

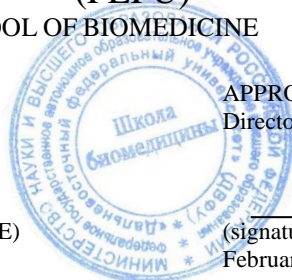


MINISTRY OF SCIENCE AND HIGHER EDUCATION OF THE RUSSIAN FEDERATION  
Federal State Autonomous Educational Institution of Higher Education  
**"Far Eastern Federal University"**  
(FEFU)  
SCHOOL OF BIOMEDICINE

AGREED  
Head of OP

(signature)  
February 02, 2021

Yu.S. Khotimchenko  
(FULL NAME)



APPROVE

Director of the Department of Pharmacy and Pharmacology

E.V. Khozhaenko  
(signature) (I.O. Surname)  
February 02, 2021

**WORKING PROGRAM OF THE DISCIPLINE**

Standardization and management of health 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 are not provided  
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 exam preparation  
control work is not provided  
term paper / term project are not provided  
Pass 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 Borovskaya N.A.

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 standardization system;
- learn to navigate the various typologies of standards 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	Knows the quality management system of a medical organization

and implement a quality management system	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 discipline "Standardization and management of health 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					Cont rol	Forms of intermediate certification
			Lek	Lab	Etc	OK	SR		
1	Standardization and management of health care	2			6		6	36	
2	Medical care quality management models				6		6		
3	Quality management in health care				6		6		
4	Conditions necessary for the implementation of a quality management system for medical care				6		6		
5	Model of implementation of the quality management system of medical care in a medical organization				6		6		
6	Implementation of state control over the quality of medical care				6		6		
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)**

**Lesson content:**

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

**Control questions:**

1. What is the focus of F. Taylor's research in the field of quality?
2. What contribution did E. Deming make to the development of the doctrine of quality?
3. What is the essence of E. Deming's 14 key principles-commandments?
4. What is Deming's plan of action?
5. What does the "quality spiral" (Juran spiral) mean?
6. Who is the author of the AQI (Annual Quality Improvement) concept?
7. What are the 14 principles (absolutes) of F. Crosby?
8. What is the method for assessing the degree of competence of an enterprise in solving a quality problem, proposed by F. Crosby?
9. What contribution did A. Feigenbaum make to the development of the doctrine of quality?
10. What contribution did K. Ishikawa make to the development of the doctrine of quality?
11. What contribution did G. Taguchi make to the development of the doctrine of quality?
12. What are the stages of development of the science of quality management?
13. What is typical for the first stage of development of the quality system?
14. What is typical for the second stage of development of the quality system?
15. What is typical for the third stage of development of the quality system?
16. What is the meaning of total quality management?
17. Why are ISO standards created and what do they set?

**Test tasks:**

1. J. Juran was the first to justify the transition from \_\_\_\_\_ (1) quality to quality management.
2. In his study of quality valuation, Crosby famously said, "Quality is \_\_\_\_\_(2)".

3. A. Feigenbaum formulated \_\_\_\_\_ (3) "mortal sins" in approaches to quality, which should be taken into account so that efforts in the implementation of quality programs are not in vain.

4. The main thing in the philosophy of Taguchi is \_\_\_\_\_ (4) quality with simultaneous \_\_\_\_\_ (5) costs.

5. In the international standard ISO 9000:2000, quality is not a set of properties, but \_\_\_\_\_ (6) \_\_\_\_\_ (7) product characteristics to assigned requirements.

