



MINISTRY OF SCIENCE AND HIGHER EDUCATION OF THE RUSSIAN FEDERATION  
Federal State Autonomous Educational Institution of Higher Education  
**"Far Eastern Federal University"**  
(FEFU)

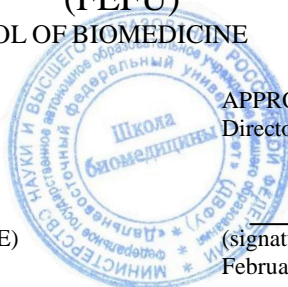
SCHOOL OF BIOMEDICINE

AGREED  
Head of OP

(signature)

February 02, 2021

Yu.S. Khotimchenko  
(FULL NAME)



APPROVE

Director of the Department of Pharmacy and Pharmacology

(signature) (I.O. Surname)

February 02, 2021

E.V. Khozhaenko

**WORKING PROGRAM OF THE DISCIPLINE**

Assessment of the quality of medical care

Direction of training 32.04.01 "Public Health"

Educational program "Leadership and governance in public health (program in English for foreign citizens)"

Full-time training form

course 1 semester 2

lectures - hour.

practical classes 36 hours.

including using MAO lek. 0 hours/practice 10 o'clock

total classroom hours 36 hours,

including using MAO 10 hours

independent work 36 hours.

including preparation for the exam - not provided

control work is not provided

term paper / term project are not provided

credit 2 semester

The work program of the discipline is compiled in accordance with the requirements of the Federal State Educational Standard of Higher Education in the field of study 32.04.01 Public health, approved by order of the Ministry of Education and Science of the Russian Federation dated May 31, 2017. No. 485.

The work program was discussed at a meeting of the Department of Pharmacy and Pharmacology Protocol No. 5 dated January 28, 2021

Director of the Department Ph.D., E.V. Khozhaenko

Compiled by: Candidate of Medical Sciences, Associate Professor, Rasskazova V.N.

Reverse side of the title page of the RPD

1. The work program was revised at a meeting of the Department / department / department (implementing the discipline) and approved at a meeting of the Department / department / department (issuing structural unit), protocol dated “ \_\_\_\_ ” \_\_\_\_\_ 2021 No. \_\_\_\_\_
2. The work program was revised at a meeting of the Department / department / department (implementing the discipline) and approved at a meeting of the Department / department / department (issuing structural unit), protocol dated “ \_\_\_\_ ” \_\_\_\_\_ 2021 No. \_\_\_\_\_
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I. Goals and objectives of mastering the discipline:

Target:

study of the essence of the management system approach to the quality of medical care.

Tasks:

- build an understanding of the medical care quality system, its legal, ethical, medical, social and economic aspects
- learn to navigate in various situations of assessing the quality of medical care

As a result of studying this discipline, students form the following universal, general professional and professional competencies (elements of competencies).

Professional competencies of graduates and indicators of their achievement:

Task type	Code and name of professional competence (result of development)	Code and name of the indicator of achievement of competence
organizational and managerial	PC-2 Ability to prepare presentation materials, information and analytical materials, information about the activities of a medical organization or its divisions, conducting organizational and methodological activities in a medical organization	PC-2.1 Knows how to organize, manage, plan medical activities PC-2.2 Able to carry out organizational and methodological work in the divisions of a medical organization PC-2.3 Possesses management skills to conduct organizational and methodological activities in a medical organization
organizational and managerial	PC-3 The ability to organize, plan and control the activities of a structural unit of a medical organization	PC-3.1 Knows the standards of medical care PC-3.2 Knows how to assess the resources of a medical organization and implement a quality management system PC-3.3 Possesses the necessary skills for compiling reporting documentation, evaluating the activities of a healthcare institution

Code and name of the indicator of achievement of competence	Name of the assessment indicator (the result of training in the discipline)
PC-3.1 Knows the standards of medical care	Knows the standards of medical care Able to provide first aid Proficient in first aid

PC-3.2 Knows how to assess the resources of a medical organization and implement a quality management system	Knows the quality management system of a medical organization Knows how to evaluate the resources of a medical organization and implement a quality management system Possesses the skill of assessing the resources of a medical organization and implementing a quality management system
PC-3.3 Possesses the necessary skills for compiling reporting documentation, evaluating the activities of a healthcare institution	Knows the reporting documentation of the medical organization Able to prepare reporting documentation of a medical organization Possesses the necessary skills for compiling reporting documentation, evaluating the activities of a healthcare institution
PC-4.1 Knows the methodology for a comprehensive assessment of the performance of a medical organization	Knows the methodology for a comprehensive assessment of the results of the activities of a medical organization Able to conduct a comprehensive assessment of the performance of a medical organization Possesses the skill of conducting a comprehensive assessment of the results of the activities of a medical organization
PC-4.2 Able to develop and select the best areas for the activities of a medical organization	Knows the optimal areas of activity of a medical organization Able to develop and select the optimal areas of activity of a medical organization Possesses the skill of developing the optimal direction for the activities of a medical organization
PC-4.3 Possesses the skills of a systematic approach when developing development plans	Knows a systematic approach when developing plans for the development of a medical organization Able to work out Possesses the skills of a systematic approach in the development of development plans

For the formation of the above competencies within the framework of the discipline "Assessment of the quality of medical care" the following methods of active / interactive learning are used: practical exercises - debate, round table (preparation and discussion of abstracts).

2. The complexity of the discipline and types of training sessions in the discipline

The total labor intensity of the discipline is 2 credit units (72 academic hours).

(1 credit unit corresponds to 36 academic hours)

Designation	Types of training sessions and work of the student
Etc	Practical lessons
Right electr.	

SR:	Independent work of the student during the period of theoretical training
including control	Independent work of the student and contact work of the student with the teacher during the period of intermediate certification
	And other types of work

### Discipline structure:

#### Full-time form of education

N o.	Section name disciplines	Se me ster	The number of hours by type of training sessions and work of the student						Forms of intermediate certification
			Lek	Lab	Etc	OK	SR	Cont rol	
1	General patterns that determine the direction of the development strategy for the quality assurance system of medical care	2			4		4	36	
2	Prerequisites for the introduction of a system of expert assessment of the quality of medical care. Definition of the concept of "quality of medical care"				4		4		
3	Some aspects of the examination of the quality of medical care. Ways to ensure the quality of medical care. Levels of expertise of the quality of medical care				4		4		
4	Internal system of examination of the quality of medical care. Algorithm for the examination of the quality of medical care				4		4		
5	medical errors				4		4		
6	The main methods for assessing the quality and effectiveness of medical care for the population				4		4		
7	Organizational issues of examination of the quality of medical care				4		4		

8	Legal support of medical expertise				4		4		
9	Implementation of state control over the quality of medical care				4		4		
Total:		2	-	-	36	-	36	-	offset

### **III. STRUCTURE AND CONTENT OF THE THEORETICAL PART OF THE COURSE**

Lectures are not included in the curriculum

### **IV. STRUCTURE AND CONTENT OF THE PRACTICAL PART OF THE COURSE AND INDEPENDENT WORK**

#### **Practical lessons**

(36 hours, including 10 hours with MAO).

**Lesson 1. General patterns that determine the direction of the strategy for the development of a system for ensuring the quality of medical care(4 hours)**

1. Definition, parameters and Assessment of the quality of medical care in the light of 323-FZ.
2. The main components and elements of the quality of medical care.
3. The ratio of 323-FZ and 326-FZ in terms of determining the quality of medical care.

**Lesson 2.Prerequisites for the introduction of a system of expert assessment of the quality of medical care. Definition of the concept of "quality of care" (4 hours)**

A new system of management of medical institutions, their work in conditions of a sharp limitation of resources. What is the quality of medical care. Technological and personal aspect of the quality of medical care.

**Lesson 3. Some aspects of the examination of the quality of medical care. Ways to ensure the quality of medical care. Levels of examination levels of the quality of medical care (4 hours)**

Three groups of factors that determine the functioning of the system of examination and quality management of medical care. New forms of organization

and management. Quality control methods. Improving the material and technical base of the Moscow Region, and above all the automation of technological processes.

Five main levels of examination of the quality of medical care. Examination of the quality and effectiveness of medical care. Organization of expert work, issues of expertise technology.

