнт             | - наголошувати         |
| - навчання, освіта       | - стипендія            |
| - приймаючи до уваги     | - в випадку            |
| - в середньому           | - зарплатня            |

**5. Write sentences using each vocabulary word below.**

(development; contribution; full costs; fitness to practice; suffer from)

**6. Define whether each statement is true or false. Correct false statements.**

1. There are 22 schools of pharmacy in the United Kingdom offering MPharm degrees.

2. Each school admits an average of 140 students to their MPharm program each year.

3. Each university is not required to ensure that the applicant does not suffer from any disability or illness.

4. The 3 subjects normally studied at A-Level before applying for the MPharm program are chemistry, math, and English.

5. A-Levels are the final examinations taken by 18-year-old school-leavers.

**7. Choose the proper word and make up the sentence.**

1. There are about 120 places available on OSPAP programs ... year.

a. in b. on c. per d. at e. up

2. A further criterion for entry to an MPharm or OSPAP program is ...  
a. fitness to practice b. illness c. disability d. knowledge e. practice
3. Non-UK entrants pay the ... of the program.  
a. part costs b. full costs c. everything d. total e. additional costs
4. the United Kingdom ... approximately 3300 undergraduate pharmacy places per year.  
a. provides b. gives c. takes d. gets e. obtains
5. The government decreed that universities would no longer receive the £...student contribution.  
a. 1550 b. 1000 c. 2000 d. 2500 e. 3000

**8. Render the text. Start with the following phrase:" taking into account ..."**

**9. Make up the summary of the text (using proper phrases p.68)**

**10. Role-play. 🗨️**

Pharmacist: Can I help you?

Olga: Yes ... I think I've got flu.

Pharmacist: What are your symptoms?

Olga: I've got a headache and my muscles are sore.

Pharmacist: Hmm.. When did this start?

Olga: Yesterday

Pharmacist: Well, you should stay at home and drink plenty of fluids. You could also take this drink. Just add hot water and have one sachet every four hours.

Olga: OK. How much is that?

Pharmacist: It's £3.40 for a box of 10 sachets.

Olga: OK. I'll take that.

Pharmacist: If you're not feeling better in a couple of days then you should make an appointment to see your GP.

Olga: OK, I will. Thanks for your help.

Pharmacist: Thank you. Hope you feel better soon.

**11. Select the correct answers.**

Olga thinks she has...

(throat, infection, flu, throat ache )

What symptoms does she have?

(sore muscles, earache, a headache)

The pharmacist advises Olga to...

( stay at home, eats lots of food, drink plenty of fluids)

The pharmacist recommends a drink which can be taken...

(every four hours, every two hours, five hours)

The drink will cost ...

(£3.40, £3.50, £4.50)

**12. Look through the dialogue of Olga at the pharmacy and fill in the gaps the text below.**

(better, flu, symptoms, sachet, headache, plenty, help, much, appointment, sore, feel)

Pharmacist: Can I... you?

Olga: Yes ... I think I've got...

Pharmacist: Ah. What are your...?

Olga: I've got a ...and my muscles are...

Pharmacist: When did this start?

Olga: Yesterday.

Pharmacist: Well, you should stay at home and drink...of fluids.

You can also take this drink. Just add hot water and have one...every four hours.

Olga: OK. How... is that?

Pharmacist: It's £3.40 for a box of 10 sachets.

Olga: Ok. I'll take that.

Pharmacist: If you're not feeling ... in a couple of days then you should make an ... to see your GP.

Olga: Ok, I will. Thanks for your help.

Pharmacist: Thank you. Hope you...better soon.

## Unit 4

### 1. Reading

#### UK PROGRAM CONTENT

MPharm programs are all accredited by the RPSGB, typically on a 5-year basis.

The **indicative syllabus (curriculum content)** is much less **prescriptive** with generic requirements such as the teaching of:

- **Etiology and epidemiology** of major **diseases** and the principles of **drug treatment**.
- Molecular basis of **drug action** and the actions of drugs within living systems; molecular, cellular, biological, and physical aspects.
- **Physico-chemical aspects** of drugs and biological systems, including **thermodynamics** and chemical kinetics.
- **Analytical methods**: principles, design, **validation and application**.
- **Sale and supply of medicines**, including evaluation and management of risk and provision of advice.
- **Codes, standards**, and systems of governance and practice; risk management; and **personal accountability**, to include the need for, and means of, continuing **professional development**.

**In practice**, most of the UK MPharm programs are broadly **similar**, although not sufficiently similar to permit easy transfer between programs; thus, a student completing year 1 at a **particular** school will have difficulty gaining direct transfer to year 2 at another school. The typical program will cover aspects of fundamental chemistry, math, biology, and **physiology** in year one, together with an introduction to the practice of pharmacy and some **guidance on** academic or study skills. There is also usually at least 1 **half-day visit** to a hospital or community pharmacy (in the whole year). Years 2 and 3 then build on this to cover, in more detail, medicinal chemistry mathematics, product formulation, analytical chemistry, and systems-based **pharmacology** and **therapeutics**, including pharmacy practice. Again most programs will **involve** some form of experiential visit and completion of a **log-book** or training record, typically 1 week per academic year in years 2, 3, and 4. The final year is normally comprised of an extended

research project, which must involve some form of generation, analysis, and **interpretation of novel data**, and some optional in-depth study of selected topics.

#### Typical RPSGB-accredited MPharm Program Outline

A minority of schools offer a “**sandwich option**” in which students take a break in studies following completion of year 3, and take up pharmacy-related, paid employment for 6-12 months. They then return to university to complete their studies. The aim is that the placement counts towards their preregistration training, but more importantly gives them greater insight into the relevance of the subject matter taught at the university. A 6-month sandwich placement would equate to 6 months preregistration training

#### PHARMACY PRACTICE

Approximately 2000 pharmacy graduate enter preregistration each year. Students are selected by their preregistration employers on the basis of **predicted grades, interviews, and references**. By far the majority of pharmacy graduates enter the community/retail arm of the profession, followed by hospital, **industry**, and academia.<sup>4</sup> Industry has reduced its demand for pharmacy graduates in light of the increase in the number of programs providing graduates in **pharmaceutical sciences**. Academia, however, is still in need of registered pharmacists, but finds itself unable to attract suitably **qualified applicants**; this situation has not changed **significantly** over the last 20 years. The reason is **twofold**: first, academic salaries do not **compete** with salaries within the other sectors of the profession; and second, there are only a limited number of practicing pharmacists that fulfill the research output criteria currently expected by universities. A new issue has had a further impact on academic pharmacy; **annual registration fees** for pharmacists have increased threefold in the last few years to £400 per year (approximately \$800), while average salaries for pharmacists are £40,000 (approximately \$80,000). Many academic pharmacists are therefore questioning the need to remain on the register if they have no clinical commitment. The universities and RPSGB are eager to encourage them to re-register, but the debate continues. Other career destinations for pharmacists, again which do not require continued registration, would be finance, law, and journalism.

## PHARMACIST PRESCRIBING

The major **development** in the practice of pharmacy has been the introduction of **supplementary prescribing** and independent prescribing **carried out by** pharmacists. Supplementary prescribing is prescribing of repeat or modified prescriptions following **diagnosis** by a qualified clinician, whereas independent prescribing involves an element of diagnosis and choice of medicines. It is the **professional responsibility** of pharmacists not to prescribe outside their area of **expertise**. Qualification as a supplementary or independent prescriber currently requires practicing pharmacists to undertake **additional accredited training** subsequent to them becoming recognized as proficient in a particular pharmaceutical specialty, eg, **gerontology, oncology**, or renal medicine. **Proficiency** is determined by a pharmacist's depth of experience in a particular setting and is ascribed by the pharmacist's employer. In future years, all MPharm graduates will have covered the necessary supplementary and independent prescribing syllabus as part of their undergraduate program; hence, progression to accredited prescriber status will not require additional training. The addition of material pertaining to supplementary and **independent** prescribing to the undergraduate **syllabus** has greatly increased the emphasis on therapeutics and prescribing practice.

The final consideration for future pharmacy programs is the “skills escalator.”<sup>5</sup> **Pharmacy technicians** are now required to possess recognized national qualifications and be registered with the pharmaceutical society. Government bodies would like to see the situation whereby qualified, registered pharmacy technicians should be able to progress to registration as a pharmacist without the need for undertaking the full 4-year program and 1-year preregistration training. MPharm Program development teams are **therefore** considering the variety of **mechanisms** for **provision** of **accelerated** entry and/or part-time study modes of pharmacy education.

### Active vocabulary

syllabus	програма
generic requirements	загальні вимоги



principles	принципи
management	управління
diseases	захворювання
to select	вибирати
reason	причина
independent	незалежний
therapeutics	терапія
supplementary	додатковий
skills	навички
responsibility	відповідальність
interview	співбесіда
annual	щорічний

**2. Read the text paying attention to the words and phrases in bold. Check your knowledge of the vocabulary.**

**3. Find in the text Ukrainian equivalents to the following English words and phrases.**

- indicative syllabus
- drug treatment
- guidance on
- interpretation of novel data
- qualified applicants
- supplementary prescribing
- twofold
- gerontology, oncology
- proficiency
- pharmacist's employer
- pharmacy technicians
- part-time study

**4. Find in the text English equivalents to the following Ukrainian words and phrases.**

- професійність
- геронтологія
- лікування медичними засобами
- тому що
- додаткове призначення
- додаткова підготовка
- конкурувати
- співбесіда
- значно
- застосування

- учбовий план

- продаж та постачання ліків

**5. Write sentences using each vocabulary word below.**

(major diseases; carried out by; personal accountability; professional development; sale and supply of medicines)

**6. Define whether each statement is true or false. Correct false statements.**

1. Pharmacy students study physico-chemical aspects of drugs and biological systems, including thermodynamics and chemical kinetics.

2. In practice, most of the UK MPharm programs are broadly similar.

3. Pharmacy technicians are now required to possess recognized national qualifications and be registered with the pharmaceutical society.

4. The majority of pharmacists work in hospitals and universities.

5. Supplementary prescribing and independent prescribing carried out by pharmacists is very important.

**7. Choose the proper word and make up the sentence**

1. MPharm programs are all accredited by the RPSGB, typically on a ... basis.

a. 6-year b. 5-year c. 7-year d. 4-year e. 3-year

2. Years 2 and 3 then build on this to cover, in more detail on study of ... subjects.

a. Additional b. special c. traditional d. mandatory e. general

3. The ... year is normally comprised of an extended research project.

a. Final b. first c. second d. third e. senior

4. By far the majority of pharmacy graduates enter the community/retail arm of the profession, followed by hospital, ..., and academia.

a. industry b. plant c. factory d. agriculture e. institution

5. ...is determined by a pharmacist's depth of experience in a particular setting and is ascribed by the pharmacist's employer.

a. Knowledge b. experience c. Proficiency d. skills e. practice

**8. Render the text. Start with the following phrase:” it is interesting to note that ...”**

**9. Make up the summary of the text (using proper phrases p.68)**

**10. Role-play. 🗨️**

**1. Dialogue Reading**

Read the dialogue with your partner a few times. Take turns being each character. Practice your intonation and pronunciation.

*Customer:* **I'd like to have this prescription filled please.**

**Pharmacist:** Have you taken this medicine before?

*Customer:* No I haven't.

**Pharmacist:** **You have to take one pill three times a day for seven days.**

*Customer:* **Are there any side effects?**

**Pharmacist:** Yes. **You may feel drowsy.**

*Customer:* What about precautions?

**Pharmacist:** **Don't drive when you take this medicine.**

*Customer:* **When will the prescription be ready?**

**Pharmacist:** **You can pick it up about three o'clock.**

*Customer:* Okay. Thank you. See you later.

## Unit 5

### 1. Reading

#### PHARMACY EDUCATION IN THE UNITED STATES

The purpose of this text is to provide information on the pharmacy education system, pharmacy residencies and practicing pharmacy in the US.

#### Preparation for Pharmacy Study

Few colleges **admit** students directly from **secondary school**. Most colleges of pharmacy **require** one or two years of university level **pre-pharmacy** or **pre-professional education**. Pre-professional courses can be taken at any regionally accredited university, college, or junior college in the US that offers a prepharmacy program. Entry requirements usually include mathematics and **basic sciences**, such as **chemistry, biology, and physics**, as well as courses in the **humanities and social sciences**. It is **important** that pre-professional students arrange their course work to meet the requirements of the college of pharmacy in which they eventually plan to enroll. Most colleges of pharmacy then require the **applicant** to take the **Pharmacy College Admissions Test** as part of the admissions criteria for entry into a professional pharmacy degree. The test is **a multiple-choice examination** that tests verbal and **quantitative ability**, reading comprehension, and biology and chemistry knowledge. The test costs USD \$105 and is administered in the US and Canada only.

#### First Professional Degree Programs

Students of Pharmacy can choose between two first professional degrees: the Bachelor of Science (**BS**) in Pharmacy, which requires 5 years of study, and the Doctor of Pharmacy (**Pharm.D.**) degree, which usually takes 6 years to complete. The Pharm.D. degree is generally the more challenging of the two degrees as Pharm.D. students gain more experience in dealing with patients and working with health practitioners than do students who complete only a BS. Students can enroll in a Pharm.D. program either directly after completing pre-pharmacy study or after obtaining a BS (those completing both BS and Pharm.D. degrees may end up taking longer than six years to finish the two programs, depending on the particular institution or institutions they attend.) Some pharmacy schools **offer** the Pharm.D. as the only first

professional degree, some offer students a choice between the BS or the Pharm.D., and others may require a BS prior to **enrolment** in their Pharm.D. program.

The **curriculum** for both the BS and Pharm.D. programs includes courses on pharmaceutical chemistry (**deals with the composition** and properties of substances used to manufacture drugs), **pharmacognosy** (the study of drugs derived from plants or animals), **pharmacology** (studies the action of drugs in the body. **Toxicology** is a branch of pharmacology that studies the effects of poisons and means of overcoming them), **clinical pharmacy** (which deals with patient care, emphasizing **drug therapy**), **pharmacy administration** (which focuses on business management) and also **opportunities** for pharmacy practice in a workplace **environment**. The Pharm.D. curriculum is likely to include **additional advanced courses** in fields such as **therapeutics, pathophysiology, biostatistics, and pharmacokinetics**.

### **Graduate Degree Study**

Students who have earned a professional degree from an accredited pharmacy school or college or the equivalent overseas may qualify to enter a Master of Science (**MS**) or Doctor of Philosophy (**Ph.D.**) degree programs. Students with an undergraduate degree in a **pharmacy-related field** (such as chemistry or biology) can also apply to programs, though some schools may admit only students with first professional pharmacy degrees. MS and Ph.D. degrees do not qualify students to take US **licensure** examinations-only a BS or Pharm.D. degree qualifies pharmacy graduates for such tests. MS and Ph.D. programs are usually geared toward those interested in conducting research, teaching, or pursuing a specialty. Areas of pharmacy specialization (defined above) might include pharmaceutical chemistry, pharmacognosy, pharmacology, toxicology, or pharmacy administration as well as other, less common, areas. Universities may also offer opportunities for additional study in some of these areas for those who have already completed an advanced pharmacy degree.

