



APPROVED

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PROGRAM
Entrance Examination
English Language

GENERAL INFORMATION

The program of English language entrance examination has been prepared for Saint Petersburg State Pediatric Medical University applicants going to be trained on higher education programs for Bachelor degree and Specialist degree according to the requirements of the Federal State Training Standard for secondary general education (Order №1645 of the Ministry of Education and Science of the Russian Federation dated December 29, 2014), the Federal State Training Standard for principal general education (Order №1644 of the Ministry of Education and Science of the Russian Federation dated December 29, 2014) and is focused on the basic level of the applicants' knowledge.

The purpose of English language entrance examination is to assess the level of mastering the Federal component of the Federal State Training Standard for secondary and principal general education, and to determine the readiness to study in English language according to the chosen program of higher education. During the examination the applicants have to demonstrate the knowledge of English language within the limits of secondary school program, as well as practical use of the basic concepts and characteristic features of phonetic, lexical and grammar system of English language.

PROGRAM CONTENT

1. THE APPLICANT SHOULD HAVE THE FOLLOWING general cultural competences:

- ability for communication in oral and written forms in English language to solve the problems of interpersonal and intercultural interaction;
- ability for team work, tolerant interpretation of social, ethnic, confessional and cultural differences.

2. BASIC SKILLS NECESSARY FOR EDUCATION PROGRAM TRAINING:

- basic vocabulary,
- basic grammar structures,
- word-formation rules (structures and meaning),
- basic information on social phenomena occurring in modern world countries and priority tendencies of medical sphere.

The level of English language should demonstrate a strong base for its successful application, have a wide vocabulary and accurate knowledge of grammar rules, as well as it should be a step for perspective participation in negotiations, business correspondence with medical institutions, understanding of specialized medical literature.

2.1. Requirements for entrance knowledge – the applicant should KNOW:

- word-formation models that can be used to understand independently the meaning of unfamiliar complex and derivative words of medical professional language;
- basic vocabulary including 2000 units of general and terminological character;
- basic grammar structures;
- the features of the system of public health service and ethical standards of doctor-and-patient

and colleague-and-colleague communication in the medical environment.

BE ABLE:

- to use productively: narrative extended sentences to compose a statement;
- to ask basic questions to make conversation;
- to use actively not less than 900 terminological units and term elements;
- to manage the basic skills of business correspondence (application form, business letter, resume etc.);
- to state the received information logically and correctly;
- to prepare a description, message, and report on a given topic;
- to determine and take into consideration the communicative purposes, goals and motives of the interlocutor's behaviour, to predict the responses.

TO MANAGE:

- skills of fluent reading of the texts with not less than 75% of general and popular science vocabulary with correct intonation;
- skills of participation in conversations on a familiar medical topic and expression of the attitude to the text read using a thematic lexical vocabulary minimum and speech models;
- principles of the work with various specialized guidebooks and encyclopedic literature;
- skills of taking information and transformation of the information received from relevant sources (including periodicals and the Internet).

2.2. Requirements to the initial level of knowledge and abilities

To study the educational program it is necessary to have A-2 level (Pre-Intermediate Level) which is characterized by the following indicators:

- understanding of English language intonation system (falling and rising tones) of principal sentences (simple and compound),
- understanding of tense system (present, past, future simple tenses, present and past continuous tenses, present and past perfect tenses), modal verbs (can, must, may, have to),
- ability to read fluently and express the attitude to the text read,
- ability to continue conversations on various everyday topics (family, education, work, sightseeing tours).

The program is recommended if an applicant:

- understands the statements of the interlocutor, can continue the dialogue and ask questions, but uses short sentences;
- knows the basic grammar rules quite well, but has some difficulties in their usage in spontaneous speech;
- has had an experience of studying English language at school, college or university and has good basic knowledge.

2.3. Assessment criteria

Speaking/understanding

Correct combination of words in sentences, free usage of intonation, ability to express the emotions and to understand the emotions of the interlocutor.

Ability to express the ideas in understandable form and absence of pronunciation difficulties.

Coherent expression of misunderstanding of some moments of conversation and adequate requests to explain the doubtful points.

Quick selection of synonyms, understanding and memorizing of word constructions in specific context.

Reading

Understanding of an original text, except for a very specialized one, ability to analyze it and make some conclusions.

Understanding of different styles of the information presentation and meaning of popular English phraseological units and fixed expressions in specific context.

Grammar

Present, Past and Future Simple Tenses, Present and Past Continuous Tenses, Present and Past Perfect Tenses.

Understanding of expressions *I'm going to travel in autumn*, *I used to work hard* and *I'm used to working hard* (constructions *to be going to*, *used to do* and *to be used to*).

Questions of different types (Word Order).

Degrees of Comparison.

Difference between *a little flour* and *a few strawberries* (Quantifiers).