**Lesson 4. Internal system of examination of the quality of medical care. Algorithm for the examination of the quality of medical care (4 hours)**

Internal system of examination of the quality of medical care. Three levels of control. Algorithm for the examination of the quality of medical care.

**Lesson 5. Medical errors (4 hours)**

1. Causes and effects.
2. Errors in the diagnostic process.
3. Errors in the treatment process.
4. Relationship between doctor and patient.

**Lesson 6. The main methods for assessing the quality and effectiveness of medical care for the population (4 hours)**

1. System for assessing the quality and effectiveness of medical care.
2. Organization of expert work, issues of expertise technology.
3. Algorithm for the examination of the quality of medical care.

**Lesson 7. Organizational issues of examination of the quality of medical care (4 hours)**

1. Specifics of expert activity in the field of healthcare.
2. The legal status of a doctor-expert.
3. Expert work algorithm.
4. Metaexpertise.

**Lesson 8. Legal support of medical expertise (2 hours)**

1. Examination of harm to health.
2. Examination of medical documents.
3. Protection of medical workers.

**Lesson 9. Implementation of state control over the quality of medical care (4 hours)**

1. Authorized bodies, subjects of inspections, regulations for the implementation of control measures.
2. The ratio of 323-FZ and 294-FZ.
3. Responsibility of medical workers, officials of medical organizations to ensure the quality of medical care.

**Schedule for the implementation of independent work on the discipline**

## «Assessment of the quality of medical care»

No. p/n	Date/Due dates	Type of independent work	Approximate lead times	form of control
1	1-6th week	Preparation of abstracts	12 hours	Protection
2	7-12th week	Presentation preparation	12 hours	Protection
3	13th-18th week	Preparation for the test	12 hours	offset

### List of types of independent work of the student

Independent work of students consists of preparing for practical classes, working on recommended literature, writing reports on the topic of a practical lesson, preparing presentations, abstracts.

The teacher offers each student individual and differentiated tasks. Some of them can be carried out in a group (for example, preparing a report and presentations on the same topic can be done by several students with a division of their duties - one prepares a scientific and theoretical part, and the second analyzes practice).

The study of lectures and preparation for a seminar, the preparation of a report on a selected aspect of the topic of the seminar or the selection of practical material for participation in the discussion constitute the content of the student's independent work. Lecture notes, professional literature, educational and methodological support of the discipline can become the material for preparation. Forms of current control: survey, group discussion, presentation of the report.

One of the necessary components for the successful development of the course is writing an essay.

Search and study of the latest theoretical and applied sources on social management in Internet resources.

Independent work of students implies preparation for a lecture course, independent information search. Writing and defending the final test work form the skills of working with special literature, the ability to analyze current economic problems, as well as the ability to logically correctly formulate the results of one's research in written and oral form.

Work with educational literature is considered as a type of educational work in the discipline "Assessment of the quality of medical care" and is performed within the hours allotted for its study (in the IWS section).

Each student is provided with access to the library funds of the University and the Department.



Assessment of knowledge and skills is carried out at an intermediate control point after passing the appropriate section of the discipline. For methodological support of mastering the discipline, the department develops teaching aids (recommendations and instructions for students and teachers, etc.), which detail the goals and methods of conducting classes.

Independent work contributes to the formation of economic thinking, discipline.

The initial level of knowledge of students is determined by testing, the current control of the assimilation of the subject is determined by an oral survey during classes, when solving typical situational problems and answering test tasks.

Evaluative means of mastering the content of sections of the discipline, corresponding to the goals and objectives of the specialist training program and curriculum, make it possible to establish the quality of general cultural competencies formed by students. The assessment of the quality of mastering the discipline includes the current control of knowledge and intermediate certification (test). The use of group and individual assessments of students contributes to the formation of the ability of independent analysis and decision-making, expert work in a group, fruitful contact with fellow students and teachers.

Independent work of students includes the study of teaching aids, materials, work on the Internet, which makes it possible to form the appropriate skills and abilities, is the foundation for making rational management decisions in the economic field of healthcare. Active use of computer teaching and control technologies in the educational process contributes to the formation of students' skills to use modern innovative educational programs.

The use of innovative methods, active and interactive forms of conducting classes (business and role-playing games, analysis of specific situations) in combination with independent work of students contributes to teaching the skills of a systematic approach to the analysis of economic information, the formation and development of a general economic consciousness and culture of students, normalized behavior in the implementation further professional activity.

### **Topics and list of abstracts**

1. Topical issues of examination of the quality of medical care in a medical organization.
2. Requirements for a medical organization to obtain a license to carry out an examination of the quality of medical care.
3. The quality of medical care and the system of its provision.
4. Examination of the quality of medical care.
5. Organization of expert work, issues of expertise technology.

6. Criteria for the quality of medical care.
7. Prerequisites for the formation of a quality system of medical care in the context of healthcare reform in Russia.
8. Methodological approaches to assessing the quality of medical care.
9. Methods for analyzing the quality of medical care, standards of medical care.
10. Sources and types of information necessary for the assessment of the cMYP.
11. The quality of medical care and the efficiency of medical organizations.

### **Guidelines for writing and designing an abstract**

An abstract is a creative activity of a master student, which reproduces in its structure research activities to solve theoretical and applied problems in a certain branch of scientific knowledge. Because of this, term paper is the most important component of the educational process in higher education.

The abstract, being a model of scientific research, is an independent work in which a master's student, graduate student, applicant solves a problem of a theoretical or practical nature, applying the scientific principles and methods of this branch of scientific knowledge. The result of this scientific search may have not only subjective, but also objective scientific novelty, and therefore can be presented for discussion by the scientific community in the form of a scientific report or message at a scientific and practical conference, as well as in the form of a scientific article.

The abstract is carried out under the guidance of a supervisor and involves the acquisition of skills in building business cooperation based on ethical standards for the implementation of scientific activities. Purposefulness, initiative, disinterested cognitive interest, responsibility for the results of one's actions, conscientiousness, competence are personality traits that characterize the subject of research activities that correspond to the ideals and norms of modern science. An abstract is an independent educational and research activity of a master student, postgraduate student and applicant. The supervisor provides advisory assistance and evaluates the process and results of activities. He provides an approximate topic of abstract works, clarifies the problem and topic of research together with the undergraduate, helps to plan and organize research activities, appoints the time and minimum number of consultations. The supervisor accepts the text of the abstract for verification at least ten days before the defense.

Traditionally, a certain structure of the abstract has developed, the main elements of which, in the order of their location, are the following:

1. Title page.
2. Task.

3. Table of contents.
4. List of symbols, symbols and terms (if necessary).
5. Introduction.
6. The main part.
7. Conclusion.
8. Bibliographic list.
9. Applications.

The title page indicates: educational institution, graduating department, author, supervisor, research topic, place and year of the abstract.

The title of the abstract should be as short as possible and fully correspond to its content.

The table of contents (content) reflects the names of the structural parts of the abstract and the pages on which they are located. It is advisable to place the table of contents at the beginning of work on one page.

The presence of a detailed introduction is a mandatory requirement for the abstract. Despite the small volume of this structural part, its writing causes considerable difficulties. However, it is a well-executed introduction that is the key to understanding the entire work and testifies to the professionalism of the author.

Thus, the introduction is a very important part of the abstract. The introduction should begin with a rationale for the relevance of the chosen topic. When applied to the abstract, the concept of "relevance" has one feature. From how the author of the abstract knows how to choose a topic and how correctly he understands and evaluates this topic from the point of view of modernity and social significance, characterizes his scientific maturity and professional readiness.

In addition, in the introduction it is necessary to isolate the methodological basis of the abstract, to name the authors whose works formed the theoretical basis of the study. A review of the literature on the topic should show the author's thorough acquaintance with specialized literature, his ability to systematize sources, critically examine them, highlight the essential, determine the main thing in the current state of study of the topic.

The introduction reflects the significance and relevance of the chosen topic, defines the object and subject, purpose and objectives, and the chronological framework of the study. The introduction ends with a statement of general conclusions about the scientific and practical significance of the topic, the degree of its study and availability of sources, and the formulation of a hypothesis.

In the main part, the essence of the problem is stated, the topic is revealed, the author's position is determined, factual material is given as an argument and for illustrations of the put forward provisions. The author needs to show the ability to

consistently present the material while simultaneously analyzing it. Preference is given to the main facts, rather than small details.