**International students** should contact individual schools to **inquire** about their requirements for admission into graduate programs. A large majority of pharmacy schools accept students with foreign degrees into their programs; however, a few schools **enroll** US students only. The Fulbright Information Center's website has a

presentation about graduate studies in the US that explains **in detail** the admission process to graduate programs.

### Active vocabulary

Admit	приймати
pre-pharmacy education	до фармацевтична освіта
basic sciences	базові предмети
Humanities	гуманітарні предмети
reading comprehension	розуміння прочитаного
Environment	навколишнє середовище
Curriculum	учбовий план
professional degree	професійна ступінь
pharmacy-related field	фармацевтично-пов'язана галузь
to be interested in	бути зацікавленим чим-то
complete	завершувати
opportunity	можливість
majority	більшість
explain	пояснювати

**2. Read the text paying attention to the words and phrases in bold. Check your knowledge of the vocabulary.**

**3. Find in the text Ukrainian equivalents to the following English words and phrases.**

- |                                            |                            |
|--------------------------------------------|----------------------------|
| - basic sciences                           | - pharmacy administration  |
| - humanities                               | - a workplace environment  |
| - a multiple-choice examination            | - pharmacy-related field   |
| - deals with                               | - licensure                |
| - composition and properties of substances | - pharmaceutical chemistry |
| - clinical pharmacy                        | - in detail                |

**4. Find in the text English equivalents to the following Ukrainian words and phrases.**

- |                           |                             |
|---------------------------|-----------------------------|
| - до фармацевтична освіта | - можливості                |
| - ліцензія                | - навколишнє середовище     |
| - мати справу з           | - додаткове навчання        |
| - основні науки           | - найвищий ступінь фармації |
| - склад ліків             | - випускники                |
| - якості речовин          | - дія токсинів              |

**5. Write sentences using each vocabulary word below.**

( basic sciences; offer; verbal and quantitative ability; composition and properties of substances; pharmacy-related field).

**6. Define whether each statement is true or false. Correct false statements.**

1. Entry requirements usually include mathematics and basic sciences, such as chemistry, biology, and physics, as well as courses in the humanities and social sciences.

2. Pharmaceutical chemistry (deals with the composition and properties of substances used to manufacture drugs).

3. Pharmacognosy (the study of substances derived from plants or animals).

4. The Pharm.D. curriculum is likely to include additional advanced courses in fields such as therapeutics, pathophysiology, biostatistics, and pharmacokinetics.

5. Clinical pharmacy does not deal with patient care, emphasizing drug therapy.

**7. Choose the proper word and make up the sentence.**

1. Most colleges of pharmacy require one or two years of ... level pre-pharmacy or pre-professional education.

a. university b. school c. academy d. institute e. college

2. Most colleges of pharmacy then require the applicant ... the Pharmacy College Admissions Test.

a. to get; b. to take; c.to intake; d. to admit; e. to receive

3.The Doctor of Pharmacy (Pharm.D.) degree, usually takes ... years to complete.

a. 6 b.5 c. 7 d. 8 e.10

4. International students should contact individual schools ... about their requirements for admission into graduate programs.

a. to get b. to access c. to inquire d. to recognize e. to obtain

5... focuses on business management.

a. Pharmacy administration b. clinical Pharmacy c. Therapy d. Surgery e. Pharmacognosy

**8. Render the text. Start with the following phrase: "I would like to tell you about..."**

**9. Make up the summary of the text (using proper phrases p.68)**

### **10. Role-play. 📎**

Work with your partner. Role-play the dialogue, substituting the different expressions below. Then reverse roles.

**I'd like to have this prescription filled please.**

Could you please fill this prescription for me.

I need to have a prescription filled.

**You have to take one pill a day for seven days.**

You've got to take one tablet with each meal.

You should take two teaspoons before bedtime.

You need to apply the ointment daily.

**Are there any side effects?**

Will there be any side effects?

Will I feel any side effects?

**You may feel drowsy.**

You may feel sleepy.

You may get a headache.

You might feel dizzy.

You could feel a little nauseated.

**When will the prescription be ready?**

When can I pick it up?



When will it be filled?

### 3. Vocabulary

At the Pharmacy

**Don't drive when you take this medicine.**

You shouldn't drink alcohol when you take this medicine.

Don't take this if you are pregnant or nursing a baby.

Don't exceed the recommended dosage.

**You can pick it up about three o'clock.**

It will be ready this afternoon.

You can get it later today.

**Match the words on the left with the correct meaning on the right.**

1. drowsy	a. feeling like you have to vomit
2. nauseated	b. a kind of medicine used on skin
3. pregnant	c. be more than
4. precaution	d. a mother giving her milk to her baby
5. dizzy	e. suggested
6. nursing	f. sleepy
7. exceed	g. expecting a baby
8. recommended	h. amount of medicine to take
9. dosage	i. feeling like everything is turning
10. ointment	j. taking care so something bad doesn't happen

## Unit 6

### 1. Reading

#### Residencies

Once students have graduated from a **professional pharmacy program**, they can **choose to enter** one of the 400 plus pharmacy **residency programs**. Residencies are **practice-orientated** and are offered in hospitals, community pharmacies or other **healthcare facilities**. The American Society of Hospital Pharmacists (ASHP) is the accrediting body for pharmacy residencies and most residencies are ASHP-accredited (**exceptions** exist in **certain** pharmacy settings such as home health care or community pharmacy). **International pharmacists** considering residencies that are not **ASHP-accredited** need to look with **special care** at other **indications** of quality **to ensure** that the residency has the resources to meet their needs. Two main types of pharmacy residencies exist: **Pharmacy Practice Residencies**. In most instances, a **general clinical residency** is most **appropriate** for a student just graduating from a college of pharmacy. **Specialty residencies** are most appropriate for those with **previous** residencies or other **clinical** experience. Pharmacy practice residencies are designed to develop **skills and knowledge** in a **broad range** of pharmaceutical services, including acute **patient care**, **ambulatory** patient care, **drug information**, **drug use policy development**, and **practice management**. Most pharmacy practice residencies are not affiliated with a pharmacy school but are administered by US hospitals and medical centers. However, some residencies, called "**affiliated residencies**," are administered **in conjunction with** a Pharm.D. or MS program. These residencies usually last a year or more than do non-affiliated residencies because students pursue the residency part-time while also completing the **academic work** for their degree.

**To obtain** a residency in pharmacy practice, US pharmacists generally enter the Residency Matching Program (**RMP**), sponsored by the ASHP **to match applicants** and programs. Entering the RMP does not guarantee that a candidate will be accepted to a residency program. Pharmacists must also apply directly to individual residency programs in addition to participating in the RMP.

#### Specialized Residencies

Pharmacists are generally expected to have completed a pharmacy practice residency prior to applying for a specialized residency. However, some programs may **accept** professional experience as a **substitute** for the pharmacy practice residency. Specialty area residencies accredited by the ASHP include programs in administration, **adult internal medicine, clinical pharmacokinetics, critical care, drug information, geriatrics, nuclear pharmacy, nutritional support, oncology, pediatrics, primary care, and psychopharmacy**. Far fewer specialized residency programs exist than do pharmacy practice residencies and many of the specialized programs are **university-affiliated**. Specialized residency programs do not participate in the RMP. Individuals interested in such **opportunities** should contact programs of interest directly **to get information** on their programs and **requirements**.

### **FPGEC Certification**

**Graduates** of pharmacy schools outside the United States who want to apply to a residency program must first obtain the National Association of Boards of Pharmacy' Foreign Pharmacy Graduate Examination Committee (**FPGEC**) **certificate**. To obtain an FPGEC certificate, students must pass the Foreign Pharmacy Graduate Equivalency Examination (FPGEE) and the Test of English as a Foreign Language (**TOEFL**). To be eligible to take the FPGEE, students must have earned a degree from a school of pharmacy that has at least a four-year **curriculum** or its **equivalent** and be licensed or registered to practice pharmacy in the country where their degree was earned. The FPGEE is a **one-day examination testing knowledge** of the **pre-clinical sciences** (**physical science, biological science, and mathematics**); **pharmaceutical sciences; biomedical sciences; social and behavioral sciences; and pharmaceutical services management**. It is administered only once a year in the Chicago, Illinois, area. The **fee** for this examination is USD \$500, plus a USD \$200 fee **to cover credential evaluation** for those applying to take the exam for the first time. The FPGEC certification is not a **licensure** to practice but merely documents a candidate's pharmacy education. The certificate's function is limited to rendering a candidate eligible to apply for licensure and to apply to residency programs.

### **Licensure to Practice**

**Foreign-qualified pharmacists** that **are interested in** practicing in the US should contact the Foreign Pharmacy Graduate Examination Committee (**FPGEC**). This institution informs foreign pharmacy graduates about entering the US pharmacy **profession** and **health care system** and **certification**, and evaluates the qualifications of foreign applicants. A **license** to practice pharmacy in the US is required in all the states and territories of the US. Each state has its **own** licensure **procedure**. Generally, **to obtain** a license, one must graduate from an accredited college of pharmacy, **pass a state examination** (NAPLEX / MPJE), and **serve an internship** under a licensed pharmacist.

**International students** should note that holding a US **professional pharmacy qualification** does not in itself give you the right to work in the US. When applying for a visa remember that a student needs to show intent that he/she will return to his/her home country after finishing his/her degree. For further information on visas, please contact the **Consular Section of the United States Embassy**.

#### Active vocabulary

graduate from	закінчувати якийсь навч. заклад
pharmacy residency	резидентура з фармації
exist	існувати
specialty	спеціальність
affiliate	приєднувати як філіал
non-affiliated residencies	резидентура не при філіалі
behavioral sciences	предмети з поведінки
inform	повідомляти
health care system	система охорони здоров'я
to evaluate	оцінювати
to obtain	отримувати
to pass	здавати
qualification	кваліфікація
embassy	посольство

**2. Read the text paying attention to the words and phrases in bold. Check your knowledge of the vocabulary.**

**3. Find in the text Ukrainian equivalents to the following English words and phrases.**

- |                                 |                                  |
|---------------------------------|----------------------------------|
| - professional pharmacy program | - (FPGEC) certificate            |
| - residency program             | - to get information             |
| - special care                  | - social and behavioral sciences |
| - Pharmacy Practice Residencies | - health care system             |
| - adult internal medicine       | - pass a state examination       |
| - psychopharmacy                | - serve an internship            |

**4. Find in the text English equivalents to the following Ukrainian words and phrases.**

- |                                   |                           |
|-----------------------------------|---------------------------|
| - резидентура                     | - учбовий план            |
| - вступати до виші                | - біомедичні науки        |
| - практично-орієнтований          | - скласти державний іспит |
| - спеціальний догляд              | - отримати ліцензію       |
| - показання                       | - стипендія               |
| - фармацевтична служба управління | - інтернатура             |

**5. Write sentences using each vocabulary word below.**

(choose to enter; appropriate; to get information; pass a state examination; serve an internship)

**6. Define whether each statement is true or false. Correct false statements.**

1. Residencies are not practice-orientated and are offered in hospitals, community pharmacies or other healthcare facilities.

2. Three main types of pharmacy residencies exist.

3. To obtain a residency in pharmacy practice, US pharmacists generally enter the Residency Matching Program (RMP).

4. Pharmacy practice residencies are designed to develop skills and knowledge in a some range of pharmaceutical services.

5. International students should note that holding a US professional pharmacy qualification does not in itself give you the right to work in the US.

**7. Choose the proper word and make up the sentence.**

1. There... plus pharmacy residency programs.

a.100 b. 400 c. many d.300 e. few

2. Pharmacy practice residencies are designed to develop skills and knowledge in a ...range of pharmaceutical services.

a. broad b. narrow c. small d. little e. some

3. The FPGEE is a ... examination testing knowledge of the pre-clinical sciences; pharmaceutical sciences; biomedical sciences; social and behavioral sciences; and pharmaceutical services management.

a. two-days b. three-days c. one-day d. half-day e. four-days

4. The fee for this examination is USD \$500, plus a USD \$200 fee to cover credential evaluation for those applying ... the exam for the first time.

a. to take b.to intake c. to get d. to receive e. to obtain

5. International students should note that holding a US professional pharmacy qualification does not in itself give you the right to work in ...

a. the UK b. Canada c. the USA d. Australia e. Greece

**8. Render the text. Start with the following phrase:"I would like to tell you about..."**

**9. Make up the summary of the text (using proper phrases p.68)**

**10. Role-play. 🗣️**

**1. Dialogue Reading**

Read the dialogue with your partner a few times. Take turns being each character. Practice your intonation and pronunciation.

*Customer:* **I'd like to have this prescription filled please.**

*Pharmacist:* Have you taken this medicine before?

*Customer:* No I haven't.

**Pharmacist:** You have to take one pill three times a day for seven days.

*Customer:* Are there any side effects?

**Pharmacist:** Yes. You may feel drowsy.

*Customer:* What about precautions?

**Pharmacist:** Don't drive when you take this medicine.

*Customer:* When will the prescription be ready?

**Pharmacist:** You can pick it up about three o'clock.

*Customer:* Okay. Thank you. See you later.

## **2. Dialogue Building** 📝

Complete the dialogue below with appropriate expressions.

*Customer:*

*Pharmacist:*

*Customer:*

*Pharmacist:*.....filled please.....?

No I haven't. You should take.....

*Customer:*

*Pharmacist:*

*Customer:*

*Pharmacist:*

*Customer:*

*Pharmacist:*

*Customer:*.....? Yes. You may feel.....

What about.....? .....When ..... ?

## Unit 7

### 1. Reading

#### Pharmacy Education in the Context of Australian Practice

The principal **pharmacy degree** offered by Australian universities **to enter** the profession is a 4-year **bachelor of pharmacy degree**. From 2003, some universities began offering graduate **master of pharmacy degree** programs, which **consist** of 6 semesters taught over a 2-year period. Following **successful completion** of one of these university-based bachelor's or master's degree programs, **graduates** must **complete approximately** 12 months of **internship** (previously referred to as *preregistration training*) in a practice setting (typically hospital or community pharmacy) **under the supervision** of a **Pharmacy Board-approved pharmacist**. The internship, which involves supervised practice and a program of coursework, is under the control of the **relevant state** or territory registering body (known as the Pharmacy Board) which undertakes **assessment** of the interns to **ascertain** their **fitness for practice**. Thus, for those who undertake a 4-year bachelor's degree, which is the most common pathway to registration, the **overall** program from entry to registration is 5 years.