## **Lesson 2. Models of quality management in medical care (8 hours)**

### **Lesson content:**

1. Basic principles of quality assurance: a systematic approach, focusing on the needs of consumers, teamwork.

2. Measurement and monitoring as a scientific basis for change.

3. The classic triangle of quality management.

4. Classic quality improvement steps.

5. Really used steps in quality improvement.

6. The cycle of improvement processes. The role of measurements in quality improvement.

7. Three levels of indicators and their use for the quality improvement process.

8. The concept of "design" and "redesign" of systems.

9. The roles of leaders (managers) in the quality improvement process.

10. Involvement in activities (coaching) as a means of achieving improvement.

### **Control questions:**

1. What are the main principles of the improvement methodology?

2. What is the difference between the concepts "system" and "processes"?

3. What does the principle of focusing on the needs of the consumer imply?

4. What is the meaning of the team building process?

5. Why is it necessary to take into account the individual characteristics of team members when forming a team?

6. What recommendations do you know about team building?

7. What individual decision-making techniques do you know?

8. What is the Delphi method?

9. What are the advantages and disadvantages of the Delphi method?

10. What is the method of collective idea generation?

11. What is the method of "brainstorming"?

12. What is the scripting method?

13. What is the method of constructing predictive graphs and goal trees?

14. What is the "Lipki" method?
15. What can improve the effectiveness of the decision-making process in a team?
16. What is the importance of effective communication?
17. What are the main provisions of the scientific methodology for improvement?
18. What is an indicator?
19. What is the difference between systematic and sporadic variability?
20. What are the classic quality improvement steps?
21. What does the cycle of improvement processes mean?
22. How does merit theory describe leadership?
23. What is the theory of leadership styles by K. Levin?
24. What is the theory of R. Likert?
25. How is coaching used in the improvement process?

**Test tasks:**

1. External customers are \_\_\_\_\_ (1) who receive the final product or result of the system.
2. "Teamwork is \_\_\_\_\_ (2) moving towards a shared vision together. \_\_\_\_\_ (3) manage individual talent for organizational purposes. This is the fuel that allows ordinary people to achieve \_\_\_\_\_ (4) results "(E. Carnegie).
3. The team building method itself originates from two approaches: the approach of \_\_\_\_\_ (5) personnel and \_\_\_\_\_ (6) quality.
4. Management technology considers a management decision as a process consisting of three stages: \_\_\_\_\_ (7) decisions: \_\_\_\_\_ (8) decisions; \_\_\_\_\_ (9) decisions.
5. The brainstorming method is characterized by \_\_\_\_\_ (10) putting forward new ideas without their \_\_\_\_\_ (11) evaluation until a \_\_\_\_\_ (12) solution appears.
6. Variability is \_\_\_\_\_ (13) in the final result of the process, caused by the influence of \_\_\_\_\_ (14) main sources.
7. Quality management consists of \_\_\_\_\_ (15) main activities: \_\_\_\_\_ (16) quality, \_\_\_\_\_ (17) quality and \_\_\_\_\_ (18) quality.

**Lesson 3. Quality management in healthcare (8 hours)**

**Lesson content:**

1. Nature, types of changes
2. Distinguishing change from innovation and innovation
3. The attitude of the staff to the ongoing changes
4. Change Implementation Models



5. Methods for assessing the quality of medical care, highlighting the main objects of standardization and groups of standards.

6. Implementation of federal procedures and standards of medical care.

**Control questions:**

1. What is the purpose of organizational change?

2. What are the main causes of resistance to ongoing changes?

3. Why do employees usually resist change?

4. What methods of overcoming resistance do you know?

5. What are the main methods of carrying out changes in organizations?

6. What are the main areas of innovation?

7. Why should different types of innovations be distinguished when they are introduced and disseminated?

**Test tasks:**

1. K. Levin in his three-step theory considered changes as \_\_\_\_\_ (1), which contribute to the stability of certain behavior.

2. Changes of the second order lead to \_\_\_\_\_ (2) in the activities of the organization itself, as a result of which it can \_\_\_\_\_ (3) its existence, or start working \_\_\_\_\_ (4).

3. The initiators of the idea of change are called persons who have \_\_\_\_\_ (5) an idea of \u200b\u200bwhat and how to \_\_\_\_\_ (6).