The abstract ends with the final part, which is called the “conclusion”. Like any conclusion, this part of the abstract plays the role of a conclusion determined by the logic of the study, which is in the form of a synthesis of the scientific information accumulated in the main part. This synthesis is a consistent, logically coherent presentation of the results obtained and their relationship with the general goal and specific tasks set and formulated in the introduction. It is here that the so-called "inferential" knowledge is contained, which is new in relation to the original knowledge. The conclusion may include suggestions of a practical nature, thereby increasing the value of theoretical materials.

So, in the conclusion of the abstract should be: a) the conclusions on the results of the study are presented; b) theoretical and practical significance, novelty of the abstract; c) the possibility of applying the results of the study is indicated.

After the conclusion, it is customary to place a bibliographic list of used literature. This list is one of the essential parts of the abstract and reflects the independent creative work of the author of the abstract.

The list of sources used is placed at the end of the work. It is issued either in alphabetical order (by the author's last name or the title of the book), or in the order in which references appear in the text of the written work. In all cases, the full title of the work, the names of the authors or the editor of the publication, if a team of authors participated in writing the book, data on the number of volumes, the name of the city and publishing house in which the work was published, the year of publication, the number of pages are indicated.

**Execution Criteria:** Requirements for the design and implementation of the abstract:

- the volume of the abstract should be within 10-15 printed pages (appendices to the work are not included in the volume of the abstract);
- when developing an abstract, it is recommended to use 8-10 different sources
- the abstract must be executed competently, in compliance with the culture of presentation;
- in the course of the presentation of the text, there should be references to the literature used;
- correct bibliography.
- **Delivery deadlines:** at the last cycle.

### **Criteria for assessing students' independent work**

*Evaluation of independent work* is carried out according to the following criteria:

- the completeness and quality of the tasks performed;
- possession of methods and techniques of computer modeling in the issues under study, the use of software tools;
- the quality of the report design, the use of rules and standards for the design of text and electronic documents;
- use of data from domestic and foreign literature, Internet sources, regulatory information and best practices;
- absence of factual errors related to understanding the problem.

When evaluating students' knowledge, not only the amount of knowledge is taken into account, but, first of all, the quality of assimilation of the material, understanding the logic of the academic discipline, the ability to freely, competently, logically present what has been learned is evaluated, the ability to reasonably defend one's own point of view.

“Excellent” marks the answer to independent tasks, in which the material is systematically, logically and consistently presented.

The “good” rating implies knowledge of the material and the ability to draw independent conclusions, comment on the material presented; answer with minor flaws.

Assimilation of the material is assessed as "satisfactory" when the student has not studied some sections deeply enough, allows fuzzy formulations, and gives incomplete answers.

"Unsatisfactory" is put in the case when the student does not know a significant part of the educational material, makes significant mistakes; knowledge is unsystematic.

### **Abstract Evaluation Criteria**

- 100-86 points are given to the student if the student expressed his opinion on the formulated problem, argued it, accurately defining its content and components. The data of domestic and foreign literature, statistical information, information of a regulatory nature are given. The student knows and owns the skill of independent research work on the research topic; methods and techniques for analyzing the theoretical and / or practical aspects of the area under study.

- 85-76 - points - the work is characterized by semantic integrity, coherence and consistency of presentation; no more than 1 mistake was made when explaining the meaning or content of the problem. For argumentation, data of domestic and foreign authors are given. Demonstrated research skills and abilities. There are no actual errors related to understanding the problem.

- 75-61 points - the student conducts a fairly independent analysis of the main stages and semantic components of the problem; understands the basic foundations and theoretical justification of the chosen topic. The main sources on the topic under consideration are attracted. No more than 2 errors were made in the sense or content of the problem.

- 60-50 points - if the work is a retold or completely rewritten source text without any comments or analysis. The structure and theoretical component of the topic is not disclosed. Three or more than three errors were made in the semantic content of the problem being disclosed.

If the abstract meets all the requirements for design and content, then the student receives a maximum of 100 points for its implementation. If the abstract is made with minor flaws, such as using fewer sources or not fully disclosing certain issues, then the student receives 75-99 points. If the teacher believes that the topic is only half disclosed, but the main issues of the topic are still touched upon, only one or two sources are used, then the student receives 50-74 points. If the topic of the abstract is not disclosed, there are no references to the literature, and the student does not answer the questions asked on the abstract, then the score for the abstract is not set.

## **V. EDUCATIONAL AND METHODOLOGICAL PROVISION OF STUDENTS' INDEPENDENT WORK**

Independent work is defined as an individual or collective learning activity carried out without the direct guidance of a teacher, but according to his instructions and under his control. Independent work is a cognitive learning activity, when the sequence of a student's thinking, his mental and practical operations and actions depends and is determined by the student himself.

Independent work of students contributes to the development of independence, responsibility and organization, a creative approach to solving problems at the educational and professional levels, which ultimately leads to the development of the skill of independent planning and implementation of activities.

The purpose of independent work of students is to master the necessary competencies in their field of study, experience in creative and research activities.

Forms of independent work of students:

- work with basic and additional literature, Internet resources;
- self-acquaintance with the lecture material presented on electronic media in the library of an educational institution;
- preparation of abstract reviews of sources of periodicals, reference notes, predetermined by the teacher;

- search for information on the topic with its subsequent presentation to the audience in the form of a report, presentations;
- preparation for the implementation of classroom control work;
- performance of home control works;
- performance of test tasks, problem solving;
- drawing up crossword puzzles, schemes;
- preparation of reports for presentation at a seminar, conference;
- filling out a workbook;
- essay writing, term paper;
- preparation for business and role-playing games;
- compiling a resume;
- preparation for tests and exams;
- other activities organized and carried out by the educational institution and student self-government bodies.

## VI. CONTROL OF ACHIEVEMENTS OF THE GOALS OF THE COURSE

No. p / p	Controlled modules / sections / topics of the discipline	Codes and stages of formation of competencies			Appraisal tools - name		
					current control	intermediate certification	
1	General patterns that determine the direction of the development strategy for the quality assurance system of medical care	PC-3.1; PC-3.2; PC-3.3; PC-4.1; PC-4.2; PC-4.3	Knows	Methods for organizing and implementing practical and applied projects to study social, economic, epidemiological and other conditions that affect the quality of life of the population	Interview UO-1, Abstract PR-4	offset Questions 1-3	
			Can	Plan, organize and implement measures to ensure the protection of public health.			PR-1 tests, PR-3 essays, PR-11 case-tasks
			owns	Methods of planning, organizations for drug supply of the population			Work in small groups, UO-3
2	Prerequisites for the introduction of a system of expert assessment of	PC-3.1; PC-3.2; PC-3.3; PC-4.1; PC-4.2; PC-4.3	Knows	New management systems of medical organizations	Interview UO-1, Abstract PR-4	offset Questions 4-6	
			Can	Organize the work of medical organizations in			PR-1 tests, PR-3

	the quality of medical care. Definition of the concept of "quality of medical care"			conditions of sharp resource constraints	essays, PR-11 case-tasks	
			owns	Technological and personal aspects of the quality of medical care.	Work in small groups, UO-3	
3	Some aspects of the examination of the quality of medical care. Ways to ensure the quality of medical care. Levels of expertise of the quality of medical care	PC-3.1; PC-3.2; PC-3.3; PC-4.1; PC-4.2; PC-4.3	Knows	Knowledge of groups of factors that determine the functioning of the system of examination and quality management of medical care	Interview UO-1, Abstract PR-4	offset Questions 7-10
			Can	Use new forms of organization and management, quality control methods	PR-1 tests, PR-3 essays, PR-11 case-tasks	
			owns	Five main levels of examination of the quality of medical care and the effectiveness of medical care	Work in small groups, UO-3	
4	Internal system of examination of the quality of medical care. Algorithm for the examination of the quality of medical care	PC-3.1; PC-3.2; PC-3.3; PC-4.1; PC-4.2; PC-4.3	Knows	The procedure for internal examination of the quality of medical care	Interview UO-1, Abstract PR-4	offset Questions 11-13
			Can	Use in the examination of the quality of medical care at three levels of control	PR-1 tests, PR-3 essays, PR-11 case-tasks	
			owns	Algorithm for the examination of the quality of medical care	Work in small groups, UO-3	
5	medical errors	PC-3.1; PC-3.2; PC-3.3; PC-4.1; PC-4.2; PC-4.3	Knows	Causes and consequences of medical errors	Interview UO-1, Abstract PR-4	offset Questions 14-16
			Can	Analyzes errors in the diagnostic process	PR-1 tests, PR-3 essays, PR-11 case-tasks	
			owns	Methods for analyzing errors in the treatment process and the relationship between the doctor and the patient	Work in small groups, UO-3	