The graduate-entry master of pharmacy degree programs that have recently become **available** are similar to the bachelor's degree programs offered. The **curriculum** for the master's degree is based on the same indicative curriculum as the bachelor's degree, and the master's degree offers no **advantage** in terms of **career opportunities**. The indicative curriculum is **a list of topics** that must be included in any pharmacy degree program. Graduate entry programs are simply an **accelerated pathway** to completion of a pharmacy degree for those students who already hold at least a bachelor's degree in a **related** or other **discipline**, as the degree can be completed in 2 years rather than the usual 4 years. No pharmacy school in Australia currently offers a doctor of pharmacy (**PharmD**) degree as the entry point for **registration**; however, many offer a range of **postgraduate degrees** such as a **master of clinical pharmacy**, **doctor of clinical pharmacy**, **graduate diploma**, or **graduate certificate award**, **in addition** to research degrees such as research master's and PhD degrees. Curricula for these postgraduate coursework degrees **vary** in their **emphasis** but



generally include components of **therapeutics** and, at the **master's level** and beyond, completion of a **practice-based research project**.

### **Program Highlights and Innovations**

One of the strong **components** of pharmacy education in Australia is the **balance** between, and **integration** of, the enabling sciences, applied **pharmaceutical sciences**, **social sciences**, and **clinical education**. Research-informed teaching is essential to the provision of high quality and **contemporary education** for pharmacists during their **initial degree** leading to qualification and registration, and **subsequently**, as part of continuing education and professional development. The research intensive universities have established **research** and **training** programs of excellence, working in **partnership** with the clinical, hospital, and community pharmacy sectors, which has **undoubtedly** contributed to the high standard of **healthcare** provided by community and hospital pharmacists as well as to the quality of pharmacy education. In terms of pharmaceutical science, these universities are very well linked and integrated with national and international **biotechnology** and industry partners **via** collaborative research programs and joint initiatives. These broad-based, strong, and established research **relationships** with the pharmacy and pharmaceutical sectors are essential in supporting ongoing **curriculum** development and the **ability** to attract the best and brightest **staff** into academic pharmacy.

Pharmacy schools in Australia generally **communicate** with their students and provide information via Web-based programs such as Blackboard/WebCT (Blackboard, Inc, Washington DC). This is not only an effective and efficient means of providing information but also **enables** the use of **advanced teaching methodologies** such as **discussion** groups and assignment submission facilities. Students are generally provided with downloadable lecture notes in advance of lectures to provide the **opportunity** for preparation and to **enable** students to concentrate on the actual lecture presentation rather than on note taking.

Schools utilize a variety of technological resources **to suit** their needs, such as the use of automated lecture capture and **delivery** systems, which enable students and staff members **to access** lecture material online, within hours of the lecture. For example, the

Lectopia program (Anystream Apreso, East Perth, Australia) originally developed at the University of Western Australia to **automatically** record designated lectures has been introduced at Monash University to **enhance** student learning, providing teaching content **clarification** and assistance with revision. This can be recorded as audio only, or simultaneous recording of the audio and any image that was transmitted through the **data projector** during the lecture.

The **majority of assessment** for units within Australian pharmacy programs is by written, practical, and oral examinations, **assignments, exercises, essays, practical work**, or a **combination** of these.

To **qualify** for registration as a pharmacist, a person must have completed a bachelor or graduate-entry master of pharmacy degree recognized by a state or territory pharmacy board as a **registrable qualification**, and a period of **preregistration training** and **supervised practice** (an internship of approximately 12 months). **Because** pharmacy practice is **currently** not subject to specialization in Australia, a registered pharmacist must be **competent** to practice in the full range of practice settings. The **necessary competencies**, as mentioned previously, are set out in the Pharmaceutical Society of Australia's Competency Standards for Pharmacists in Australia. The internship year is generally undertaken in a hospital or community setting; a small number undertake their training in an industry setting. There are required **components** of the internship including **completion** of an accredited education program (such as that provided by the Pharmaceutical Society of Australia, Monash University, and others) and registration is **contingent** on passing the **competency-based pharmacy board examinations**. The **structure** of the pharmacy board examination varies somewhat between states but is generally in the form of an **oral examination** at the end of the internship and may involve an Objective Structured Clinical Examination (**OSCE**). Students are also required to pass a **separate Law and Ethics examination, a calculations examination**, and the Australian Pharmacists Competency Assessment Test (**APCAT**). The APCAT written examination is offered 6 times per year for Australian preregistration pharmacists. Candidates in any Australian state or territory may **attempt** the oral examination after at least 75% of the supervised practice hours

(internship) have been completed. In order to be eligible for registration, **interns** must **demonstrate** that they **satisfy** the **comprehensive** set of **professional competency standards**.

### Active vocabulary

consist to	складатись з
approximately	приблизно
supervision	керівництво
successful	успішний
emphasis	вклад
contemporary education	сучасна освіта
relationship	взаємовідносини
to access	мати доступ до
to provide	забезпечувати
ability	здібності
contingent	контингент
attempt	спроба
to satisfy	задовольняти
professional competency	професійна компетентність

**2. Read the text paying attention to the words and phrases in bold. Check your knowledge of the vocabulary.**

**3. Find in the text Ukrainian equivalents to the following English words and phrases.**

- |                            |                           |
|----------------------------|---------------------------|
| - pharmacy degree          | - advanced teaching       |
| - successful completion    | - practical work          |
| - preregistration training | - attempt                 |
| - fitness for practice     | - Web-based programs      |
| - necessary competencies   | - graduate diploma        |
| - oral examination         | - pharmaceutical sciences |

**4. Find in the text English equivalents to the following Ukrainian words and phrases.**

- |                      |                             |
|----------------------|-----------------------------|
| - вступити до виші   | - перевага                  |
| - успішне завершення | - ступінь бакалавра         |
| - посилювати         | - ступінь магістра          |
| - можливість         | - реєстраційна кваліфікація |
| - усний іспит        | - спроба                    |
| - під керівництвом   | - учбовий план              |

**5. Write sentences using each vocabulary word below.**

(graduates; under the supervision; clarification; necessary competencies; to enhance)

**6. Define whether each statement is true or false. Correct false statements.**

1. The principal pharmacy degree offered by Australian universities to enter the profession is a 4-year bachelor of pharmacy degree.
2. The curriculum for the master's degree is based on the other indicative curriculum as the bachelor's degree.
3. The necessary pharmacy competencies are set out in the Pharmaceutical Society of Australia's Competency Standards for Pharmacists in Canada.
4. The structure of the pharmacy board examination varies somewhat between states but is generally in the form of an oral examination at the end of the internship and may involve an Objective Structured Clinical Examination (OSCE).
5. To be eligible for registration, interns must not demonstrate that they satisfy the comprehensive set of professional competency standards.

**7. Choose the proper word and make up the sentence.**

1. The indicative curriculum is a list of topics that must be ... in any pharmacy degree program.  
a. included b. take c. got d. have e. consist
2. Graduates must complete approximately ... months of internship.

a. 10 b. 5 c. 12 d. 7 e. 11

**3.** One of the ... components of pharmacy education in Australia is the balance between integration the enabling sciences, applied pharmaceutical sciences, social sciences, and clinical education.

a. strong b. various c. different d. cognitive e. elective

**4.** The ... year is generally undertaken in a hospital or community setting.

a. study b. education c. postgraduate course d. internship e. practice

**5.** The APCAT written examination is offered ... times per year for Australian preregistration pharmacists.

a. 6 b. 5 c. 4 d. 7 e. 8

**8. Render the text. Start with the following phrase:** "I would like to tell you about..."

**9. Make up the summary of the text (using proper phrases p.68)**

**10. Role-play.** 🗨️

**Read and translate the statements:**

**You have to take one pill a day for seven days.**

You've got to take one tablet with each meal.

You should take two teaspoons before bedtime.

You need to apply the ointment daily.

**Are there any side effects?**

Will there be any side effects?

Will I feel any side effects?

**You may feel drowsy.**

You may feel sleepy.

You may get a headache.

You might feel dizzy.

You could feel a little nauseated.

**When will the prescription be ready?**

When can I pick it up?

When will it be filled?

## Unit 8

### 1. Reading

#### Current Pharmacy Practice

There are **approximately 5000 pharmacies** in Australia, and in most states in Australia, **ownership** of pharmacies is **available** only to **registered pharmacists**. There are **restrictions** on the number of pharmacy premises that any one pharmacist can own, either **individually** or in **partnership** with other registered pharmacists. As a **consequence**, although there are a number of buying groups that **provide branding identification** of pharmacies for **advertising purposes**, there are no large **company-owned chains** of community pharmacies operating in Australia.

Most community pharmacies are **relatively** small businesses, often with the owner also serving as the **manager** of the business. This structure provides an **opportunity** for regular contact between the pharmacist for **pharmaceutical care** of people requiring **medication**, with **mandatory** medication counselling for all “**prescription only medicines**” and “**pharmacist only medicines**” and counselling strongly recommended for “**pharmacy only medicines**.”<sup>18</sup> Activities of community pharmacists are largely concerned with primary care activities and **dispensing** medicines prescribed through the Pharmaceutical Benefits Scheme (**PBS**) with the PBS Regulations controlling both prescribing and dispensing practice. Pharmacists are reimbursed by the **government** for medicines dispensed under the PBS. **Manufacturers** of PBS listed medicines produce standard packages of medicines in **quantities according to PBS requirements**—generally 1 month's supply or one course of treatment. This has the benefit that pharmacists or **technicians** do not have to count tablets, thereby leaving more time for patient contact activities.

Medicines in Australia are classified into 8 **schedules** with varying controls over **sale** and **supply**. Two of these schedules, “**pharmacy only medicines**” and “**pharmacist only medicines**,” **apply** to groups of medicines that can only be supplied through a pharmacy, but do not require a **doctor's prescription**. Pharmacy only medicines are medicines that require advice from a pharmacist in order **to ensure** their **safe use**, and which should be available from a pharmacy; they must be kept in the

professional service area of the pharmacy (where there is no public access) and must be under the direct **supervision** of a pharmacist. Pharmacist only medicines are medicines the safe use of which requires **professional advice** but which should be available to the **public** from a pharmacist without a prescription. These medicines can only be sold by the pharmacist personally and must be kept in a part of the pharmacy that is not **accessible** to **consumers**. Most of these medicines may not be advertised to consumers. Some examples of pharmacist only medicines include inhaled bronchodilators, the “morning after pill,” oral fluconazole, and orlistat. Prescription only medicines (the use and supply of which is restricted) are available only from a pharmacist on presentation of a prescription written by a duly **qualified prescriber**. This schedule contains a **huge** list of medicines similar to that of prescription-only medicines in the United States, Canada, United Kingdom, and Europe. In Australia, **direct-to-consumer** advertising of prescription only medicines is **prohibited**.

### **Practice Opportunities**

Once registered, pharmacists are **eligible** to practice in any setting. The main areas of **practice** are in **community pharmacies** (67%) and **hospital pharmacy departments** (30%). A small number of **graduates** may enter the pharmaceutical industry, return to university for higher degrees in research, undertake research in universities or research institutes, or work in other areas of practice. In community practice, the majority of work is in dispensing and **primary health care**, with a growing number of pharmacists obtaining **credentials** to **enable** them to **conduct medication reviews**. Pharmacists are also employed in a variety of other positions in academia, government, and within professional organizations.

There are a number of new practice opportunities for community pharmacists in Australia, **particularly** in the areas of Home Medication Review (HMR) and Residential Medication Management Review (RMMR), which are new pharmacy services funded by the national government. All residents of **nursing homes**, **accommodation homes**, or hostels in Australia are eligible for a RMMR. Also, any individual who needs a medication review is able to have an HMR with a General Medical Practitioner's (GP) **approval**. Only pharmacists accredited by either the

Australian Association of Consultant Pharmacy (AACP) or the Society of Hospital Pharmacists of Australia (SHPA) are eligible to be **reimbursed** for providing these services.

**Accreditation** to conduct medication reviews via AACP is a 2-stage process: the **preparatory stage** consists of **training** in medication **management** and preparation of a **portfolio** of **suitable experience**, while the assessment stage requires successful completion of 50 **multiple-choice** questions and 4 hypothetical case studies. Accreditation by SHPA requires **certification** as a **Geriatric Pharmacy Specialist** by the Commission for Certification in Geriatric Pharmacy, or certification as a **Pharmacotherapy Specialist** by the US Board of Pharmaceutical Specialties. Re-accreditation is required every 3 years and requires demonstration of continuous **professional development** (CPD) and medication review activity, followed by a multiple-choice assessment.

Most pharmacists in hospital practice **commence work** as clinical pharmacists on a **general ward**, and gradually develop the **knowledge and skills** to practice in more specialized areas. **Career progression** requires demonstration of increased skills, **acceptance** of increased *responsibility*, and often, a higher qualification. Relevant postgraduate qualifications include those in areas such as clinical pharmacy, pharmacy practice, and public health, with more than 30% of hospital pharmacists having a **postgraduate** qualification. Hospital pharmacists with relevant postgraduate qualifications may be entitled to a salary increment reflective of their increased knowledge and skills, and are also more likely **to move** into more **senior** roles within the pharmacy department. The career structure for pharmacists in hospitals has, until recently, been focused on management progression. In recent years this has changed with the emergence of more senior clinical positions as clinical pharmacists develop **expertise** in areas such as **intensive care, cardiology, infectious diseases, and oncology**.

Following **demonstration** of **competency** at initial registration, there was, until recently, no requirement to demonstrate **ongoing** competency. A number of pharmacy boards in Australia have introduced more stringent requirements for **annual**



registration. In some states, including Victoria, this involves each pharmacist **maintaining** a record of all professional development activities undertaken and completing a **self-assessment** of their ability **to provide** a number of services. In order to maintain general registration, pharmacists must state their ability to provide the following **key services**: **promote** and **contribute** to optimal use of medicines, dispense medicines, prepare pharmaceutical products, provide primary health care, and provide medication and health information and education. The boards reserve the right to **grant provisional registration**, restricting the services that a pharmacist may provide until he/she demonstrates competence.

There is momentum within the pharmacy profession (particularly the hospital sector) **to improve** the methods by which pharmacists demonstrate their competency. There are a number of documents available to assist in this process apart from the profession's competency standards. The Society of Hospital Pharmacists of Australia produces a number of Standards of Practice which include Standards of Practice for Clinical Pharmacy, Community Liaison, Provision of Consumer Medicines Information, as well as standards in a variety of specialty areas such as oncology, **psychiatry**, and **critical care**. The Pharmaceutical Society of Australia also has a variety of standards including Standards for the Provision of Pharmacy Only Medicines and Pharmacist Only Medicines in Community Pharmacy.