-ing forms - *I enjoy reading*, infinitive form with *to* - *I want to study Medicine* (Gerunds and Infinitives).

Difference between *I must not work* and *I do not have to work* (Modal Verbs *have to/don't have to*, *must/mustn't*, *can/could*, *may/might*, *should/shouldn't*).

Difference between "*If it rains, I'll stay at home*" and "*If it rained, I would stay at home*" (Conditionals).

Meaning of "*A good report was made by Sara*" (Passive Voice).

Paraphrasing of Direct Speech *He said: "I'm working"* to Reported Speech *He said that he was working*.

Vocabulary

Vocabulary from 1500 to 2000 words and phrases.

Various forms of the words, some idioms and phrasal verbs.

Structures with the words *so*, *either*, *neither*, *no more*, *anymore*, *too*, *enough*, *no longer*, *whenever*, *if*, *when*, *as*, *like*.

Speaking

Distinct speaking, correct pronunciation.

Making a story of 15-18 sentences about the family, likes and dislikes, opinions, professions, hobbies.

Understanding that a verb with a preposition can have some specific meaning (phrasal verbs).

Understanding the main idea of spoken in English speech even if some words are unknown.

Ability to have a dialogue with a native speaker if the conversation is characterized by familiar words.

Ability to explain word meanings by other words.

Reading

Understanding of simple texts, newspaper and magazine articles, adapted literature.
Understanding of the main ideas of original texts, even if there are some unknown words.

Listening

Understanding of informal conversation if spoken in average speed with the usage of familiar words.

Ability to catch the meaning of a film or TV-show in English.

Accurate distinction of intonations, accents, sounds.

Understanding of adapted audiobooks.

Understanding of the main ideas of popular medical texts while listening to and ability to discuss the received information.

ENTRANCE EXAMINATION FORM

The form of entrance examination is distinct, in the form of interactive dialogue to check the level of English language competences using medical texts of popular scientific character.

The duration of entrance examination is over 20 minutes.

ENTRANCE EXAMINATION ASSESSMENT CRITERIA

Entrance examination results are assessed according to the following criteria:

- situation competence
- vocabulary competence
- grammar competence
- pronunciation
- fluency of speech

The results of entrance examination are assessed by a point-number system:

85-100 ("*excellent*") = deep understanding of the material, accurate and detailed answer, independence of reasoning, ability to prove conclusions, logic sequence of the statement;

70-84 ("*good*") = understanding of the material, accurate, but not detailed answer, the statements have some mistakes;

55-69 ("*satisfactory*") = partial understanding of the material, an incomplete answer without some details, the statements are characterized by some misinterpretations of the main facts or ideas of the text, the material is insufficiently presented;

0-54 ("*unsatisfactorily*") = complete misunderstanding of the idea presented in the examination material or understanding of some separate parts of it only, absence of logic in the sentences, bad mistakes in the sentences and the sentence content.

REFERENCES

Textbooks and books:

1. Бонк Н.А., Котий Г.А., Лукьянова Н.А. Учебник английского языка. В 2-х частях. М. 2001. 637 с. + Audio
2. Бонк Н.А., Котий Г.А., Лукьянова Н.А. Ключи к учебнику английского языка. М. 2007. 176 с.
3. Бонк Н.А., Котий Г.А., Лукьянова Н.А. Сборник упражнений к учебнику английского языка. М. 2006. 84 с.
4. Бонк Н.А., Салтыкова К.М. Классическая грамматика к учебникам английского языка. М. 2014.
5. English File. Intermediate Level. Oxford University Press. 2013.
6. Rachal Roberts. New Total English. Pearson Longman. 2012.

ENGLISH LANGUAGE ENTRANCE EXAMINATION

Examples of texts and questions for interviewing

RABIES

Rabies is caused by a virus which is present in the saliva of affected animal, mainly the dog. Rabies is transmitted through bites and even licks, if the skin surface is open with a scratch, wound or sore. The virus travels to the brain and symptoms begin 4-8 weeks after the bite. Sometimes there may be a delay of over two years. The disease is always fatal, so every effort should be made to prevent it.

The pet dog should be protected against rabies by injections. However, one has no control over stray dogs. It is important to recognise a rabid animal. It may go off its food completely, behave in a strange manner or later run around biting people without any provocation. It has difficulty in swallowing, dribbles saliva all over and foams at the mouth.

The name hydrophobia is given to the disease because the animal cannot swallow and may even start convulsing at the sight of water.

In *dumb rabies* the animal is quiet and it appears as if a bone has got stuck in its mouth. If you try to remove the bone with your hand the dog may bite you.

The wound should be washed thoroughly with soap and water, and the dog should be tied and observed for 4 - 5 days. If it seems to be quite well at the end of this time it can be considered healthy. You should consult a doctor immediately after a dog's bite. All hospital casualty departments stock anti-rabic vaccine and know the indications, doses and so on.