6	The main methods for assessing the quality and effectiveness of medical care for the population	PC-3.1; PC-3.2; PC-3.3; PC-4.1; PC-4.2; PC-4.3	Knows	Systems for assessing the quality and effectiveness of medical care	Interview UO-1, Abstract PR-4	offset Questions 17-20
			Can	Organize expert work on the examination of the quality of medical care	PR-1 tests, PR-3 essays, PR-11 case-tasks	
			owns	Algorithm for the examination of the quality of medical care	Work in small groups, UO-3	
7	Organizational issues of examination of the quality of medical care	PC-3.1; PC-3.2; PC-3.3; PC-4.1; PC-4.2; PC-4.3	Knows	Specificity of expert activity in the field of healthcare	Interview UO-1, Abstract PR-4	offset Questions 21-24
			Can	Use the legal position of an expert doctor	PR-1 tests, PR-3 essays, PR-11 case-tasks	
			owns	Methods of expert work algorithm, meta-expertise	Work in small groups, UO-3	
8	Legal support of medical expertise	PC-3.1; PC-3.2; PC-3.3; PC-4.1; PC-4.2; PC-4.3	Knows	The concept of examination of harm to health	Interview UO-1, Abstract PR-4	offset Questions 25-28
			Can	Perform medical examinations	PR-1 tests, PR-3 essays, PR-11 case-tasks	
			owns	Legal methods to protect medical workers	Work in small groups, UO-3	
9	Implementation of state control over the quality of medical care	PC-3.1; PC-3.2; PC-3.3; PC-4.1; PC-4.2; PC-4.3	Knows	Functions, authorities, subjects of inspections	Interview UO-1, Abstract PR-4	offset Questions 29-31
			Can	Implement regulations for quality control of medical care	PR-1 tests, PR-3 essays, PR-11 case-tasks	
			owns	Methods for identifying the responsibility of medical workers, officials	Work in small	

				of medical organizations to ensure the quality of medical care	groups, UO-3	
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## VII. EDUCATIONAL AND METHODOLOGICAL SUPPORT OF DISCIPLINE

### Main literature

1. Public health and healthcare [Electronic resource]: textbook / Medic V. A., Yuryev V. K. - 2nd ed., corrected. and additional - M. : GEOTAR-Media, 2016. - 608c. <http://www.studentlibrary.ru/book/ISBN9785970437100.html>
2. Public health and healthcare [Electronic resource]: textbook / V.A. Medic, V.I. Lisitsin. - 4th ed., revised. and additional - M. : GEOTAR-Media, 2016. - 496c. <http://www.studentlibrary.ru/book/ISBN9785970437018.htm>
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4. Zazhigalkin A.V. Standardization. Methodology and practice [Electronic resource]: monograph / A.V. Zazhigalkin. — Electron. text data. - M. : Scientific consultant, RIA "Standards and Quality", 2017. - 90 p. — 978-5-9909616-9-3. - Access mode: <http://www.iprbookshop.ru/75230.html>
5. Modeling and forecasting the quality of life of pregnant women and ways to improve it [Electronic resource] / V.I. Starodubov [i dr.]. — Electron. text data. - Voronezh: Voronezh Institute of High Technologies, Origins, 2014. - 186 p. Access mode: <http://www.iprbookshop.ru/23350.html>

### additional literature

1. Lisitsin Yu.P., Ulumbekova G.E. Public health and healthcare. - GEOTAR-Media. - 2016. - 542 p. <http://lib.dvfu.ru:8080/lib/item?id=chamo:781664&theme=FEFU>
2. Medico-physiological features of standardization and examination of the quality of medical care in industrial healthcare / V.V. Norenko. 2012 - S. 9-12. Biomedical radioelectronics: monthly scientific and applied journal. - 2012. - № 12. <http://lib.dvfu.ru:8080/lib/item?id=chamo:684997&theme=FEFU>
3. Lisitsin Yu.P., Ulumbekova G.E. Public health and healthcare. - GEOTAR-Media. - 2011. - 544 p. Access mode: <http://www.studentlibrary.ru/book/ISBN9785970427224.html>

4. Pokrovsky V.I., Briko N.I. General epidemiology with the basics of evidence-based medicine GEOTAR-Media. - 2012. - 496 p. Access mode:<http://www.studentlibrary.ru/book/ISBN9785970417782.html>
5. University of Florida Health Science Center Library<http://www.library.health.ufl.edu/pubmed/PubMed2>
6. DM Library of the University of Illinois<http://www.uic.edu/depts/lib/lhsp/resources/ebm.shtml>
7. Duke University Medical Center Library, Public Health Library, University of North Carolina<http://www.hsl.unc.edu/services/tutorials/ebm/welcome.htm>
8. Library of the New York Medical Association. EBM Resource Center - materials for learning and teaching.<http://www.ebmny.org/teach.html>
9. Use of video materials of sites<https://infopedia.su/4x3e87.html>;<https://dic.academic.ru/dic.nsf/ruwiki/663252>

**The list of resources of the information and telecommunication environment "Internet" necessary for the development of the discipline**

1. student library<http://www.studmedlib.ru>
- 2.<http://med-lib.ru/speclit/patfiz/index.php>
- 3.<http://www.medliter.ru/?page=list&id=09>
- 4.<http://www.rmj.ru/medjurnrus.htm>
5. Spravochno-legal system Consultant plus.
- 6.<http://vladmedicina.ru> Medical portal of Primorsky Krai
- 7.<http://www.rosminzdrav.ru> Official website of the Ministry of Health of the Russian Federation
- 8.<http://meduniver.com> Medical site about various fields of medicine
9. Cochrane Collaboration. Open learning materials<http://www.cochrane-net.org/openlearning/>
10. Medical School of the University of Massachusetts. DM Center<http://library.umassmed.edu/EBM/tutorials/>
11. Interregional community of specialists in evidence-based medicine<http://www.osdm.org/>
12. Oxford Center for Evidence-Based Medicine<http://www.cebm.net/>
13. Russian branch of the Cochrane Collaboration<http://www.cochrane.ru/>
14. Website of the British Medical Journal (British Medical Journal) - one of the most authoritative publications in the field of medicine<http://bmj.bmjournals.com/collections/>
15. St. Petersburg Institute of Public Health<http://stphs.narod.ru/>

16. University of Southern California, Department of Family Medicine (Education & Training module). Training course "Management of the quality of medical care" Section 5 page 26 [http://www.usc.edu/schools/medicine/departments/family\\_medicine/education/clerkship/evidence\\_based/index.html](http://www.usc.edu/schools/medicine/departments/family_medicine/education/clerkship/evidence_based/index.html)

17. Health Evidence Center <http://www.cche.net/usersguides/main.asp>

## **VIII. METHODOLOGICAL INSTRUCTIONS FOR MASTERING THE DISCIPLINE**

The practical part of the discipline "Assessment of the quality of medical care" is revealed in seminars, where the teacher gives the basic concepts of the discipline.

Practical classes of the course are held in all sections of the curriculum. Practical work is aimed at developing students' skills of independent research work. During practical classes, the master performs a set of tasks that allows you to consolidate the lecture material on the topic under study.

Active consolidation of theoretical knowledge is facilitated by the discussion of problematic aspects of the discipline in the form of a seminar and classes using active learning methods. At the same time, the development of skills of independent research activity in the process of working with scientific literature, periodicals, the formation of the ability to reasonably defend one's point of view, listen to others, answer questions, and lead a discussion take place.

**Practical lessons** focused on the most fundamental and problematic issues and are designed to stimulate the development of their own position on these topics.

In working with students, a variety of means, forms and methods of teaching (information-developing, problem-search) are used: the method of scientific discussion, a conference or a round table, an analysis of specific educational situations (case study).

### **Conference or round table**

When using this method, you can invite various specialists involved in the study of the problem under consideration or working on a topic studied by students. These can be scientists, economists, artists, representatives of public organizations, government agencies, etc.