There is also ongoing interest in formal **tools** to assess competence. The Safe Medication Practice Unit (SMPU) in Queensland Health has implemented a General Level Framework (GLF) for **pharmacist activities**, which is based on the GLF developed by the Competency Development and Evaluation Group in the United Kingdom (UK). All hospital pharmacists in Queensland are evaluated for competency by a **trained evaluator** who **accompanies** them on a clinical visit and then provides **feedback** on their **performance**. Other states are investigating the option of introducing similar competency assessments and the universities will potentially have an important role in administering these assessments. There is also potential for competency assessment to contribute to a postgraduate award. This is already in place in the UK

where the GLF is one component of a postgraduate **diploma** in **general pharmacy practice**.

### Active vocabulary

ownership	приватність
provide	забезпечувати
government	уряд
to improve	покрещувати
to maintain	підтримувати
key services	ключові служби
psychiatry	психіатрія
similar	подібний до
important	важливий
responsibility	відповідальність
competency	компетентність
feedback	зворотній зв'язок
activity	діяльність
accompany	супроводжувати

**2. Read the text paying attention to the words and phrases in bold. Check your knowledge of the vocabulary.**

**3. Find in the text Ukrainian equivalents to the following English words and phrases.**

- |                              |                         |
|------------------------------|-------------------------|
| - registered pharmacists     | - to improve            |
| - branding identification    | - psychiatry            |
| - advertising purposes       | - career progression    |
| - conduct medication reviews | - pharmacist activities |
| - suitable experience        | - a trained evaluator   |
| - professional development   | - key services          |

**4. Find in the text English equivalents to the following Ukrainian words and phrases.**

- |                  |                         |
|------------------|-------------------------|
| - приблизно      | - психіатрія            |
| - володіння      | - професійний розвиток  |
| - призначення    | - річна реєстрація      |
| - покращувати    | - інтенсивний догляд    |
| - доступний      | - діяльність фармацевта |
| - супроводжувати | - компетентність        |

**5. Write sentences using each vocabulary word below.**

(demonstration of competency; promote and contribute; pharmacist activities; grant provision al registration; formal tools)

**6. Define whether each statement is true or false. Correct false statements.**

1. Ownership of pharmacies is available to all pharmacists.
2. There are not restrictions on the number of pharmacy premises that any one pharmacist can own, either individually or in partnership with other registered pharmacists.
3. Most community pharmacies are relatively small businesses, often with the owner also serving as the manager of the business.
4. Most pharmacists in hospital practice commence work as clinical pharmacists on a general ward, and gradually develop the knowledge and skills to practice in more specialized areas.
5. Career progression does not require demonstration of increased skills, acceptance of increased *responsibility*, and often, a higher qualification.

**7. Choose the proper word and make up the sentence.**

1. There are approximately 5000 ... in Australia.  
a. shops b. pharmacies c. hospitals d. clinics e. departments

2. There are no large company-owned chains of community pharmacies operating in ....

a. Australia b. Canada c. the USA d. the UK e. Poland

3. Once registered, pharmacists are eligible ... in any setting.

a. to administer b. to work c. to practice d. to train e. to study

4. The career structure for pharmacists in hospitals has, until recently, been focused on ... progression.

a. care b. management c. administered d. intensive e. critical

5. To maintain general ..., pharmacists must state their ability to promote and contribute to optimal use of medicines, dispense medicines, prepare pharmaceutical products, provide primary health care, and provide medication and health information and education.

a. practice b. training c. registration d. provision e. contribution

**8. Render the text. Start with the following phrase: "I would like to tell you about..."**

**9. Make up the summary of the text (using proper phrases p.68)**

**10. Role-play.** 🗨️

### **Bottle of cough syrup**

#### **Dialogue**

Students should work together in pairs and read the following dialogue, one student reading one part, the other student reading the other. Note the expressions used in the dialogue and the progression of the conversation. The dialogue can be used as a model to have similar conversations.

**Pharmacist:** Good morning, may I help you?

**Customer:** Yes, I need this prescription filled.

**Pharmacist:** OK, it'll be ready in a few minutes.

**Customer:** I've also had a runny nose for a couple of days, can you recommend something?

**Pharmacist:** This decongestant is very effective, but be careful using it. It causes drowsiness and you shouldn't drink any alcohol when taking this it.

**Customer:** OK, I'll try it. I also need some band-aides and sun screen. Where are those?

**Pharmacist:** The band-aides are on aisle 3, on the left and the sun screen is on aisle 2, on the top shelf.

**Customer:** Thanks

**Pharmacist:** Will that be all?

**Customer:** That should do it.

**Pharmacist:** That comes to \$34.56.

**Customer:** That expensive! Why so much?

**Pharmacist:** The prescription medication is expensive. It cost \$25.99. I may be able to get you a generic drug for about half that price, but I would have to consult your doctor first.

**Customer:** No, that's OK. Don't bother.

**Pharmacist:** Here's your change. Have a good day.

After reading, close your book and tell your partner a summary of the dialogue. Then switch and have your partner tell his or her summary. Start like this: *This dialogue is about a man at a pharmacy. He is ...* This may seem silly, since you both already know what the dialogue is about, but the purpose is to practice using your English, not to give information or test your reading skills.

## Unit 9

### 1. Reading

Fats **consist of a wide** group of compounds that are **generally** soluble in **organic** solvents and generally insoluble in **water**. **Chemically, fats** are **triglycerides: triesters of glycerol** and any of several **fatty acids**. **Fats** may be either **solid** or **liquid at room temperature, depending on** their structure and composition. **Although** the words "oils", "fats", and "lipids" are all used to refer to fats, in reality, fat is a subset of **lipid**. "**Oils**" is usually used to refer to fats that are liquids at normal room temperature, while "fats" is usually used to refer to fats that are solids at normal room temperature. "Lipids" is used to refer to both liquid and solid fats, along with **other** related substances, usually in a medical or biochemical **context**. The word "oil" is also used for any substance that does not mix with water and has a greasy feel, **such as petroleum** (or crude oil), **heating oil**, and **essential oils**, regardless of its chemical structure.

Fats form a category of lipid, **distinguished** from other lipids by their chemical structure and **physical properties**. This category of molecules is important for many forms of life, serving both structural and **metabolic functions**. They are an important part of the diet of most heterotrophs(including humans). Fats or lipids are broken down in the body by **enzymes** called lipases produced in the pancreas.

Examples of **edible animal fats** are lard, fish oil, butter ghee and whale blubber. They are obtained from fats in the milk and meat, as well as from under the **skin**, of an animal. Examples of edible plant fats include **peanut, soya bean, sunflower, sesame, coconut** and **olive oils**, and cocoa butter. Vegetable shortening, used mainly for baking, and margarine, used in baking and as a spread, can be derived from the above oils by hydrogenation.

These examples of fats can be categorized into saturated fats and unsaturated fats. Unsaturated fats can be further divided into cis fats, which are the most common in nature, and trans fats, which are rare in nature but present in partially **hydrogenated vegetable oils**.

## Saturated and unsaturated fats

### *fatty acid*

A fat's **constituent** fatty acids may also differ in the C/H **ratio**. When all three fatty acids have the formula  $C_nH_{(2n+1)}CO_2H$ , the resulting fat is called "saturated". Values often usually range from 13 to 17. Each **carbon** atom in the **chain** is saturated with **hydrogen**, meaning they are bonded to as many hydrogens as possible. Unsaturated fats are **derived** from fatty acids with the formula  $C_nH_{(2n-1)}CO_2H$ . These fatty acids contain double bonds within carbon chain. This **results** in an "unsaturated" fatty **acid**. More specifically, it would be a monounsaturated fatty acid. Polyunsaturated fatty acids would be fatty acids with more than one double bond; they have the formula,  $C_nH_{(2n-3)}CO_2H$  and  $C_nH_{(2n-5)}CO_2H$ . Unsaturated fats can be converted to saturated ones by the process of hydrogenation. This **technology** underpinned the development of margarine.

Saturated and unsaturated fats **differ** in their **energy content** and **melting point**. Since unsaturated fats contain fewer carbon-hydrogen bonds than saturated fats with the same number of carbon atoms, unsaturated fats will yield slightly less energy during metabolism than saturated fats with the same number of carbon atoms. Saturated fats can **stack** themselves in a closely packed arrangement, so they can freeze easily and are typically solid at room temperature. For example, animal fats tallow and lard **are** high in saturated fatty acid content and are solids. **Olive** and **linseed oils** on the other hand are highly unsaturated and are oily.

### **Trans fats**

There are two ways the double bond may be **arranged**: the **isomer** with both parts of the chain on the same **side** of the double bond (the *cis*-isomer), or the isomer with the parts of the chain on opposite sides of the double bond (the *trans*-isomer). Most **trans-isomer** fats (commonly called trans fats) are commercially produced. Trans fatty acids are rare in nature. The **cis-isomer** introduces **a kink** into the molecule that **prevents** the fats from stacking efficiently as in the case of fats with saturated chains. This **decreases** intermolecular forces between the fat molecules, making it more difficult for unsaturated cis-fats **to freeze**; they are typically liquid at room temperature.

Trans fats may still stack like saturated fats, and are not as **susceptible** to metabolism as other fats. Trans fats may **significantly** increase the risk of coronary heart disease. Importance for living organisms Vitamins A, D, E, and K are fat-soluble, meaning they can only be **digested, absorbed**, and transported in **conjunction** with fats. Fats are also **sources** of essential fatty acids, an important **dietary requirement**.

Fats play **a vital role** in **maintaining healthy** skin and hair, insulating body organs against shock, maintaining body temperature, and **promoting healthy cell function**.

Fats also serve as energy **stores** for the body, containing about 37.8 kilojoules (9 Calories) per gram of fat. They are broken down in the body to **release** glycerol and free fatty acids. The glycerol can be converted to glucose by the **liver** and thus used as a source of energy.

Fat also serves as a useful buffer towards **a host of diseases**. When a particular substance, whether **chemical** or biotic reaches unsafe levels in the **bloodstream**, the body can **effectively dilute** or at least maintain **equilibrium** of the offending substances by storing it in new fat tissue. This helps **to protect** vital organs, until such time as the offending substances can be metabolized and or removed from the body by such means as excretion, urination, accidental or intentional bloodletting, sebum **excretion**, and hair **growth**.

While it is nearly impossible **to remove** fat completely from the diet, it would also be **unhealthy** to do so. Some fatty acids are **essential nutrients**, meaning that they can't be produced in the body from other compounds and need to be consumed in small amounts. All other fats required by the body are **non-essential** and can be produced in the body from other compounds.



### Active vocabulary

soluble and insoluble	розчинний та нерозчинний
nutrition	харчування
sebum excretion	виділення секрету сальних залоз
divide	розділяти
consist of	складатись з
convert	трансформуватись
digest and digestion	перетравлювати та травлення
solid	твердий
consume	споживати
bond	зв'язок
compounds	сполуки
decrease	зменшувати
acid	кислота
healthy and unhealthy	здоровий та нездоровий

**2. Read the text paying attention to the words and phrases in bold. Check your knowledge of the vocabulary.**

**3. Find in the text Ukrainian equivalents to the following English words and phrases.**

- |                               |                       |
|-------------------------------|-----------------------|
| - group of compounds          | - dietary requirement |
| - soluble in organic solvents | - a vital role        |
| - physical properties         | - bloodstream         |

- saturated and unsaturated fats
- edible animal fats
- enzymes
- essential nutrients
- hydrogenated vegetable oils
- coconut and olive oils

**4. Find in the text English equivalents to the following Ukrainian words and phrases.**

- жири
- насичені та ненасичені жири
- розчинний та нерозчинний
- кровопускання
- функція клітин
- фізичні та хімічні якості
- рослинні жири
- тваринні жири
- ліпаза
- підшлункова залоза
- рівновага
- заморожувати

**5. Write sentences using each vocabulary word below.**

(a wide group of compounds; soluble in organic solvents; at room temperature; susceptible; to protect vital organs)

**6. Define whether each statement is true or false. Correct false statements.**

1. Fats consist of a small group of compounds that are generally soluble in organic solvents and generally insoluble in water.
2. Fats may be either solid or liquid at room temperature, depending on their structure and composition.
3. Saturated and unsaturated fats don't differ in their energy content and melting point.
4. Fats play a vital role in maintaining healthy skin and hair, insulating body organs against shock, maintaining body temperature, and promoting healthy cell function.
5. Fats are also sources of essential fatty proteins, an important dietary requirement.

**7. Choose the proper word and make up the sentence.**

1. "... " is used to refer to both liquid and solid fats, along with other related substances, usually in a medical or biochemical context.

a. fats b. lipids c. proteins d. isomer e. liquid

2. Fats form a category of lipid, distinguished from other lipids by their chemical structure and physical ....

a. properties b. chains c. bonds d. meaning e. usage

3. ... and linseed oils are highly unsaturated and are oily.

a. clover b. sunflower c. olive d. rice e. butter

4. ... are also sources of essential fatty acids, an important dietary requirement.

a. fats b. lipids c. carbon d. carbohydrates e. Proteins

5. The glycerol can be converted to glucose by the ... and thus used as a source of energy.

a. pancreas b. kidney c. lungs d. bladder e. liver

**8. Render the text. Start with the following phrase: " taking into account ..."**

**9. Make up the summary of the text (using proper phrases p.68)**

**10. Role-play. 🗨️**

**1. Pair work- discussion**

When was the last time you went to a pharmacy? Tell your partner about it using some of the ideas for discussion below. Your partner should ask questions to get more information.

- when did you go
- what was the problem
- what medication did you get
- did you talk to the pharmacists
- did the medication help

**2. Pair work- Role Play**

**The situation:** At a pharmacy

Working with a partner, role play the situations, using the information below

**The roles:** pharmacist, customer

The customer should ask for a recommendation for the problems below.

The pharmacist should ask the following:

how long the symptoms have been present

if the customer is allergic to any medicines

why they have the symptoms (if known)

the severity of the problem

**The problems**

Stuffy/runny nose

Fever

Sore muscles

Headache

Diarrhea

Constipation

Insomnia

Severe Itching

Upset stomach

Dandruff

## Unit 10

### 1. Reading

#### Sugars

**Sugar** is the **generalised** name for a class of chemically-related **sweet-flavored substances**, most of which are used as **food**. They are carbohydrates, composed of **carbon, hydrogen** and **oxygen**. There are various types of sugar derived from different **sources**. Simple sugars are called monosaccharides and include glucose (also known as **dextrose**), fructose and galactose. The **table** or **granulated** sugar most customarily used as food is sucrose, a disaccharide (in the body, sucrose hydrolyses into fructose and glucose). Other disaccharides include maltose and lactose. Chemically-different substances may also have a sweet **taste**, but are not classified as sugars. Some are used as lower-calorie **food substitutes** for sugar described as artificial sweeteners.