Bites on head, face and neck should be treated with anti-rabic vaccine even while the dog is being watched. The treatment can be stopped after 4 days if the dog appears normal and healthy.

Answer the questions relying on the information from the text:

1. Why is rabies spread with animal bites?
2. What organ of the body gets affected with it?
3. What time after the bite do symptoms begin?
4. Do people get well again if they have been infected with rabies?
5. What symptoms does a dog with rabies have?
6. Can you protect your pet dog from catching rabies? How?
7. What are the signs of "dumb" rabies?
8. What can a person try and do after a bite to protect himself?

ACCIDENTS IN CHILDREN

More children die from accidents each year than from any other cause. And yet the majority of these accidents could have been prevented.

It is not too hard to keep the baby safe during the first year of his life, because most of the time he is in a crib, a playpen, and a carriage or held by his mother. But when the child begins to get around he needs constant supervision. He must explore the world for himself, but he has no sense of danger. He does not use his eyes alone in learning about the world: he will lick, taste, squeeze, listen and toss. Ordinary things in the house become dangerous when the child reaches the exploring age. Among the common items are lamp cords, electric sockets, ashtrays, fireplaces, irons left with the cord dangling down, pins and scissors. As the child grows older he covers more territories indoors and out. Just how little we can rely on him is proven by the number of accidents which occurs to adventurous and curious children.

Accidents are the leading cause of death in children at the age of 2-3, and a fifth of all poisonings happening at just this age. Poisons kill more children than polio, diphtheria, scarlet fever, whooping cough and streptococcal infections combined. Other leading causes of death in young children are cars, falls, fire and drowning.

In spite of all care children get hurt. They fall off beds and stairs, cut themselves with broken glass. Parents have to learn to accept some accidents as a part of growing up. If you constantly remind your child to be careful he becomes overanxious about his own welfare, and it can lead him to having more accidents or hurting more severely when he does encounter danger.

Through a reasonable amount of experience with heat, sharpness and pain a child learns to explore with caution.

Answer the questions relying on the information from the text:

1. Do children often have accidents AND why?
2. What age is the most dangerous for accidents?
3. Which ordinary things in the house that may become dangerous for little children are mentioned in the text?
4. What child's age is the safest and why?
5. What statistics data of children accidents are there in the text?
6. What are the main causes of children accidents according to the text?
7. Can parents prevent accidents in their children altogether?
8. Should parents always tell their child to be careful? Why (not)?

PREVENTION OF ACCIDENTS IN LITTLE CHILDREN

While every effort must be made to prevent accidents, minor hurts are a part of a child's initial education. While at all times he must be protected from burns and scalds, it is no harm if he has felt the heat of a teapot or a saucepan. He soon realises what hot is, and when told not to touch it because it is hot and will burn, he will usually listen. There must be a constant balance between protection and education.

Specific don'ts. Never leave a child alone in the house. Never leave a child near fire or near the stove or heater. Do not allow the child to play with matches. Do not leave him near the hot iron. Do not leave a hot teapot near the edge of the table, or a hanging tablecloth with the tea tray on it. Never hold the baby in your lap while drinking anything hot, or while smoking or cooking. Never leave a child alone near a bucket of water or a bath tub. Keep all the electric wires safe and in good condition. Unplug electric appliances when not in use. See that the safety latch is on the kitchen gas. Do not leave the child alone in the kitchen. He is better safe in a playpen while you are cooking. Cleaning agents, drugs and insecticides should be locked up in a cupboard. Do not leave medicine lying around. Even commonly used medicine like aspirin or iron tablets is dangerous for the baby. Always read the label before administering any medicine. Do not keep any medicine without any label. Do not keep cleaning agents in cola bottles, jam jars and so on. Do not refer to medicine as "sweetie".

Keep all small objects like coins, buttons, beads and nuts away from the baby's reach. Sharp objects such as scissors and knives should not be left lying around. Toys and furniture with lead paint must not be used. No child should be allowed to run with anything sticking out of his mouth. If he falls, it will injure his mouth and palate. Children must not be allowed to put plastic bags on their heads or cords around their neck.

The bars on the side of the baby's cot or playpen should be close enough, so that the child's head cannot get through them. There should be a barrier for stairs, gates, heaters and fireplaces.

Answer the questions relying on the information from the text:

1. What does the text say about a connection between education and accidents?
2. How can one teach a little child what "hot" means?
3. What rule should parents stick to, teaching a child how to avoid accidents?
4. How can parents prevent accidents with a hot teapot or saucepan?
5. How can we prevent accidents with medicine?
6. What household things must we not leave near a little child?
7. What safety measures should be taken at home of a little infant moving around?
8. Why should not a child run with a stick in his mouth?