Before such a meeting, the teacher invites students to put forward a problem of interest to them on this topic and formulate questions for their discussion. If students find it difficult, the teacher can suggest a number of problems and, together with the students, choose a more interesting one for them. Selected questions are transferred to the invited expert of the round table to prepare for the presentation and answers. At the same time, several specialists involved in the study of this

problem can be invited to the "round table". In order for the round table meeting to be active and interested, it is necessary to encourage listeners to exchange views and maintain an atmosphere of free discussion.

When applying all these forms of classes, students get a real practice of formulating their point of view, comprehending the system of argumentation, that is, turning information into knowledge, and knowledge into beliefs and views.

The collective form of interaction and communication teaches students to formulate thoughts in a professional language, to speak orally, to listen, hear and understand others, to argue correctly and reasonably. Joint work requires not only individual responsibility and independence, but also self-organization of the work of the team, exactingness, mutual responsibility and discipline. At such seminars, the subject and social qualities of a professional are formed, the goals of training and educating the personality of a future specialist are achieved.

The features of collective mental activity are that there is a rigid dependence of the activity of a particular student on a fellow student; it helps to solve the psychological problems of the team; there is a "transfer" of action from one participant to another; self-management skills develop.

There are various forms of organizing and conducting this type of training, such as a press conference.

At the previous lesson, the teacher gives the task to students to individually answer the questions of the practical lesson and collectively discuss options for solving the same situation, which significantly deepens the experience of the trainees. Faced with a specific situation, the student must determine whether there is a problem in it, what it consists of, determine their attitude to the situation. At the same time, each student must, by getting used to the role of specific historical figures, analyze the causes, course and results of the events. The practical lesson begins with an introductory speech by the teacher, in which the problems for discussion are voiced. As the discussion proceeds, each of the students has the opportunity to get acquainted with the solutions, listen and weigh their many assessments, additions, changes, enter into a dialogue and discussion.

As the questions of the practical lesson are discussed, the analytical abilities of the trainees develop, contribute to the correct use of the information at their disposal, develop independence and initiative in decisions.

At the final stage of the lesson, the teacher, correcting the conclusions on the performances of students, draws general conclusions for each practical task and the overall result for the entire lesson.

### **Method of scientific discussion**

The academic group is divided into two subgroups - generators and critics of ideas. Three more people stand out - expert analysts.

The practical lesson is implemented in four stages:

The first is preparatory (carried out 1-2 weeks before the practical session). The teacher instructs about the purpose, content, nature, rules of participation in the game. Student preparation includes:

- determination of the purpose of the lesson, specification of the educational task;
- planning the general course of the lesson, determining the time of each stage of the lesson;
- development of criteria for evaluating the proposals and ideas received, which will make it possible to purposefully and meaningfully analyze and summarize the results of the lesson.

Mutual criticisms and evaluations are strictly prohibited; they hinder the emergence of new ideas. You should refrain from actions, gestures that may be misinterpreted by other participants in the session. No matter how fantastic or incredible the idea put forward by any of the participants in the session, it should be met with approval. The more proposals put forward, the greater the likelihood of a new and valuable idea.

The second - the lesson begins with the fact that the generators of ideas quickly and clearly characterize the ruler, the situation in the country and express all proposals for solving the named problem;

Third - critics of ideas "attack" - select the most valuable, progressive of them, analyze, evaluate, criticize and include in the list of relevant assumptions that provide a solution to the problem;

Fourth - experts analyze and evaluate the activities of both subgroups, the significance of the ideas put forward.

The goal of the teacher is to organize collective mental activity to find non-traditional ways to solve problems, when discussing controversial issues, hypotheses, problematic or conflict situations.

When writing essays, it is recommended to independently find literature for it. The abstract reveals the content of the problem under study. Working on an essay helps to deepen the understanding of individual issues of the course, form and defend one's point of view, acquire and improve the skills of independent creative work, and conduct active cognitive work.

An interview and a survey are conducted to conduct ongoing monitoring and intermediate certification.

## **IX. LOGISTICS AND TECHNICAL SUPPORT OF THE DISCIPLINE**

The material and technical support for the implementation of the discipline includes classrooms for lectures and practical classes, equipped with multimedia support and corresponding to sanitary and contrary rules and regulations.

The educational process in the discipline is carried out in lecture, computer classes in the building of the School of Biomedicine on the FEFU campus, equipped with Pentium class computers and multimedia systems, with a connection to the FEFU corporate network and the Internet.

In order to provide special conditions for the education of people with disabilities and people with disabilities in FEFU, all buildings are equipped with ramps, elevators, lifts, specialized places equipped with toilets, information and navigation support signs.

Name of equipped premises and premises for independent work	List of main equipment
690922, Primorsky Territory, Vladivostok, Russian Island, Saperny Peninsula, Ayaks village, 10, School of Biomedicine, room M 419, area 74.9 m <sup>2</sup>	Multimedia Audience: Motorized Screen 236*147cm Trim Screen Line; Projector DLP, 3000 ANSI Lm, WXGA 1280x800, 2000:1 EW330U Mitsubishi; document camera CP355AF Avervision, video camera MP-HD718 Multipix; Subsystem of specialized equipment fastenings CORSA-2007 Tuarex; Video switching subsystem: Audio switching and sound amplification subsystem: power amplifier, wireless LAN based on 802.11a/b/g/n 2x2 MIMO(2SS) access points.
690922, Primorsky Territory, Vladivostok, Russian Island, Saperny Peninsula, Ayaks settlement, 10, room M612, area 47.2 m <sup>2</sup>	Computer class for 22 workplaces: HP ProOpe 400 All-in-One 19.5 (1600x900), Core i3-4150T, 4GB DDR3-1600 (1x4GB), 1TB HDD 7200 SATA, DVD+/-RW, GigEth, Wi-Fi, W, usb kbd/ mse, Win7Pro(64-bit)+Win8.1Pro(64-bit), 1-1-1 Wty (25 pcs.)
Reading rooms of the FEFU Scientific Library with open access to the fund (building A - level 10)	HP ProOpe 400 All-in-One 19.5 (1600x900), Core i3-4150T, 4GB DDR3-1600 (1x4GB), 1TB HDD 7200 SATA, DVD+/-RW, GigEth, Wi-Fi, BT, usb kbd/ mse, Win7Pro (64-bit)+Win8.1Pro(64-bit), 1-1-1 Wty Internet access speed 500 Mbps. Workplaces for people with disabilities are equipped with Braille displays and printers; equipped with: portable devices for reading flat-print texts, scanning and reading machines, a video enlarger with the ability to regulate color spectra; magnifying electronic loupes and ultrasonic markers

## **X. VALUATION FUND**

### **FOS passport**

in the discipline "Assessment of the quality of medical care"

Professional competencies of graduates and indicators of their achievement:

Task type	Code and name of professional competence (result of development)	Code and name of the indicator of achievement of competence
organizational and managerial	PC-2 Ability to prepare presentation materials, information and analytical materials, information about the activities of a medical organization or its divisions, conducting organizational and methodological activities in a medical organization	PC-2.1 Knows how to organize, manage, plan medical activities PC-2.2 Able to carry out organizational and methodological work in the divisions of a medical organization PC-2.3 Possesses management skills to conduct organizational and methodological activities in a medical organization
organizational and managerial	PC-3 The ability to organize, plan and control the activities of a structural unit of a medical organization	PC-3.1 Knows the standards of medical care PC-3.2 Knows how to assess the resources of a medical organization and implement a quality management system PC-3.3 Possesses the necessary skills for compiling reporting documentation, evaluating the activities of a healthcare institution