Sugars are found in the **tissues** of most **plants** but are only present in **sufficient concentrations** for **efficient** extraction in sugarcane and sugar beet. Sugarcane is a giant grass and has been **cultivated** in tropical climates in the Far East since **ancient times**. A great expansion in its production **took place** in the 18th century with the setting up of sugar plantations in the West Indies and Americas. This was the first time that sugar became **available** to the common people who had previously had to rely on **honey** to **sweeten foods**. Sugar beet is a root crop and is cultivated in cooler climates and became a major source of sugar in the 19th century when methods for extracting the sugar became available. Sugar production and trade has changed the course of human history in many ways. It influenced the formation of colonies, the perpetuation of slavery, the transition to indentured labour, the migration of peoples, wars between sugar trade-controlling nations in the 19th century, and the **ethnic composition** and political structure of the new world.

The world produced about 168 million tonnes of sugar in 2011. The **average** person **consumes** about 24 kilograms of sugar each year (33.1 kg in industrialised countries), equivalent to over 260 food calories per person, per day. Sugar provides energy but nonnutrients empty calories.

Since the latter part of the twentieth century, it has been **questioned** whether a **diet** high in sugars, especially **refined sugars**, is bad for **human health**. Sugar has been linked to **obesity** and **suspected** of or fully implicated as a cause in the **occurrence** of **diabetes, cardiovascular disease, dementia, macular degeneration** and tooth decay. **Numerous** studies have been undertaken to try **to clarify** the position but with varying results, mainly because of the difficulty of finding populations for use as controls that do not consume or are largely free of any sugar **consumption**.

### Active vocabulary

generalized name	загальна назва
chemically related	хімічно пов'язаний
sweet flavored	цукровий наповнювач
carbohydrates	вуглеводи
monosaccharides	моносахариди
disaccharides	дисахариди
food substitutes	харчові замінники
artificial sweeteners	штучні цукрові наповнювачі
refined sugars	рафіновані сахари
cardiovascular disease	серцевосудинні
dementia	розумова слабкість
consumption	споживання
honey	мед
sufficient	достатній

**2. Read the text paying attention to the words and phrases in bold. Check your knowledge of the vocabulary.**

**3. Find in the text Ukrainian equivalents to the following English words and phrases.**

- chemically-related

- sufficient concentrations

- |                              |                             |
|------------------------------|-----------------------------|
| - sweet-flavored substances, | - trade-controlling nations |
| -carbohydrates               | - refined sugars            |
| - table or granulated sugar  | - occurrence of diabetes    |
| - food substitutes           | - macular degeneration      |
| -artificial sweeteners       | - consumption               |

**4. Find in the text English equivalents to the following Ukrainian words and phrases.**

- |                  |                           |
|------------------|---------------------------|
| - сахара         | - фруктоза та галактоза   |
| - столовий цукор | - достатня концентрація   |
| - штучні сахара  | - ожиріння                |
| - споживання     | - серцево-судинна хвороба |
| - рослини        | - прояв діабету           |
| - тканини        | - розумова слабкість      |

**5. Write sentences using each vocabulary word below.**

(sweet-flavored substances; carbon, hydrogen and oxygen; lower-calorie food substitutes for sugar; diet; numerous studies)

**6. Define whether each statement is true or false. Correct false statements.**

1. Sugar is the special name for a class of chemically-related sweet-flavored substances, most of which are used as food.
- 2.. Simple sugars are called monosaccharides and include glucose (also known as dextrose),fructose and galactose.
3. Disaccharides include carbon, hydrogen and oxygen.
4. Llower-calorie food substitutes for sugar described as artificial sweeteners.
5. Sugars are found in the tissues of most flowers.

**7. Choose the proper word and make up the sentence.**

1. Sugar is the generalised name for a class of chemically-related ... flavored substances, most of which are used as food.  
a. salt b. sweet c. fat d. pepper e. sugar

2. Sugars are found in the ... of most plants but are only present in sufficient concentrations for efficient extraction in sugarcane and sugar beet.

a. tissues b. organs c. roots d. flowers e. leaves

3. ... has been linked to obesity and suspected of or fully implicated as a cause in the occurrence of diabetes.

a. fat b. sweets c. sugar d. lipid e. lactose

4. A diet ... in sugars, especially refined sugars, is bad for human health.

a. small b. high c. little d. increase e. reduce.

5. The average person consumes about... 24 kilograms of sugar each year

a. 24 b.20 c.43 d. 23 e.13

**8. Render the text. Start with the following phrase:" taking into account ..."**

**9. Make up the summary of the text (using proper phrases p.68)**

**10. Role-play.** 🗨️

Read the dialogue with your partner a few times. Take turns being each character.  
Practice your intonation and pronunciation.

**PHARMACIST:** Good morning, may I help you?

**CUSTOMER:** Yes, I need this prescription filled.

**PHARMACIST:** OK, it'll be ready in a few minutes.

**CUSTOMER:** I've also had a runny nose for a couple of days, can you recommend something?

**PHARMACIST:** This decongestant is very effective, but be careful using it. It causes drowsiness and you shouldn't drink any alcohol when taking it.

**CUSTOMER:** OK, I'll try it. Thanks

**PHARMACIST:** Will that be all?

**CUSTOMER:** Yes. How much should I pay?

**PHARMACIST:** That comes to 7500 Rwf.

**CUSTOMER:** That's expensive! Why so much?

**PHARMACIST:** That the standard price Madam. If you want we can substitute it but I would have to consult your doctor first.

**CUSTOMER:** No, that's OK. Don't bother.



**PHARMACIST:** Here's your change. Have a good day.

Learners should read the dialogue in pairs. After reading, ask learners to note the expressions used in the dialogue and the progression of the conversation between the customer and the pharmacist. Share with the class important information, vocabulary and expressions related to the pharmacy.

For example you can ask learners **what are over-the-counter medications?** – Don't be upset if they don't know the answer.

Explain to learners that when they get sick and if it's a minor condition, they can get **over-the-counter medication**. If not, you may need to get a prescription from a doctor first. Maybe you just need some allergy medication for hay fever, or aspirin for a head ache, or antacid for an upset stomach. In these cases you may have to talk to the pharmacist. Hence, the Over-the-counter medication is medication that does not require a doctor's prescription in order to be purchased. In many countries prescription drugs require a doctor's orders before they can be purchased at a pharmacy. These drugs are usually very potent, may be addictive if not used properly, and may have numerous adverse side effects. Over-the-counter drugs, however, do not need a doctor's orders to be purchased. There are a multitude of over-the-counter drugs that are used for the treatment of a wide variety of ailments and illnesses, including the following:

- Upset stomachs
- Headaches
- Disinfectants (for cleaning cuts and other minor wounds)
- Muscle aches and pain

(Ask learners to add more diseases to the list)

## Unit 11

### 1. Reading

#### Types of sugar

##### Monosaccharides

**Glucose, fructose and galactose** are all **simple sugars**, monosaccharides, with the general formula  $C_6H_{12}O_6$ . They have five hydroxyl groups ( $-OH$ ) and a carbonyl group ( $C=O$ ) and are cyclic when dissolved in water. They each **exist** as **several** isomers with dextro- and laevo-rotatory forms which **cause** polarized light to diverge to the right or the left.

**Glucose, dextrose or grape sugar** occurs naturally in fruits and **plant juices** and is the primary product of photosynthesis. Most **ingested carbohydrates** are converted into glucose during **digestion** and it is the form of sugar that is transported around the bodies of animals in the **bloodstream**. It can be manufactured from starch by the addition of enzymes or in the presence of acids. **Glucose syrup** is a liquid form of glucose that is widely used in the manufacture of foodstuffs. It can be manufactured from starch by enzymatic hydrolysis.

**Fructose or fruit sugar** occurs naturally in fruits, some **root vegetables, cane sugar** and honey and is the sweetest of the sugars. It is one of the components of **sucrose or table sugar**. It is used as a high fructose syrup which is manufactured from hydrolized corn starch which has been processed to yield corn syrup, with enzymes then added to convert part of the glucose into fructose.

**Galactose** does not **generally occur** in the free state but is a constituent with glucose of the **disaccharide** lactose or milk sugar. It is less sweet than glucose. It is a component of the antigens found on the surface of red blood cells that **determine** blood groups.

##### Disaccharides

Sucrose, **maltose** and **lactose** are all **compound sugars**, disaccharides, with the general formula  $C_{12}H_{22}O_{11}$ . They are formed by the combination of two monosaccharide molecules with the **exclusion** of a molecule of water.

Sucrose is found in the **stems** of sugar cane and roots of sugar beet. It also occurs naturally alongside fructose and glucose in other plants, **particularly** fruits and some roots such as **carrots**. The different proportions of sugars found in these **foods** determines the **range** of **sweetness experienced** when eating them. A molecule of sucrose is formed by the **combination** of a molecule of glucose with a molecule of fructose. After being eaten, sucrose is split into its constituent parts during digestion by a number of enzymes known as sucrases.

Maltose is formed during the **germination** of certain **grains**, most notably barley which is converted into malt, the source of the sugar's name. A molecule of maltose is formed by the combination of two molecules of glucose. It is less sweet than glucose, fructose or sucrose. It is formed in the **body** during the digestion of **starch** by the enzyme amylase and is itself broken down during digestion by the enzyme maltase.

Lactose is the naturally occurring sugar found in milk. A molecule of lactose is formed by the combination of a molecule of galactose with a molecule of glucose. It is broken down when consumed into its constituent parts by the enzyme lactase during digestion. Children have this enzyme but some adults no longer form it and they are **unable to digest** lactose.

### Active vocabulary

monosaccharides	моносахариди
plant juices	рослинний сік
primary product	первинний продукт
foodstuffs	харчові наповнювачі
root vegetables	корневі овочі
combination	комбінація
barley	ячмінь
germination	пророщення
enzyme	ензим

consume	споживати
digestion	травлення
adults	дорослі
proportions	пропорції
antigen	антиген

**2. Read the text paying attention to the words and phrases in bold. Check your knowledge of the vocabulary.**

**3. Find in the text Ukrainian equivalents to the following English words and phrases.**

- |                |                    |
|----------------|--------------------|
| - grape sugar  | - unable to digest |
| - plant juices | - starch           |
| - digestion    | - certain grains   |
| - cane sugar   | - germination      |

**4. Find in the text English equivalents to the following Ukrainian words and phrases.**

- |                       |                      |
|-----------------------|----------------------|
| - типи цукру          | - мальтоза           |
| - моносахариди        | - травлення          |
| - дисахариди          | - складні сахари     |
| - глюкоза та цукроза  | - галактоза          |
| - крохмаль            | - перетравлювати     |
| - ферментний гідроліз | - тростниковий цукор |

**5. Write sentences using each vocabulary word below.**

( monosaccharides; exist; cause; maltose and lactose; unable to digest)

**6. Define whether each statement is true or false. Correct false statements.**

1. Glucose, fructose and galactose are all complex sugars.
2. Glucose, dextrose or grape sugar doesn't occur naturally in fruits and plant juices.

3. Most ingested carbohydrates are not converted into glucose during digestion and it is the form of sugar that is transported around the bodies of animals in the bloodstream.

4. Glucose syrup is a liquid form of glucose that is widely used in the manufacture of foodstuffs.

5. Maltose is formed during the germination of certain grains, most notably barley which is converted into malt, the source of the sugar's name.

**7. Choose the proper word and make up the sentence.**

1. ... is found in the stems of sugar cane and roots of sugar beet.

a. maltose b. fructose c. sucrose d. galactose e. glucose

2. A molecule of sucrose is formed by the combination of a ... of glucose with a molecule of fructose.

a. molecule b. atom c. compound d. electron e. anion

3. Fructose or fruit sugar occurs naturally in fruits, some root vegetables, cane sugar and honey and is ... of the sugars.

a. sweeter b. the sweetest c. more sweet d. most sweet e. the most sweet

4. Lactose is the naturally occurring sugar found in....

a. plant b. juice c. milk d. fat e. syrup

5. ... the digestion of starch by the enzyme amylase and is itself broken down during digestion by the enzyme maltase.

a. during b. on c. at d. in e. from

**8. Render the text. Start with the following phrase:" taking into account ..."**

**9. Make up the summary of the text (using proper phrases p.68)**

**10. Role-play. 🎭**

**The situation:** At a doctor's office

Working with a partner, role play the situation, using the information below

**The roles:** A doctor, a patient

The patient has the following symptoms or problems. The doctor should:

- ask what the problem is
- ask how long it has lasted

- ask if the patient has done or eaten anything unusual lately
- make a recommendation for treatment

<u><b>The patients problems and symptoms</b></u>	<u><b>The doctor's treatment</b></u>
<b>Cold :</b> Runny nose, cough, muscle aches	Bed rest, drink fluids (orange juice), prescription cold medicine
<b>Fever:</b> Hot forehead, headache, shivering	Bed rest, alcohol rub, aspirin
<b>Upset stomach:</b> Vomiting, stomach pain, nausea	Take antacid
<b>Back pain:</b> Pain in lower lumbar region	Bed rest, massage, heating pad, take analgesic ( <b>pain pill</b> )
<b>Head ache:</b> Pain in head, at temples	Bed rest, aspirin
<b>Skin burn</b> (from hot water): Pain at site of burn, red skin, blisters	Cool site with cold water, apply aloe or other skin burn ointment
<b>Broken finger:</b> Extreme pain, lack of mobility	Set finger in cast, pain pill
<b>Sore throat :</b> Pain in throat, difficulty swallowing	Gargle with salt water, take throat lozenges
<b>Allergies:</b> Runny nose, sneezing	Take allergy pills

### Useful phrases:

As a matter of fact-річ у тому, що

actually- насправді

as far as I know- наскільки я знаю

generally- в основному

basically- в основному

in the same way- тим же чином

besides- крім того

to be interested in- інтересуватись чим-то

to my mind (I guess, believe, suppose)-з моєї точки зору

to look forward to- дивитись в майбутнє ( з нетерпінням очікувати)

finaly- нарешті

which means that- що означає

as well as-як-так

before- до

after- після

then - потім

both... and - як-так

it's a pity- на жаль

but- але

thank for- завдяки

unfortunately- на превеликий жаль

by the way- доречі

at the end-в кінці

in conclusion- в завершені

many men many minds- скільки людей-стільки думок

because- тому, що

therefore- тому, що

## Unit 12

### Diclofenac

**Diclofenac** a nonsteroidal anti-inflammatory drug (NSAID) taken or applied to reduce inflammation and as an analgesic reducing pain in certain conditions, supplied as or contained in medications under a variety of trade names.

In the United Kingdom, India, Brazil, and the United States, it may be supplied as either the sodium or potassium salt, in China most often as the sodium salt, while in some other countries only as the potassium salt. Diclofenac is available as a generic drug in a number of formulations, including diclofenac diethylamine applied topically. Over-the-counter (OTC) use is approved in some countries for minor aches and pains and fever associated with common infections.