4. Innovation (innovation) - the end result of \_\_\_\_\_ (7) activities, embodied in the form of \_\_\_\_\_ (8) or \_\_\_\_\_ (9) products or technology, practically \_\_\_\_\_ (10) and capable of \_\_\_\_\_ (11) certain needs.

**Lesson 4. Conditions necessary for the implementation of a quality management system for medical care (8 hours) (discussion)**

The participants, grouped according to their views, prepare abstracts in advance and “publish” them, that is, distribute them among future participants in the discussion. The teacher may receive them like everyone else, or may not receive them.

Preliminary preparation goes separately, individually. Participants logically and actively group into "parties" during the course of the discussion. In this case, the discussion begins with the statement of positions, and only then comes the polemic.

The teacher leads the discussion. During the discussion, the leading teacher teaches not any position, but the ability to state and argue any position chosen by one or another participant.

To discuss the topic "General patterns that determine the direction of the development strategy for the quality assurance system of medical care» prepare the following questions using the recommended literature:

1. The readiness of the management of the medical institution and staff to implement a quality management system for medical care.
2. The state of the material and technical base and the information and technical complex.
3. Development of a clinical management system.

### **Lesson 5. A model for implementing a quality management system for medical care in a medical organization (4 hours)**

Lesson content:

1. Creation of a working group and development of a motivation system for the management and staff of the clinic.
2. The procedure for the development, approval and application of standards
3. Application of standards in the activities of the Ministry of Defense
4. The role of evidence-based medicine in the standardization system
5. Implementation of standards for examination and treatment of patients in medical activities.
6. Equipping the medical center with a medical information system (MIS), introducing electronic document management.
7. The concept of clinical and economic analysis, clinical and economic standards, their interaction with patient management protocols.
8. Development of standards of medical care and protocols for managing patients.
9. The structure of the standard of medical care, goals and benefits from the implementation of medical standards. assistance in the activities of the MO.

Control questions:

1. What is the purpose of standardization work?
2. What is meant by the term "standard"?
3. What is the 100th control over compliance with the standards of medical care?
4. On the basis of what principles is the system of standardization of medical activity developing?
5. What applies to documents in the field of standardization in accordance with the Federal Law of December 27, 2002 No. 184-FZ "On Technical Regulation"?
6. What is the procedure for approval, development and application of standards?
7. What underlies the concept of "evidence-based medicine"?
8. What are the reasons for the emergence of evidence-based medicine?
9. What are the levels of evidence for data?

10. What is a systematic review?

**Test tasks:**

1. The assessment of the quality of medical care is based on a comparison of \_\_\_\_\_ (1) \_\_\_\_\_ (2) results with \_\_\_\_\_ (3) \_\_\_\_\_ (4).
2. Evidence-based medicine is a branch of medicine based on \_\_\_\_\_ (5), assuming \_\_\_\_\_ (6), \_\_\_\_\_ (7), \_\_\_\_\_ (8) and wide dissemination of the obtained evidence for use in the interests of patients.
3. The main goal of introducing the principles of evidence-based medicine into healthcare practice is \_\_\_\_\_ (9) the quality of medical care in terms of \_\_\_\_\_ (10), efficiency, cost, and other significant factors.
4. Meta-analysis is the application of \_\_\_\_\_ (11) methods in creating a systematic review.

**Lesson 6. Implementation of state control over the quality of medical care (4 hours)**

**Lesson content:**

1. International documents in the field of quality of medical care
2. Authorities, subjects of inspections, regulations for the implementation of control measures.
3. Federal documents in the field of quality of medical care. The role of the Ministry of Health and Social Development of the Russian Federation, the Federal Service for Control in the Sphere of Health and Social Development and other federal level bodies in regulating the quality of medical care
4. Territorial documents in the field of quality of medical care. The role of territorial health authorities in regulating the quality of medical care
5. The ratio of 323-FZ and 294-FZ.
6. Responsibility of medical workers, officials of medical organizations to ensure the quality of medical care.