Code and name of the indicator of achievement of competence	Name of the assessment indicator (the result of training in the discipline)
PC-3.1 Knows the standards of medical care	Knows the standards of medical care Able to provide first aid Proficient in first aid
PC-3.2 Knows how to assess the resources of a medical organization and implement a quality management system	Knows the quality management system of a medical organization Knows how to evaluate the resources of a medical organization and implement a quality management system Possesses the skill of assessing the resources of a medical organization and implementing a quality management system
PC-3.3 Possesses the necessary skills for compiling reporting documentation, evaluating the activities of a healthcare institution	Knows the reporting documentation of the medical organization Able to prepare reporting documentation of a medical organization Possesses the necessary skills for compiling reporting documentation, evaluating the activities of a healthcare institution
PC-4.1 Knows the methodology for a comprehensive assessment of the	Knows the methodology for a comprehensive assessment of the results of the activities of a medical organization



performance of a medical organization	Able to conduct a comprehensive assessment of the performance of a medical organization Possesses the skill of conducting a comprehensive assessment of the results of the activities of a medical organization
PC-4.2 Able to develop and select the best areas for the activities of a medical organization	Knows the optimal areas of activity of a medical organization Able to develop and select the optimal areas of activity of a medical organization Possesses the skill of developing the optimal direction for the activities of a medical organization
PC-4.3 Possesses the skills of a systematic approach when developing development plans	Knows a systematic approach when developing plans for the development of a medical organization Able to work out Possesses the skills of a systematic approach in the development of development plans

### Monitoring the achievement of course goals

No . p / p	Controlled modules / sections / topics of the discipline	Codes and stages of formation of competencies		Appraisal tools - name			
				current control	intermediate certification		
1	General patterns that determine the direction of the development strategy for the quality assurance system of medical care	PC-3.1; PC-3.2; PC-3.3; PC-4.1; PC-4.2; PC-4.3	Knows	Methods for organizing and implementing practical and applied projects to study social, economic, epidemiological and other conditions that affect the quality of life of the population	Interview UO-1, Abstract PR-4	offset Questions 1-3	
			Can	Plan, organize and implement measures to ensure the protection of public health.			PR-1 tests, PR-3 essays, PR-11 case-tasks
			owns	Methods of planning, organizations for drug supply of the population			Work in small groups, UO-3
2	Prerequisites for the introduction of a system of expert assessment of the quality of medical care. Definition of	PC-3.1; PC-3.2; PC-3.3; PC-4.1; PC-4.2; PC-4.3	Knows	New management systems of medical organizations	Interview UO-1, Abstract PR-4	offset Questions 4-6	
			Can	Organize the work of medical organizations in conditions of sharp resource constraints			PR-1 tests, PR-3 essays, PR-11 case-tasks

	the concept of "quality of medical care"		owns	Technological and personal aspects of the quality of medical care.	Work in small groups, UO-3	
3	Some aspects of the examination of the quality of medical care. Ways to ensure the quality of medical care. Levels of expertise of the quality of medical care	PC-3.1; PC-3.2; PC-3.3; PC-4.1; PC-4.2; PC-4.3	Knows	Knowledge of groups of factors that determine the functioning of the system of examination and quality management of medical care	Interview UO-1, Abstract PR-4	offset Questions 7-10
			Can	Use new forms of organization and management, quality control methods	PR-1 tests, PR-3 essays, PR-11 case-tasks	
			owns	Five main levels of examination of the quality of medical care and the effectiveness of medical care	Work in small groups, UO-3	
4	Internal system of examination of the quality of medical care. Algorithm for the examination of the quality of medical care	PC-3.1; PC-3.2; PC-3.3; PC-4.1; PC-4.2; PC-4.3	Knows	The procedure for internal examination of the quality of medical care	Interview UO-1, Abstract PR-4	offset Questions 11-13
			Can	Use in the examination of the quality of medical care at three levels of control	PR-1 tests, PR-3 essays, PR-11 case-tasks	
			owns	Algorithm for the examination of the quality of medical care	Work in small groups, UO-3	
5	medical errors	PC-3.1; PC-3.2; PC-3.3; PC-4.1; PC-4.2; PC-4.3	Knows	Causes and consequences of medical errors	Interview UO-1, Abstract PR-4	offset Questions 14-16
			Can	Analyzes errors in the diagnostic process	PR-1 tests, PR-3 essays, PR-11 case-tasks	
			owns	Methods for analyzing errors in the treatment process and the relationship between the doctor and the patient	Work in small groups, UO-3	
6	The main methods for assessing the quality and	PC-3.1; PC-3.2; PC-3.3; PC-4.1;	Knows	Systems for assessing the quality and effectiveness of medical care	Interview UO-1, Abstract PR-4	offset Questions 17-20

	effectiveness of medical care for the population	PC-4.2; PC-4.3	Can	Organize expert work on the examination of the quality of medical care	PR-1 tests, PR-3 essays, PR-11 case-tasks	
			owns	Algorithm for the examination of the quality of medical care	Work in small groups, UO-3	
7	Organizational issues of examination of the quality of medical care	PC-3.1; PC-3.2; PC-3.3; PC-4.1; PC-4.2; PC-4.3	Knows	Specificity of expert activity in the field of healthcare	Interview UO-1, Abstract PR-4	offset Questions 21-24
			Can	Use the legal position of an expert doctor	PR-1 tests, PR-3 essays, PR-11 case-tasks	
			owns	Methods of expert work algorithm, meta-expertise	Work in small groups, UO-3	
8	Legal support of medical expertise	PC-3.1; PC-3.2; PC-3.3; PC-4.1; PC-4.2; PC-4.3	Knows	The concept of examination of harm to health	Interview UO-1, Abstract PR-4	offset Questions 25-28
			Can	Perform medical examinations	PR-1 tests, PR-3 essays, PR-11 case-tasks	
			owns	Legal methods to protect medical workers	Work in small groups, UO-3	
9	Implementation of state control over the quality of medical care	PC-3.1; PC-3.2; PC-3.3; PC-4.1; PC-4.2; PC-4.3	Knows	Functions, authorities, subjects of inspections	Interview UO-1, Abstract PR-4	offset Questions 29-31
			Can	Implement regulations for quality control of medical care	PR-1 tests, PR-3 essays, PR-11 case-tasks	
			owns	Methods for identifying the responsibility of medical workers, officials of medical organizations to ensure the quality of medical care	Work in small groups, UO-3	

### Competence level assessment scale

Code and wording of competence	Stages of competence formation		criteria	indicators	points
<p>PC-3 The ability to organize, plan and control the activities of a structural unit of a medical organization</p>	knows (threshold level)	basics of planning, organization and implementation of the activities of a structural unit of a medical organization	knowledge of the basics of planning and controlling the activities of a structural unit of a medical organization	the ability to draw up the necessary documentation for planning and controlling the activities of a structural unit of a medical organization	61-70
	can (advanced)	analyze and evaluate performance indicators of a structural unit of a medical organization	the ability to analyze and evaluate the performance of a structural unit of a medical organization	the ability to substantiate the criteria for assessing the organization, planning and control of the activities of a structural unit of a medical organization	71-84
	owns (high)	skills preparation of substantiation of volumes medical care in accordance with the necessary resources in the structural unit of the medical organization	methods for substantiating the volume of medical care in a structural unit of a medical organization	the ability to prepare the necessary calculations for the organization, planning and control of the activities of the structural unit of a medical organization	85-100

PC-4 The ability to analyze and evaluate the performance of a medical organization, manage the resources of a medical organization, develop and implement a quality management system in a medical organization, prepare a rationale for the volume of medical care in accordance with the resources of a medical organization and the needs of the population	knows (threshold level)	basics of planning and organizing measures to ensure the protection of public health in accordance with the resources of the medical organization and the needs of the population	knowledge of the basics of planning and organizing measures to ensure the protection of public health in accordance with the resources of the medical organization and the needs of the population	the ability to explain and apply in practice the basics of planning and organizing activities to ensure the protection of public health in accordance with the resources of the medical organization and the needs of the population	61-70
	can (advanced)	properly draw up official medical documents, maintain primary medical records, take measures to ensure health protection, analyze and evaluate the performance of a medical organization	analyze and evaluate the performance of a medical organization, manage the resources of a medical organization, develop and implement quality management systems in a medical organization, justify the volume of medical care in accordance with the resources of a medical organization and the needs of the population	ability to analyze and evaluate the performance of a medical organization, manage the resources of a medical organization, develop and implementation of a quality management system in a medical organization in accordance with the resources of a medical organization and the needs of the population	71-84
	owns (high)	methods of planning and organizing measures to ensure the protection of public health, development and implementation of a quality management system in a medical organization,	possession of methods for planning and organizing measures to ensure the protection of public health, analysis and evaluation of performance	ability to analyze and evaluate the performance of a medical organization, managing the resources of a medical organization, developing and	85-100

		preparation of a rationale for the volume of medical care in accordance with the resources of a medical organization and the needs of the population	indicators of a medical organization, resource management of a medical organization, development and implementation of a quality management system in a medical organization	implementing a quality management system in a medical organization, preparing a justification for the volume of medical care in accordance with the resources of a medical organization and the needs of the population	
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### **Methodological recommendations that determine the procedures for evaluating the results of mastering the discipline**

**Current certification of students.** It is carried out in accordance with the local regulations of the Far Eastern Federal University and is mandatory. It is carried out in the form of control measures: the defense of a test, an interview to assess the actual results of students' learning and is carried out by a leading teacher.