### Medical uses

Diclofenac is used to treat pain, inflammatory disorders, and dysmenorrhea. Voltaren (diclofenac) 50 mg enteric coated tablets

Inflammatory disorders may include musculoskeletal complaints, especially arthritis, rheumatoid arthritis, polymyositis, dermatomyositis, osteoarthritis, dental pain, TMJ pain, spondylarthritis, ankylosing spondylitis, gout attacks, and pain management in cases of kidney stones and gallstones. An additional indication is the treatment of acute migraines. Diclofenac is used commonly to treat mild to moderate postoperative or post-traumatic pain, in particular when inflammation is also present, and is effective against menstrual pain and endometriosis.

As long-term use of diclofenac and similar NSAIDs predisposes for peptic ulcer, many patients at risk for this complication are prescribed Arthrotec - a combination of diclofenac and misoprostol, a synthetic prostaglandin (PGE1) analogue, to protect the gastric mucosa.

### Contraindications

- Hypersensitivity against diclofenac
- History of allergic reactions (bronchospasm, shock, rhinitis, urticaria) following the use of aspirin or another NSAID
- Third-trimester pregnancy



- Active stomach and or duodenal ulceration or gastrointestinal bleeding
- Inflammatory bowel disease such as Crohn's disease or ulcerative colitis
- Severe insufficiency of the heart (NYHA III/IV)
- Pain management in the setting of coronary artery bypass graft (CABG)

surgery

- Severe liver insufficiency (Child-Pugh Class C)
- Studies in Pakistan showed diclofenac caused acute kidney failure in

vultures when they ate the carcasses of animals that had recently been treated with it.

Drug-sensitive species and individual humans are initially assumed to lack genes expressing specific drug detoxification enzymes.

### **Mental health**

- Mental health side effects have been reported. These symptoms are rare, but exist in significant enough numbers to include as potential side effects. These include depression, anxiety, irritability, nightmares, and psychotic reactions.

### **Other**

- Bone marrow depression is noted infrequently (leukopenia, agranulocytosis, thrombopenia with/without purpura, aplastic anemia). These conditions may be life-threatening and/or irreversible, if detected too late. All patients should be monitored closely. Diclofenac is a weak and reversible inhibitor of thrombocytic aggregation needed for normal coagulation.

- It induces warm antibody hemolytic anemia by inducing antibodies to Rh antigens; ibuprofen also does this.

- Diclofenac may disrupt the normal menstrual cycle.

- Research (published 2010) has linked use of diclofenac to an increased risk of stroke.

### **Mechanism of action**

The exact mechanism of action is not entirely known, but the primary mechanism responsible for its anti-inflammatory, antipyretic, and analgesic action is thought to be inhibition of prostaglandin synthesis by inhibition of cyclooxygenase (COX). It also appears to exhibit bacteriostatic activity by inhibiting bacterial DNA synthesis.

Inhibition of COX also decreases prostaglandins in the epithelium of the stomach, making it more sensitive to corrosion by gastric acid. This is also the main side effect of diclofenac. Diclofenac has a low to moderate preference to block the COX2-isoenzyme (approximately 10-fold) and is said to have, therefore, a somewhat lower incidence of gastrointestinal complaints than noted with indomethacin and aspirin.<sup>1</sup>

The action of one single dose is much longer (6 to 8 hr) than the very short half-life of the drug indicates. This could be partly because it persists for over 11 hours in synovial fluids.

- Diclofenac may also be a unique member of the NSAIDs. Some evidence indicates it inhibits the lipoxygenase pathways, thus reducing formation of the leukotrienes. Severe renal insufficiency (creatinine clearance <30 ml/min)
- Caution in patients with pre-existing hepatic porphyria, as diclofenac may trigger attacks
- Caution in patients with severe, active bleeding such as cerebral hemorrhage
- NSAIDs in general should be avoided during dengue fever, as it induces (often severe) capillary leakage and subsequent heart failure.

### **Side effects**

- Diclofenac is among the better-tolerated NSAIDs. Though 20% of patients on long-term treatment experience side effects, only 2% have to discontinue the drug, mostly due to gastrointestinal complaints.

### **Gastrointestinal**

- Gastrointestinal complaints are most often noted. The development of ulceration and/or bleeding requires immediate termination of treatment with diclofenac. Most patients receive a gastro-protective drug as prophylaxis during long-term treatment (misoprostol, ranitidine 150 mg at bedtime or omeprazole 20 mg at bedtime).

### **Hepatic**

Liver damage occurs infrequently, and is usually reversible. Hepatitis may occur rarely without any warning symptoms and may be fatal. Patients with osteoarthritis more often develop symptomatic liver disease than patients with rheumatoid arthritis.

Liver function should be monitored regularly during long-term treatment. If used for the short-term treatment of pain or fever, diclofenac has not been found more hepatotoxic than other NSAIDs.

- As of December 2009, Endo, Novartis, and the US FDA notified healthcare professionals to add new warnings and precautions about the potential for elevation in liver function tests during treatment with all products containing diclofenac sodium.
- Cases of drug-induced hepatotoxicity have been reported in the first month, but can occur at any time during treatment with diclofenac. Postmarketing surveillance has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. Some of these reported cases resulted in fatalities or liver transplantation.
- Physicians should measure transaminases periodically in patients receiving long-term therapy with diclofenac. Based on clinical trial data and postmarketing experiences, transaminases should be monitored within 4 to 8 wk after initiating treatment with diclofenac.

### **Renal**

(also pro-inflammatory autacoids). It also may inhibit phospholipase A<sub>2</sub> as part of its mechanism of action. These additional actions may explain its high potency - it is the most potent NSAID on a broad basis.

Marked differences exist among NSAIDs in their selective inhibition of the two subtypes of cyclooxygenase, COX-1 and COX-2.<sup>1</sup> Much pharmaceutical drug design has attempted to focus on selective COX-2 inhibition as a way to minimize the gastrointestinal side effects of NSAIDs such as aspirin. In practice, use of some COX-2 inhibitors with their adverse effects has led to massive numbers of patient family lawsuits alleging wrongful death by heart attack, yet other significantly COX-selective NSAIDs, such as diclofenac, have been well tolerated by most of the population.<sup>1</sup>

Besides the well-known and often-cited COX-inhibition, a number of other molecular targets of diclofenac possibly contributing to its pain-relieving actions have recently been identified. These include:

- Blockage of voltage-dependent sodium channels (after activation of the channel, diclofenac inhibits its reactivation also known as phase inhibition)
- Blockage of acid-sensing ion channels (ASICs)
- Positive allosteric modulation of KCNQ- and BK-potassium channels (diclofenac opens these channels, leading to hyperpolarization of the cell membrane)

### **The tasks:**

#### **1. Find the following English word combinations in the annotation and write down them :**

артрит	печінкова недостатність
ревматоїдний артрит	шлунково-кишкові скарги
приступи подагри	гепатотоксичність
пептична виразка	кістковий мозок
кропив'янка	нічні примари

#### **2. Resume the annotation according to the plan :**

- a) side effects
- b) contraindications
- c) action

#### **3. Make up sentences with given words and phrases :**

reduce inflammation	hypersensitivity
analgesic	allergic reactions
musculoskeletal complaints	stomach bleeding
kidney stones and gallstones	heart disease
mild and moderate pains	jaundice

#### **4. Translate the following sentences into English:**

1. Діклофенак – це нестероїдний, протизапальний лікарський препарат.

2. Діклофенак використовується для зменшення запалення та має аналгетичну дію.
3. Діклофенак ефективно усуває біль м'язів, особливо при артритах, ревматоїдних артритах, приступах подагри.
4. Довготривале застосування Діклофенаку може викликати пептичну виразку та алергічну реакцію.
5. Не вживайте Діклофенак у разі підвищеної чутливості до його компонентів.

**5. Make a list of the most wide-spread diseases which are treated by this medicine.**

**FLUMOX**

**Properties and Mode of Action**

combines two semisynthetic bactericidal penicillin derivatives (amoxycillin and flucloxacillin ) which are highly effective against a broad range of G+ve and G-ve bacteria.

Amoxycillin is a broad spectrum antibiotic active against haemolytic and non - haemolytic Streptococci, Diplococcus pneumoniae, non penicillinase-producing Staphylococci, Clostridia spp., Bacillus anthracis, Corynebacterium diphtheriae, and most strains of enterococci, H. influenzae, Bordetella pertussis, Proteus mirabilis, Brucella spp., N. gonorrhoeae and meningitidis, many strains of Salmonella, Shigella and E.coli.

Amoxycillin is better absorbed from the gastrointestinal tract than ampicillin and produces peak plasma concentrations up to twice as high as those from the same dose of ampicillin.

Flucloxacillin is a penicillinase-resistant penicillin, active against penicillinase-producing Staphylococci, b-haemolytic Streptococci, Streptococcus pneumoniae, Neisseria spp., Haemophilus influenzae, Bordetella pertussis, Brucella abortus and Pasteurella septica.

Amoxycillin and flucloxacillin are rapidly and well-absorbed when given orally producing high concentration of active drug in the blood.

**FLUMOX**, therefore, with this combination of effective action and extended spectrum is the broad spectrum antibiotic having specific activity against Staphylococcal resistant strains.

### **Indications**

Treatment of infections due to susceptible micro-organisms:

Upper respiratory tract infections: otitis media, sinusitis, tonsillitis, pharyngitis.  
Lower respiratory tract infections: bronchitis, pneumonia, empyema.  
Gastrointestinal tract infections: enteritis, cholecystitis, typhoid and paratyphoid, peritonitis and intra-abdominal abscesses.

Genitourinary tract infections: cystitis, pyelonephritis, gonorrhoea.  
Skin and Soft tissue infections: boils, carbuncles, abscesses, cellulitis, post-operative wound infections.

Bone infections: osteomyelitis.

Other infections: septicaemia, endocarditis and meningitis.

### **Dosage and Administration**

#### **Oral use:**

**Adults:** 250 mg - 1000 mg every 6 - 8 hours.

**Children Up to 2 years:** 125 - 250 mg (1/2 - 1 teaspoonful) every 6 - 8 hours.

**Children 2 to 12 years:** 250 - 500 mg (1 - 2 teaspoonfuls) every 6 - 8 hours.

#### **Parenteral use:**

**Adults:** 500 - 1 g every 6 - 8 hours I.M., slowly I.V. over 3 - 4 minutes or by In severe infections, the dosage could be given every 4 - 6 hours.

**Children 1 month - 2 years:** 1/4 adult dose.

**Children 2 - 12 years:** 1/2 adult dose.

#### **Contra\_indications**

Hypersensitivity to penicillin.

#### **Side effects**

As with other penicillins, side effects are usually infrequent, mild and transient including diarrhoea and skin rash.

#### **The tasks:**

**1. Find the following English word combinations in the annotation and write down them :**

антибіотик широкого спектра дії	резистентний до штамів стафілокока
полусинтетичний пеніцилін	інфекції верхніх дихальних шляхів
добре адсорбується	тиф, паратиф
гемолітичні стрептококи	менінгіт та ендокардит
висока концентрація	інфекції мочеполової системи

**2. Resume the annotation according to the plan :**

- a) action
- b) indications
- c) contraindications

**3. Make up sentences with given words and phrases :** properties and mode of action, mild and transient skin rash, a broad spectrum antibiotic, boils and carbuncles, susceptible microorganisms, intra-abdominal abscess, soft tissue infections, rapidly and well-absorbed, bronchitis and pneumonia, post-operative wound infections

**4. Translate the following sentences into English:**

1. Флюмокс має бактерицидну дію та є високоефективним препаратом проти грам позитивних та грам негативних бактерій.
2. Флюмокс-це полусинтетичний препарат від похідних пеніциліну.
3. Флюмокс призначається для лікування широкого спектру інфекцій.
4. Побічні явища зазвичай незначні нечасті і транзиторні.
5. Не вживайте Флюмокс якщо у вас гіперчутливість до пеніциліну

**5. Make a list of the most wide-spread diseases which are treated by this medicine.**

## **Dicloberl**

### **Product Ingredients:**

- Diclofenac sodium

### **Therapeutic actions:**

Diclofenac belongs to a group of medicines called NSAID's. Diclofenac exerts anti-inflammatory, analgesic and antipyretic action. Diclofenac works by selectively inhibiting the activity of COX 1 and COX II and ,thus, prevents the production of inflammatory mediators called prostoglandins. Diclofenac is more effective in pains of inflammatory origin. Diclofenac also possesses anti-platelet action.

### **Indications:**

Diclofenac is indicated in the following conditions:

- Arthritis(reumathoid, polyarthritis, podagra)
- Rheumatoid spondylitis
- Rheumatoid diseases of the soft tissue
- Painful edemas and inflammation after surgical intervention
- Acute pain syndrome

### **Contraindications and Cautions:**

Dicloberl should not be used in the following conditions:

- Individual intolerance
- Impaired haemopoiesis
- Stomach and intestinal ulcers
- Porphyria
- Bronchial asthma
- Children under 18 years
- Pregnancy
- Breastfeeding

### **Side Effects:**

There are possible side-effects associated with this medicine that can affect individuals in different ways. If a side effect is stated here, that does not necessarily mean the fact that all people using Dicloberl will experience it or any other.



- The most common side effect include: stomach pain, constipation, diarrhea, dyspepsia, gas, bleedings, nausea, stomach and intestinal ulcers, nausea, vomiting, anemia, dizziness, swelling, headache, itching, rash, ringing in the ears.

- The less common side effects include: Cardiovascular problems, liver damage, kidney problems, fluid retention, rash

The side effects listed above may not include all of the side effects reported by the drug's manufacturer. For more information about any other possible risks associated with Dicloberl, please read the information provided with Dicloberl or consult your doctor or pharmacist.

### **Interactions:**

It is important to tell your doctor or pharmacist what medicines you are already taking, including those bought without a prescription and herbal medicines, before you start treatment with Dicloberl. Similarly, check with your doctor or pharmacist before taking any new medication while taking this one, to ensure that the combination is safe.

- Dicloberl increases the blood levels of digoxin and lithium preparations, enhances cyclosporin toxicity for kidney.

- Aspirin lowers the amounts of Diclofenac in the blood
- Diuretics increases the risk of hyperkalemia.
- Glucocorticoids and other NSAID's increases the risk of gastrointestinal bleedings

### **Additional:**

DO NOT SHARE Dicloberl with others. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS PRODUCT, as well as syringes and needles, if needed during treatment, out of the reach of children. Do not reuse needles, syringes, or other materials.

## **1. The tasks:**

**1. Find the following English word combinations in the annotation and write down them :**

анальгетична жарознижувальна дія      бронхіальна астма

інгібітор	шлункові та кишкові виразки
ревматоїдні захворювання	вагітність та лактація
хірургічне втручання	кровотеча
гострий біль	висип та свербіж

## **2. Resume the annotation according to the plan :**

- a) indications
- b) side effects
- c) interactions

## **3. Make up sentences with given words and phrases:**

antipyretic action	liver damage
anti-platelet action	fluid retention
painful edemas	ringing in the ears
individual intolerance	gastro-intestinal bleeding
porphyria	risk of hyperkalemia

## **1. Translate the following sentences into English:**

1. Діклоберл має протизапальну, анальгетичну та жарознижувальну дію.
2. Діклоберл призначають для лікування артритів, поліартритів, ревматоїдних захворюваннях м'яких тканин.
3. Не використовуйте Діклоберл якщо у вас індивідуальна непереносимість даного лікарського засобу, або якщо ви страждаєте на шлункову чи кишкову виразку.
4. Зазвичай Діклоберл добре переноситься але інколи має такі побічні явища як біль у шлунку, закріп, діарея, кровотеча, нудота та інше.
5. Діклоберл підвищує рівень Дігосина в крові та посилює токсичність циклоспорину в нирках.

## **5. Make a list of the most wide-spread diseases which are treated by this medicine.**

**DURACEF suspension 250 mg/5 mL**

**DURACEF suspension 500 mg/5 mL**

**DURACEF capsules 500 mg**

**DURACEF 1 g dispersible tablet**

**COMPOSITION:**

**POWDERS FOR ORAL SUSPENSION:** Powders providing cefadroxil monohydrate equivalent to 250 mg and 500 mg cefadroxil per 5 mL respectively when reconstituted, containing approximately 0,1% m/v sodium benzoate as preservative.

**CAPSULES:**

Capsules containing cefadroxil monohydrate equivalent to 500 mg cefadroxil.

**TABLETS:**

Each dispersible tablet contains cefadroxil monohydrate equivalent to 1 g cefadroxil.

**PHARMACOLOGICAL CLASSIFICATION:**

Broad and medium spectrum antibiotic.

**PHARMACOLOGICAL ACTION:**

**CLINICAL PHARMACOLOGY:**

DURACEF (cefadroxil monohydrate) is a semisynthetic antibiotic with a broad spectrum of bactericidal activity. It is chemically designated as 7-[[D-2-amino-2-(4-hydroxyphenyl) acetyl]amino]-3-methyl-8-oxo-5-tia-1-azabicyclo {4.2.0}oct-2-ene-2-carboxylic acid monohydrate. DURACEF is stable in the presence of acid and is rapidly absorbed after oral administration. Following single oral doses of 250, 500 and 1000 mg, average peak serum concentrations are approximately 9, 16 and 28 µg/mL respectively. Measurable levels are present 12 hours after administration. DURACEF is approximately 20% bound to serum proteins. DURACEF has been shown to be widely distributed in most body tissues, including tonsils, bronchial secretions, pleural fluid, liver and bile and prostate. Approximately 80% of the medicine is excreted unchanged in the urine within eight hours. Peak urine concentrations reach approximately 1800 µg/mL following a single 500 mg dose. Urine DURACEF concentration was maintained

well above MIC of susceptible urinary pathogens for 20 to 22 hours following a single one gram dose.

Increase in dosage generally produces a proportional increase in DURACEF serum and urinary concentrations.

### **INDICATIONS:**

DURACEF is indicated in the treatment of the following infections when due to susceptible micro-organisms:

Respiratory tract infections, urinary tract infections and skin and soft tissue infections.

### **CONTRA-INDICATIONS:**

DURACEF is contra-indicated in patients with known allergy to the cephalosporin group of antibiotics. The safe use of DURACEF during pregnancy and lactation has not been established. Safety in premature infants and neonates has not been established.

### **WARNINGS:**

IN PENICILLIN-SENSITIVE PATIENTS, CEPHALOSPORIN ANTIBIOTICS SHOULD BE USED WITH GREAT CAUTION. THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARTIAL CROSS-SENSITIVITY OF THE PENICILLINS AND CEPHALOSPORINS, AND THERE ARE INSTANCES OF PATIENTS WHO HAVE HAD REACTIONS TO BOTH DRUGS (INCLUDING FATAL ANAPHYLAXIS AFTER PARENTERAL USE).

Any patient who has demonstrated a history of some form of allergy, particularly to medicines, should receive DURACEF cautiously and then only when absolutely necessary.

Pseudomembranous colitis has been reported. Therefore it is important to consider its diagnosis in patients who develop diarrhoea in association with the use of DURACEF.

**DOSAGE AND DIRECTIONS FOR USE:** DURACEF administered orally is well absorbed. Administration of the antibiotic may be made without regard to food as meals have no significant effect on absorption. Administration with food may be helpful in diminishing gastro-intestinal complaints occasionally associated with oral cephalosporin

therapy.

### **Adults and children having a mass of more than 40 g**

#### **Urinary Tract Infections:**

For acute uncomplicated lower urinary tract infections (e.g. cystitis), the usual daily dosage is 1 or 2 grams per day in a single dose. In complicated or chronic urinary tract infections, the usual dosage is 1 g every 12 hours for a minimum of 7-10 days.

**Skin and Skin Structure Infections:** For skin and skin structure infections the usual dosage is 1 gram per day in a single dose.

#### **Upper Respiratory Tract Infections:**

In upper respiratory infections the usual dosage is 500 mg every 12 hours. For Group A  $\beta$ -haemolytic streptococcal pharyngitis and tonsillitis, 1 g DURACEF may be given as a single, daily dose. For any infections caused by Group A  $\beta$ -haemolytic streptococcus, treatment should be administered for 10 days.

#### **Lower Respiratory Tract Infections:**

For lower respiratory tract infections the recommended dosage is 500 mg to 1,0 g every 12 hours.

### **Children having a mass of less than 40 kg:**

#### **DURACEF therapy in children:**

% of Adult Dose	Age and Mass	Total daily dosage (Based on range of 1-2 g for adults)
75%	12 years (40 kg)	750 mg to 1,5 g
50%	7 years (23 kg)	500 mg to 1,0 g
25%	1 year (10 kg)	250 mg to 500 mg
12,5%	Full-term (3,2 kg)	125 mg to 250 mg

**Surface area of Adult Urinary Tract Infections:** In acute uncomplicated urinary tract infections (e.g. cystitis) the recommended daily dose for children is 12,5 mg to 25 mg/kg every 12 hours. In complicated or chronic urinary tract infections the recommended dose for children is 25 mg/kg every 12 hours administered for 7-10 days.

#### **Skin and Skin Structure Infections:**

For skin and skin structure infections the recommended dose for children is 25 mg/kg given once daily or 25 mg/kg every 12 hours depending on the sensitivity of the organism.

#### Upper and Lower Respiratory Tract Infections:

In respiratory tract infections the recommended dose for children is 25 mg/kg every 12 hours. For Group A  $\beta$ -haemolytic streptococcal pharyngitis and tonsillitis. DURACEF may be given as a single daily dose at 30 mg/kg/day. In infections caused by the Group A  $\beta$ -haemolytic streptococcus, treatment should be administered for 10 days.

#### Dosage in Renal Impairment:

A modified dosage schedule is unnecessary in patients with creatinine clearance rates of greater than 50 mL/min. In those patients with creatinine clearance rates of 50 mL/min or less, the following reduced schedule is recommended as a guideline, based creatinine clearance rate (mL/min/1,73 m<sup>2</sup>). Each patient should be considered individually. Patients with renal insufficiency may be treated with an initial dose equal to that chosen for a patient with normal renal function (see above). Subsequent doses may be administered according to the following table:

Creatinine clearance	Dose	Dose Interval
0-10 mL/min/1,73 m <sup>2</sup>	500 mg	36 hours
10-25 mL/min/1,73 m <sup>2</sup>	500 mg	24 hours
25-50 mL/min/1,73 m <sup>2</sup>	500 mg	12 hours

Further modifications of the dosage schedule may be necessary in children. Treatment should be continued for a minimum of 46 to 72 hours beyond the time that the patient becomes asymptomatic or evidence of bacterial eradication has been obtained. A MINIMUM OF 10 DAYS TREATMENT IS RECOMMENDED FOR ANY INFECTION CAUSED BY GROUP A BETA-HAEMOLYTIC STREPTOCOCCI. Chronic urinary tract infections may require prolonged intensive therapy with continued bacteriologic and clinical follow-up.

#### **SIDE-EFFECTS AND SPECIAL PRECAUTIONS**

Cefadroxil may have the potential for producing allergic reactions. Rash, pruritus, urticaria and angioedema may be observed infrequently. Should an allergic reaction to DURACEF occur, the medicine should be discontinued and the patient treated with adrenaline, corticosteroids and/or antihistamines. **CAUTION SHOULD BE EXERCISED WHEN DURACEF IS ADMINISTERED TO A NURSING MOTHER.** Side-effects including nausea, vomiting, diarrhoea, dyspepsia and abdominal discomfort, dizziness, headache and monilial vaginitis may also occur. Reversible neutropenia, leukopenia and minor elevations in serum transaminase may occur. A false-positive Coombs' reaction may occur in some patients receiving DURACEF therapy. Patients treated with DURACEF may have a false-positive glycosuria reaction when Benedict's or Fehling's solutions, copper sulphate or Clinitest tablets are used in testing. This does not occur with enzyme-based tests such as Clinistix. Use of DURACEF may result in the overgrowth of non-susceptible organisms. If superinfection occurs during therapy, appropriate measures should be taken. **KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT:**

See side-effects and special precautions. Treatment is symptomatic and supportive.

### **The tasks:**

#### **1. Find the following English word combinations in the annotation and write down them :**

полусинтетичний антибіотик	прийом препарату
інфекції дихальних шляхів	шлунково-кишкові скарги
м'які тканини	хронічні інфекції
вагітність та лактація	нейтропенія
псевдомембранний коліт	лейкопенія

#### **2. Resume the annotation according to the plan :**

a) indications

b) contraindications

c) dosage and administration

**3. Make up sentences with given words and phrases:**

well absorbed                      renal insufficiency

significant effect                nausea and vomiting

cephalosporin therapy      abdominal discomfort

urinary tract infections    a broad spectrum antibiotic

streptococcal pharyngitis    susceptible micro-organisms

**4. Translate the following sentences into English:**

1. Дурацеф-це полусинтетичний антибіотик з широким спектром бактеріальної дії.

2. Дурацеф приймається перорально і зазвичай добре переноситься.

3. Дурацеф має сильну алергічну дію.

4. У разі застосування Дурацефу іноді може з'являтися висип, кропив'янка, ангіоедема.

5. Дурацеф має такі побічні явища як нудота, блювота, диспепсія, головний біль.

**5. Make a list of the most wide-spread diseases which are treated by this medicine.**

## **Phenazepam**

**Phenazepam** is a benzodiazepine drug, which was developed in the Soviet Union in 1974 and now produced in Russia and some CIS countries. Phenazepam is used in the treatment of neurological disorders such as epilepsy, alcohol withdrawal syndrome and insomnia. It can be used as a premedication before surgery as it augments the effects of anesthetics and reduces anxiety. Recently, phenazepam has gained popularity as a recreational drug; misuse has been reported in the United Kingdom Finland Sweden, and the United States.



## **Dosage**

An average phenazepam dosage is 0.5 mg 2-3 times daily. The maximum daily dosage must not exceed 10 mg. 0.5 mg of phenazepam is thought to be equivalent to 10 mg of diazepam.

## **Side effects**

Side effects include hiccups, dizziness, loss of coordination and drowsiness, along with anterograde amnesia which can be quite pronounced at high doses. As with other benzodiazepines, in case of abrupt discontinuation following prolonged use, severe withdrawal symptoms may occur including restlessness, anxiety, insomnia, seizures, convulsions and death.

## **Contraindications and special caution**

Benzodiazepines require special precaution if used in the elderly, during pregnancy, in children, alcohol or drug-dependent individuals and individuals with comorbid psychiatric disorders.

Phenazepam should not be taken with alcohol or any other CNS depressants. month including tapering on and off the drug as recommended for any benzodiazepine in the British national formulary. Some patients may require longer term treatment.

Phenazepam was found to be a component in some herbal incense mixtures in Australia & New Zealand in 2011, namely "Kronic". The particular product variety was withdrawn shortly from the market after and replaced with a new formulation Phenazepam and cannabinomimetics sold as herbal highs in New Zealand. Drug Testing and Analysis, 4, 409–414.]

## **Detection in biological fluids**

Phenazepam may be measured in blood or plasma by chromatographic methods. Blood phenazepam concentrations are typically less than 30 µg/L during therapeutic usage, but have frequently been in the 100-600 µg/L range in automotive vehicle operators arrested for impaired driving ability.

## **The tasks:**

**1. Find the following English word combinations in the annotation and write down them :**

неврологічні розлади	запаморочення
епілепсія	вагітність
безсоння	депресанти
гикавка	конвульсії
страх	біологічна рідина

## **2. Resume the annotation according to the plan :**

- a) dosage
- b) contraindications
- c) special caution

## **3. Make up sentences with given words and phrases:**

treatment	loss of coordination
alcohol syndrome	anxiety
insomnia	herbal mixture
recreational drug	psychiatric disorders
hiccups	impaired driving ability

## **4. Translate the following sentences into English:**

- 1.Феназепам використовується для лікування неврологічних розладів таких як епілепсія, безсоння.
2. Феназепам добре переноситься, але має такі побічні дії як гикавка, запаморочення, втрата координації.
3. Феназепам не слід вживати з алкоголем чи ЦНС депресантами.
4. Рівень Феназепаму в крові вимірюється хроматографічними методами.
- 5.Людям похилого віку, вагітним жінкам, дітям слід застосовувати Феназепам з великою обережністю.

## **5. Make a list of the most wide-spread diseases which are treated by this medicine.**

## WRITING RESUME

### Написання резюме

#### 1. Active Vocabulary

**accomplished** – выполнял;  
**administered** – управлял;  
**applied** – применял;  
**arranged** – организовывал;  
**audited** – проверял отчетность;  
**contracted** – заключал;  
**controlled** – руководил;  
**counseled** – консультировал;  
**delivered** – доставлял;  
**distributed** – распространял;  
**elaborated** – детально разрабатывал;  
**estimated** – предварительно оценивал;  
**evaluated** – давал оценку качества;  
**examined** – проверял;  
**expanded** – развивал;  
**filed** – вел картотеку;  
**handled** – руководил; обрабатывал;  
**implemented** – внедрял;  
**instructed** – применял;  
**maintained** – обслуживал;  
**managed** – управлял;  
**monitored** – контролировал;  
**operated** – работал;  
**performed** – выполнял;  
**provided** – обеспечивал;  
**recruited** – принимал на работу;  
**repaired** – ремонтировал;  
**supervised** – руководил.

Examples: Supervised five subordinates.