The objects of assessment are:

- academic discipline (activity in the classroom, the timeliness of the implementation of various types of tasks, attendance at all types of classes in the discipline being certified);
- the degree of assimilation of theoretical knowledge (survey);
- the level of mastery of practical skills and abilities in all types of educational work (colloquium);
- results of independent work.

**Intermediate certification of students.** It is carried out in accordance with the local regulations of the Far Eastern Federal University and is mandatory. Provides for the accounting of the results of all stages of the development of the course. Provided that two stages of the current attestation have been successfully passed, the student is given an intermediate attestation (test, exam).

**Test and examination materials.** When assessing students' knowledge, intermediate control takes into account the amount of knowledge, the quality of their assimilation, understanding the logic of the academic discipline, the place of each topic in the course. The ability to freely, competently, logically coherently present what has been studied, the ability to reasonably defend one's own point of view are assessed.

*Certification* students in the discipline "Assessment of the quality of medical care» is carried out in accordance with the local regulations of the FEFU in the form of a test.

### **I. Evaluation tools for intermediate certification**

Intermediate certification includes the student's response to test questions.

#### **Questions for offset**

1. Quality of medical care: definition and main characteristics (effectiveness, efficiency, legality, adequacy, satisfaction, etc.).
2. Methods for assessing the quality of medical care at various levels of its provision: an individual doctor, a department, an institution as a whole, a territorial health management body - expert assessments, standards (resource, organizational, technological), A. Donabedian's methodology (structural, procedural and productive approaches), statistical (based on state statistical reporting), clinical and economic, self-assessment, sociological, qualimetric, etc.
3. The main methods for assessing the quality and effectiveness of medical care for the population
4. Examination of the quality of medical care. Organization of expert work, issues of expertise technology
5. Indicators of the quality and effectiveness of medical care. quality indicators.
6. Quality control and management of medical care
7. Intradepartmental system of examination of the quality of medical care
8. Quality control of medical care: intradepartmental and extradepartmental, its levels and participants, the main legislative documents on its organization and implementation.
9. Algorithm for the examination of the quality of medical care.
10. The role of the medical commission of the Moscow Region in improving quality.
11. Organization of external (non-departmental) quality control of medical care: licensing, accreditation, certification of medical activities.
12. Independent Assessment of the quality of medical care
13. Organization of independent quality control of medical care.
14. Examination of the spread of nosocomial infections.
15. Examination of laboratory diagnostics.
16. The system of non-departmental examination of the quality of medical care.
17. Examination act, expert opinion, expert conclusions, expert recommendations

18. Diagnostic Process Errors
19. Errors in the treatment process
20. Errors in the doctor-patient relationship
21. Problems of examination of the quality of medical care and ways to solve them.
22. What document formulated the principles and procedures for monitoring the quality of medical care provided?
23. Types of quality control of medical care?
24. What does the system of departmental quality control of medical care include?
25. What does the examination of the quality of medical care for a particular patient involve?
26. In what areas is non-departmental quality control carried out?
27. What is assessed during preventive control?
28. What is meant by medical effectiveness?
29. How is the planned quality control of medical care carried out by the insurance medical organization?
30. What can HMOs do in terms of organizing control over the volume and quality of medical care?
31. How are the results of medico-economic control and medico-economic expertise documented?

**Criteria for grading a student in the test in the discipline "Assessment of the quality of medical care"**

Credit score	Requirements for the formed competencies
"passed"	The grade "passed" is given to the student if he knows the material well, presents it competently and to the point, avoids significant inaccuracies in answering the question, correctly applies the theoretical provisions in solving practical issues and tasks, possesses the necessary skills and techniques for their implementation
"not counted"	The "failed" mark is given to a student who does not know a significant part of the program material, makes significant mistakes, uncertainly, with great difficulty answers the questions posed. As a rule, the "failed" mark is given to students who cannot continue their studies without additional classes in the relevant discipline.

**II. Evaluation tools for current certification**

**Abstract Evaluation Criteria**

- 100-86 points are given to the student if the student expressed his opinion on the formulated problem, argued it, accurately defining its content and



components. The data of domestic and foreign literature, statistical information, information of a regulatory nature are given. The student knows and owns the skill of independent research work on the research topic; methods and techniques for analyzing the theoretical and / or practical aspects of the area under study.

- 85-76 - points - the work is characterized by semantic integrity, coherence and consistency of presentation; no more than 1 mistake was made when explaining the meaning or content of the problem. For argumentation, data of domestic and foreign authors are given. Demonstrated research skills and abilities. There are no actual errors related to understanding the problem.

- 75-61 points - the student conducts a fairly independent analysis of the main stages and semantic components of the problem; understands the basic foundations and theoretical justification of the chosen topic. The main sources on the topic under consideration are attracted. No more than 2 errors were made in the sense or content of the problem.

- 60-50 points - if the work is a retold or completely rewritten source text without any comments or analysis. The structure and theoretical component of the topic is not disclosed. Three or more than three errors were made in the semantic content of the problem being disclosed.

**Control tests** designed for students studying the course "Assessment of the quality of medical care".

When working with tests, it is proposed to choose one answer option from three to four offered. At the same time, the tests are not the same in their complexity. Among the proposed there are tests that contain several options for correct answers. The student must indicate all the correct answers.

Tests are designed for both individual and collective decision. They can be used in both classroom and self-study. The selection of tests necessary for the control of knowledge in the process of intermediate certification is made by each teacher individually.

### **Sample Test Questions**

**1. The main ways of developing polyclinic care for the adult population in the new economic conditions are all, except**

- a) strengthening and development of forms and methods of restorative treatment and rehabilitation
- b) ensuring the possibility of choosing a district or family doctor
- c) development of general medical practices
- d) creation of advisory and rehabilitation centers on the basis of polyclinics
- e) development of modern technologies and new organizational forms of outpatient care

f) increase in the number of district doctors and subdivision of districts

**2. The mode and forms of work of the clinic, the workload of the staff should be determined**

- a) at the federal level
- b) at the regional level
- c) at the level of the head of the institution

**3. The main ways to improve primary health care are**

- 1) introduction of general practitioner and family doctor
- 2) advanced training of medical personnel
- 3) improvement of information support
- 4) improving the continuity between the clinic and the hospital, the ambulance station

5) improving the effectiveness of preventive work

6) introduction of a mandatory service fee in the polyclinic from the patient's own funds

7) introduction of sanitary and hygienic monitoring

- a) all of the above are true
- b) true 6), 7)
- c) 1), 2), 3), 4), 5 are correct

**4. Not included in the practical activities of outpatient clinics**

- a) medical and diagnostic work
- b) examination of permanent disability
- c) preventive work, medical examination
- d) organizational and methodological work
- e) hygienic education and training of the population

**5. GP (family doctor) receives and treats patients**

- a) with any nosological forms of diseases
- b) with the most common and diagnostically available diseases
- c) with acute infectious diseases

**6. What statistical indicator most accurately characterizes the incidence with temporary disability?**

- a) the number of cases of MTD per 100 workers
- b) the number of calendar days of SVST per 100 employees
- c) the average duration of one case of MTD
- d) the percentage of disability
- e) health index of workers

**7. Patients of a general practitioner (family doctor) must be**

- a) all adults
- b) adults, except pregnant women

- c) all age and sex groups of the population
- d) adults and teenagers

**8. The main sections of the activity of a medical specialist are all, except**

- a) medical and diagnostic work in the clinic and at home
- b) advisory work in the clinic and at home
- c) carrying out preventive measures in their profile
- d) control over the activities of the local therapist

**9. The main directions for improving inpatient care are**

- a) a shift in emphasis towards an increase in the volume of outpatient care
- b) development of stationary replacement technologies
- c) stages in the provision of medical care
- d) differentiation of hospitals according to the intensity of the treatment and diagnostic process
- e) development of forms and methods of charitable assistance
- e) all of the above
- g) there is no correct answer