Arranged summer schools for teachers.

Managed performance of three projects.

**Seeks entry-level/full-time/part-time position** – Ищу работу без стажа/с полной/частичной занятостью;

**Looking for a responsible and challenging management/sales position** – Ищу ответственную и перспективную работу в сфере управления/сбыта;

**Awarded ... degree in ...** – Присвоена степень ... в области...;

**Earned high average grade** – Заработал высокий средний балл;

**Completed business courses in...** – Окончил курсы по бизнесу в...;

**Finished secondary school with honors** – Окончил среднюю школу с отличием;

**Took part in student contest in...** – Принимал участие в конкурсах студенческих работ по экономике;

**Finished secondary school with honors** – Окончил среднюю школу с отличием;

**Took part in student contest in...** – Принимал участие в конкурсах студенческих работ по экономике;

**Honorably discharged with rank of...** – Уволен в запас с почетным званием...;

**Possessing strong computer skills, including detailed knowledge of Word 7.0** –

Хорошо владею компьютером, детально знаю программу Word 7.0;

**Worked with local firm for 4 years** - Работал в местной фирме 4 года;

**Responsibilities included assisting customers, stocking merchandise, taking inventory** - В обязанности входило обслуживание клиентов, складирование товаров, ведение учета.

## 2. Read and translate the text.

### *RESUME*

Resume is a summary of education, work experience, and qualifications. There are two terms which exist in parallel: C.V. or curriculum vitae, which comes from Latin and means autobiography, and resume which is borrowed from French and means a summary. There is no much difference between them except that a resume is usually shorter (one page long) and written by those applicants who have little work experience.

The resume is very important in job searching. It is a calling card which is purposed to attract the interest of the prospective employer.

The resume should describe an applicant's personality and demonstrate his energy, ambition, and ability to work in teams. It should give the employer a sense that this candidate would be a good investment for the company.

An effective resume must make a good first impression. Of course, appearance is important but content is even more crucial. The information in a resume needs to be well-organized, easy to read, and result-oriented. It usually includes personal information, professional and volunteer experience, special skills, educations, accomplishments, and references.

An effective resume should address the employer's needs. Its aim is to show the prospective employers how an applicant's skills, accomplishments and abilities match their needs and organization goals. The best way to achieve this is to include only the work experience that is relevant to the job you are applying for.

Every day employers sort through piles of resumes and typically devote 30 seconds or less to each one. Employers won't read any more than two pages, anyway. If you can fit your resume onto one page, that's fine! Employers are looking for, among other qualities, strong organizational and communication skills.

There are two main formats of a resume: chronological and functional. The most popular among the beginners is a chronological resume. In the chronological resume a list of education and work experience is presented in a reverse chronological order. This is followed by a statement explaining job responsibilities.

In the functional resume experience and skills are given under the job title, without dates or places of an employment. In the functional resume, emphasis is placed on what you've achieved and not where and when you achieved it.

It is particularly useful if you have made many changes from one field to another or previous jobs are unrelated to the current position.

Your resume also serves as a self-assessment tool, an opportunity to complete a self-inventory and see where you've been and where you'd like to go. The matter of fact is that even an excellent resume will not get you a job all on its own. But it does show that you take your career seriously and help you to market your skills and experience. A good resume helps you to pique a prospective employer's interest and prevents you from achieving circular status.

### **3. Answer the questions.**

1. What kind of paper is a resume / C.V.?
2. Is any difference between a resume and a C.V.?
3. What is the origin of the two words?
4. What is their Russian analogue?
5. What are the main purpose of a resume?
6. What are the three main features of an effective resume?
7. Why should an effective resume be short?
8. What are the characteristics of a chronological format?
9. What are the characteristics of a functional format?

### **4. Learn how to write a resume.**

#### **RESUME**

Elisabeth Monroe  
2300 Roosevelt Avenue  
Dallas, Texas  
(423) 281-9031

**OBJECTIVE** Entry-level secretary in a company with opportunities for growth and advancement .

**SPECIAL SKILLS** Fluent in German, French, and English. Can operate a word processing machine.

**EXPERIENCE** Secretary/ Book-keeper, six years in France.

Worked for sales manager in a manufacturing company. Typed reports and forms, filed records, did general book-keeping.

1980 -Present. –Assembly Line Worker, Panda Boots, 1114 Regent Drive, Dallas, Texas. 1979 to 1980 Machine Operator, Team Gums, 420 Shvartz St, Denver, Texas.

**EDUCATION** Denver College of Commerce, Denver, Texas. Presently enrolled. Have taken

courses in shorthand, accounting, and word processing. Graduated from high school, Champaign, France, June 1973.

REFERENCE Dr. Serge Monroe, 250 Fifth Street, Dallas, Texas. Professor Jessica Broun

**5. Prove that proverbs (sayings) have sense:**

1. Business before pleasure.
2. The work shows the workman.
3. Idleness is the mother of all evil.
4. Practice makes perfect.
5. A bad shearer never had a good sickle. (A bad workman quarrels with his tools).
6. Jack of all trades is master of none.
7. The hardest work is to do nothing.
8. Ninety per cent of inspiration is perspiration.
9. Through hardship to stare.
10. What is worth doing at all is worth doing well.
11. He that would eat the fruit must climb the tree.
12. He that will not work shall not eat.
13. He'll eat till he sweats and work till he freezes.
14. Doing is better than saying.
15. Make the best of a bad job.
16. By doing nothing we learn to be ill.
17. A beggar can never be bankrupt.
18. All work and no play makes Jack a dull boy.
19. An idle brain is the devil's workshop.

**6. What would be an ideal job for you? What would you like to have or do in your ideal job? For example:**

- travel overseas;
- good pay;
- help others.

*Make a list and then discuss your list with others in your class.*

**7. Work in pairs.**

*a) Imagine you are speaking with a person who works in the field which you may choose as your future career, for example, a translator, an account executive, an assistant editor, a librarian, etc. You can ask your partner:*

- whether his/her job requires a lot of skills (knowledge, education, practice);
- where she/he has acquired the necessary skills (knowledge, education, practice);
- what she/he can advise you to do to become better acquainted with this trade or profession.

*b) Think of other questions for further details. Your partner answers your questions mentioning the advantages and disadvantages of his/her job.*

*c) Act out a conversation.*

**8. Speak about the career you would like to follow. Say:**

- what you know about it;
- what qualifications you will need;
- why it attracts you;
- why you think kind of career will suit you.

## Pharmaceutical glossary of drugs:

1. **Anti-convulsant Dugs** are medicines used to prevent or treat convulsions (seizures).
2. **Anti-Angina Dugs** are medicines that relieve the symptoms of Angina Pectoris (severe chest pain).
3. **Anti-Fungal Dugs** are medicines taken by mouth or by injection to treat infections caused by a fungus.
4. **Anti-Itch Dugs** are medicine taken by mouth or by injection to relieve itching.
5. **Anti-Viral Drugs** are medicines that cure or control virus infections.
6. **Anti-Diabetic Dugs** are medicines that help control blood sugar levels in people with Diabetes Mellitus (Sugar Diabetes).
7. **Anti-Asthmatic Drugs** are medicines that treat or prevent asthma attacks.
8. **Anti-Hypertensive Drugs** are medicines that help lower blood pressure.
9. **Antibiotics** are medicines that kill the bacteria that cause infections.
10. **Anti-Migraine Drugs** are medicines used to prevent or reduce the severity of migraine headaches.
11. **Anti-Rheumatic Drugs** are medicines used to treat Rheumatoid Arthritis.
12. **Anti-Protozoal Drugs** are medicines that treat infections caused by Protozoa.
13. **Anti-Nausea Drugs** are medicines that control nausea – a feeling of sickness or queasiness in the stomach, with an urge to vomit. These drugs also prevent or stop vomiting. Drugs that control vomiting are called Anti-emetic Drugs.
14. **Anti-Parkinson Drugs** are medicines that relieve the symptoms of Parkinson's disease and other forms of Parkinsonism.
15. **Anti-Psychotic Drugs** are medicines used to treat psychosis and other mental and emotional conditions.
16. **Muscle Relaxants** are drugs that relax certain muscles in the body.
17. **Anti-Retroviral Drugs** are medicines that prevent the reduction of a type virus called a Retrovirus.
18. **Anti-Tuberculosis Drugs** are medicines used to treat Tuberculosis, an infectious disease that can affect the lungs and other organs.



19. **Anti -Ulcer Drugs** are medicines used to treat ulcers in the stomach and the upper part of the small intestine.
20. **Anti-Hemorrhoid Drugs** are medicines that reduce the swelling and relieve the discomfort of hemorrhoids (swellings in the area around the anus).
21. **Non-steroidal Anti-inflammatory Drugs** are medicines that relieve pain, swelling, stiffness, and inflammation.
22. **Anti-Insomnia Drugs** are medicines that help people fall asleep or stay asleep.
23. **Anti-Helminthic Drugs** are medicines that rid the body of parasitic worms.
24. **Central Nervous System (CNS) Stimulants** are medicines that speed up physical and mental processes.
25. **Anti-Coagulant Drugs** are medicines that prevent the clotting of blood.
26. **Infertility Drugs** are medicines that help bring about pregnancy.
27. **Diuretics** are medicines that help reduce the amount of water in the body.
28. **Vasodilators** are medicines that act directly on muscles in blood vessel walls to make blood vessels widen (dilate).
29. **Corticosteroids**. Medicines that are similar to the natural hormone Cortisone and belong to the family of drugs called Steroids.
30. **Cephalosporins** are medicines that kill bacteria or prevent their growth.
31. **Gout Drugs** are medicines that prevent or relieve the symptoms of Gout, a disease that affects the joints and kidneys.
32. **Penicilins** are medicines that kill bacteria or prevent their growth.
33. **Barbiturates** are medicines that act on the central nervous system and cause drowsiness and can control seizures.
34. **Laxatives** are products that promote bowel movements.
35. **Anti-Anxiety Drugs** are medicines that calm and relax people with excessive anxiety, nervousness, or tension.
36. **Smoking-Cessation Drugs** are medicines that help people stop smoking cigarettes or using other forms of tobacco.

## Cliches

1.	It seems to me	Мені здається
2.	In (to) my opinion	На мою думку
3.	From my point of view	З моєї точки зору
4.	I am (not) sure	Я (не) впевнений
5.	If I am not mistaken	Якщо я не помиляюсь
6.	As a rule	як правило
7.	As for me = as regards myself	Щодо мене
8.	According to this text	Відповідно до тексту
9.	It's natural	Природньо
10.	Oh, I'm sorry! It was my mistake!	Вибачте! Це була моя помилка!
11.	To consider	Вважати
12.	To suppose	Думати, вважати
13.	To work at the problem	Працювати над проблемою
14.	To become interested in	Бути зацікавленим в
15.	To continue one's studies	Продовжити навчання
16.	To pay particular attention to	Віддавати особливу перевагу
17.	Laboratory findings	Лабораторні відкриття
18.	To solve a difficult task	Вирішувати складне завдання
19.	The main problem of my research is...- to reveal - to put into practice - to apply in practice	Головна проблема мого дослідження...-відкрити - ввести у практику - застосувати у практиці
20.	My work concerns (deals with)	Моя робота відноситься (має справу)
21.	According to the theme of my thesis	Згідно з темою моєї дисертації
22.	To reach a conclusion	Прийти до висновку
23.	And now I'd prefer to talk about...rather than...	Зараз я би хотів поговорити про,... а не про...
24.	It strikes me that...	Мене вражає, що
25.	I know from personal experience...	Я з свого досвіду знаю, що
26.	I've got an impression that...	В мене враження, що
27.	On the other hand...	З іншого боку
28.	There are different views of...	Існують різні думки щодо
29.	Opponents argue that...	Опоненти стверджують, що
30.	You are certainly correct to say that...	Ви абсолютно праві, говорячи...
31.	I have almost no doubt that...	У мене майже немає сумнівів, що...
32.	I can disagree.	Я можу не погодитися.
33.	I'd like to remind you that...	Хотілось би нагадати, що....
34.	We have to bear in mind that...	Необхідно пам'ятати, що...
35.	It must be admitted that...	Необхідно усвідомити, що...

36.	It immediately brings to mind...	Це відразу нагадує...
37.	The other thing that we should keep in mind is...	Наступна річ, про яку необхідно пам'ятати...
38.	Let me give you a brief example...	Дозвольте навести короткий приклад...
39.	What we have seen now is a kind of a perfect example of...	Те, що ми зараз побачили, - це чудовий приклад того, що...
40.	There is a great deal of discussion about...	Багато обговорень йдеться з приводу....
41.	Nobody doubts that...	Ніхто не сумнівається, що...
42.	Let's have a final look at...	Давайте розглянемо востаннє...
43.	It only remains for me to say...	Мені залишається додати лише те, що...
44.	To sum up I'd like to say	Підсумовуючи, хочу сказати...
45.	Summarizing, we may say that...	Підсумовуючи ми можемо сказати, що...
46.	It's a well-known fact that	Добре відомий факт, що
47.	I want to continue his (her) story about and tell you about	Я хочу продовжити його (її) розповідь про ... і розповісти про...
48.	I'd like to add some important facts (information) a couple of details	Я б хотів додати декілька важливих фактів (небагато інформації), декілька деталей
49.	It goes without saying	Зрозуміло
50.	I agree-I don't agree- I disagree	Я згоден/не згоден
51.	As I have already said - mentioned - marked	Як я вже казав -згадував -помічав
52.	I'll try to do my best	Я постараюся зробити все від мене залежне
53.	I can hardly imagine person who...	Мені важко уявити людину, яка...
54.	I'm afraid I have a very general idea about	Боюся, у мене дуже загальне уявлення про
55.	I'm far from this problem	Я далекий від цієї проблеми
56.	And now some (=a few) words about...	А зараз кілька слів про...
57.	The article is about ...	Стаття про...
58.	The article describes (concerns) smth. ...	Стаття описує...
59.	The purpose (object) of the article is to describe ( to show)	Мета статті-описати чи показати...
60.	The article highlighters the problem...	Основна проблема статті..
61.	The article centers on the problem...	Основна проблема статті..

62.	The first paragraph deals with...	В першому абзаці йдеться про...
63.	Then the articles goes on the problem of...	Потім в статті йдеться про...
64.	It is evident that...	Очевидно, що...
65.	It is said that...	Кажуть, що
66.	It is important to point that...	Важливо відмітити, що
67.	What I have found out is...	Те, що я знайшов – це...
68.	It is interesting to note that...	Важливо замітити, що
69.	The final paragraph states (ends with)	
70.	At the beginning of the text...	На початку тексту...
71.	In the middle of the text...	В середині тексту...
72.	At the end of the text...	В кінці тексту...
73.	The title of the text is...	Заголовок тексту...
74.	The main problem of the text is...	Головна проблема тексту...

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