**10. The reception department does not carry out**

- a) round-the-clock hospitalization of patients according to disease profiles
- b) providing first aid to those in need
- c) analysis of discrepancies between the diagnoses of the ambulance and the emergency department
- d) analysis of the reasons for refusing hospitalization
- e) issuance of documents certifying temporary disability

**11. Not carried out in the intensive care unit and resuscitation**

- a) providing assistance to the most difficult contingent of patients
- b) intensive monitoring of postoperative patients
- c) providing medical care to outpatients
- d) intensive monitoring of patients with myocardial infarction in the acute stage

**12. The main sections of medical and preventive care for the population are**

- a) prevention, coordination, treatment
- b) prevention, diagnosis, treatment, rehabilitation
- c) diagnosis and treatment

**13. Continuity in the work of a hospital and a polyclinic does not provide**

- a) preparing the patient for hospitalization
- b) analysis of the coincidence of the diagnoses of the polyclinic and the hospital
- c) analysis of the validity of referral for hospitalization

d) centralization of planned hospitalization

**14. Continuity in the work of a hospital and an ambulance consists in everything except**

a) continuation in the hospital of the treatment started at the prehospital stage  
b) analysis of the coincidence of the diagnoses of the hospital and the ambulance

c) hospitalization on a free bed  
d) the creation of emergency hospitals

**15. Ways to improve the quality of inpatient care, all except**

a) quality control of inpatient care  
b) compliance with the stages of the diagnostic and treatment process  
c) the validity of referring the patient to the hospital  
d) referral of the patient to the specialized department of the hospital  
e) total hospitalization of patients

**16. The volume and quality of medical and social assistance to the population is affected by**

a) remoteness of medical institutions from the place of residence of patients  
b) staffing with qualified personnel  
c) provision of medical institutions with equipment  
d) the possibility of obtaining specialized medical care  
e) the possibility of implementing the standards of medical and social security

**17. Socio-hygienic factors affecting the level of medical care for rural residents are understood to be everything except**

a) working conditions of rural residents  
b) living conditions of the rural population  
c) sanitary culture of rural residents  
d) meteorological conditions

**18. The principles of building medical care for the rural population and the urban population are the same, but in rural areas the following factors influence its organization, except**

a) scattered settlements  
b) a small population in them  
c) features of agricultural production  
d) religious affiliation of the population

**19. The task of the regional hospital is not:**

a) providing the population of the region in full with highly specialized, qualified, advisory, outpatient and inpatient care  
b) providing organizational and methodological assistance to medical

institutions of the region

- c) provision of emergency and planned medical care
- d) organization of sanitary and epidemiological measures in the region

**20. The functions of the chief specialists in the health authorities include the following, except:**

- a) administrative function
- b) management of specialized medical care
- c) advisory
- d) advanced training of medical personnel

**21. Goals and objectives of the state service for the protection of motherhood and childhood**

1) guaranteeing the civil rights of women measures, encouraging motherhood

- 2) drafting and enforcing legislation on marriage and the family
- 3) protection of women's labor and labor activity of adolescents
- 4) state material and social assistance to families with children
- 5) high-quality, guaranteed and affordable medical and social assistance
- 6) further increase in the number of beds

- a) all of the above are true
- b) 1), 3), 5 are correct
- c) 1), 2), 3), 4), 5 are correct

**22. The stages of providing medical care in the system of protection of motherhood and childhood are**

- 1) helping a woman out of pregnancy
- 2) a set of measures for antenatal fetal protection
- 3) intranatal fetal protection and rational management of childbirth
- 4) newborn health care
- 5) health protection of children of preschool and school age

- a) 2), 3), 4), 5 are correct
- b) all of the above are true
- c) 1), 4), 5 are correct

**23. What phenomena in the life of society reflects the infant mortality rate?**

- a) the level of medical care to the population
- b) GDP per capita
- c) the standard of living of the population
- d) all of the above are true
- e) 1) and 3) are correct

**24. Which country has the lowest infant mortality rate?**

- a) USA
- b) Japan
- c) Kuwait

**25. In terms of infant mortality, Russia is (in ascending order)**

- a) in the top ten countries
- b) in 2 ten countries
- c) in 3 ten countries
- d) in 4 ten countries

**26. What documents regulate contraindications to preventive vaccinations?**

- a) the Law on Sanitary and Epidemiological Welfare of the Population
- b) Order of the Ministry of Health
- c) Instructions for the use of vaccines approved by the Ministry of Health

**27. Information about a post-vaccination complication should be sent to the following authorities, except**

- a) local territorial center of sanitary and epidemiological supervision
- b) GISK them. L.A. Tarasevich
- c) a territorial health authority or the administration of a subject of the federation

**28. You can check and ensure the validity of the vaccination performed in the following ways, with the exception of**

- a) viewing vaccination cards
- b) the introduction of a special vaccination certificate, which is in the hands of the parents
- c) interviewing the child's parents
- d) conducting serological studies

**29. What vaccinations can be given to pregnant women?**

- a) none
- b) against measles
- c) against rubella
- d) ADS

**30. Indicators of the effectiveness and quality of medical examinations can be**

- A) exacerbation frequency indicator, systematic observation
- b) indicator of the frequency of treatment and preventive measures
- V) transition of patients on DN from one observation group to another
- G) average number of days of hospitalization

**31. Surgical activity is**

A) the ratio of the number of patients operated on for emergency indications to all operated

b) the ratio of the number of patients operated on in a planned manner to the number of hospitalized patients

V) the ratio of the number of surgical interventions to the number of hospitalized patients

G) the ratio of the number of surgical interventions to the number of registered surgical patients

**32. Postoperative mortality is**

A) the ratio of the number of deaths after surgery to the number of hospitalized patients

b) the ratio of the number of deceased patients to the number of retired patients

V) the ratio of the number of deaths after surgery to all operated patients

G) the ratio of the number of deaths after surgery

**33. When should patients with bleeding, shock be hospitalized?**

A) 6 hours since injury

b) 3 hours since injury

V) 10 hours since injury

G) 1 hour since injury

**34. When should patients with acute pathology be hospitalized?**

A) 10 hours since illness

b) first day after illness

V) 6 hours since illness

G) 2 hours from the moment of illness

**35 An expert doctor is:**

a) any doctor;

b) a doctor with more than 10 years of experience;

c) a doctor engaged in medical and preventive activities and having a legal right to control the theoretical and practical skills of another doctor and special training in assessing the quality of medical care;

d) a doctor with the highest qualification category or academic degree

**36. The indicator of the quality of medical diagnostics in a hospital is determined by:**

a) fatality rate

b) indicator of agreement (or discrepancy) of diagnoses

c) the average length of stay of the patient in the hospital

d) there is no correct answer

**37. As indicators of defects in the activities of outpatient doctors**

**The following indicators can serve as a polyclinic link:**

- a) number of justified complaints
- b) increase in newly diagnosed diseases
- c) increase in morbidity with temporary disability
- d) child injury

**38. The effectiveness of medical care is:**

- a) improving the functioning of the patient's body after treatment;
- b) the degree of achievement of specific results in the provision of medical, diagnostic or preventive care with the corresponding costs of financial, material and labor resources;
- c) the degree of savings in financial, material and labor resources in the provision of medical care

**39. Who belongs to the first stage of examination of the quality of medical care in the Moscow Region:**

- a) the attending physician
- b) head of department
- c) Deputy chief medical officer
- d) Deputy Chief Physician for the Examination of Temporary Disability

**40. Who belongs to the second stage of examination of the quality of medical care in the Moscow Region:**

- a) the attending physician
- b) head of department
- c) Deputy chief medical officer
- d) Deputy chief physician for VC

**41. In what form can non-departmental quality control of medical care be carried out:**

- a) preventive control
- b) monitoring results
- c) target control
- d) departmental control

**Test Evaluation Criteria**

The results of the test tasks are evaluated by the teacher on a five-point scale for attestation or according to the "pass" - "fail" system. The grade "excellent" is given with the correct answer to more than 90% of the tests proposed by the teacher. Rating "good" - with the correct answer to more than 70% of the tests. Grade "satisfactory" - with the correct answer to 50% of the proposed tests.