**Test tasks:**

**1. Creation of a system of medical technology standards recommended for practical use by medical and other organizations is the purpose of the work:**

- a) Ministry of Health and Social Development
- b) the Federal Service for Supervision of Consumer Rights Protection and human well-being
- c) Federal Agency for Technical Regulation and Metrology
- d) Federal Agency for Health and Social Development
- e) Federal Service for Supervision of Health and Social Development

**2. The legislative and regulatory framework of the national standardization system currently consists of:**

- a) The Constitution of the Russian Federation
- b) Federal Law "On Technical Regulation"
- c) regulatory legal acts of the Government of the Russian Federation on standardization issues
- d) fundamental standards of the national standardization system
- e) all of the above are correct

**3. The organizational and functional structure of the national standardization system currently consists of:**

- a) national standardization body (Federal Agency for Technical Regulation and Metrology)
- b) research organizations for standardization
- c) technical committees for standardization
- d) standards developers
- e) all of the above are correct

**4. According to which article of the Universal Declaration of Human Rights does every person have the right to a standard of living adequate for the health and well-being of himself and his family:**

- a) 14
- b) 24
- c) 34
- d) 44
- e) 54

**5. The proposal to develop global norms, standards and guidelines for health care and patient safety, defining, measuring and reporting on adverse health outcomes and errors was formulated by:**

- a) September 8, 2000 in the document "The Millennium Declaration of the Organization United Nations"
- b) In C.D. Shaw, I. Kahlo "A Framework for the Development of National Policies for Quality Assurance in Health Systems"
- c) in the report "What are the best strategies for ensuring quality in hospital? (Which Are hospital quality assurance strategies the best?)"
- d) at the 55th World Health Assembly on 18 May 2002 and reflected in resolution WHA55.18
- e) there is no correct answer

**6. The proposal to encourage research on patient safety was formulated by:**

- a) September 8, 2000 in the document "The Millennium Declaration of the Organization United Nations"
- b) In C.D. Shaw, I. Kahlo "A Framework for the Development of National Policies for Quality Assurance in Health Systems"
- c) in the report "What are the best strategies for ensuring quality in hospital? (Which Are hospital quality assurance strategies the best?)"
- d) at the 55th World Health Assembly on 18 May 2002 and reflected in resolution WHA55.18
- e) there is no correct answer

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

<b>No. p/n</b>	<b>Date/Due dates</b>	<b>Type of independent work</b>	<b>Approximate lead times</b>	<b>form of control</b>
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).

Preparation for a practical lesson, preparation of a report on a selected aspect of the topic of a practical lesson or selection of practical material for participation in the discussion constitute the content of the master'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, control tasks, report presentation.

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.

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 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.

Preparation for a practical lesson, 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. The material for training can be professional literature, educational and methodological support of the discipline. 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.

Working with educational literature is considered as a type of educational work in the discipline Standardization and management of health 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 for essays and presentations**

1. Types and evaluation of biomedical data.
2. Collection and primary processing of biomedical data.
3. Evaluation of biomedical data regarding species and quality.
4. Methods for assessing the objectivity of medical information.
5. Methods for assessing the reliability of medical information using modern computer applications.
6. Application of modern information technologies in the healthcare system.
7. Comparative characteristics of the most commonly used hardware in modern healthcare.
8. Ways to apply the results of medical information in medical institutions.
9. Influence of the results of medical information on the speed of solving the problem in modern conditions.
10. The use of modern hardware in the treatment of the most severe diseases.
11. Theoretical foundations of quality management.
12. Specificity of quality management in health care.
13. Stages of development of the science of quality management.
14. Application of the science of the Criminal Code in the field of healthcare, including in Russia.
15. Resource sources for the development of science of the Criminal Code in the world and in Russia.

16. Fundamentals of the methodology for managing the quality of medical care.
17. Tools used to improve quality.
18. Nature, types of changes in the management of the quality of medical care.
19. Differences of changes from innovations and innovations.
20. The attitude of the staff to the ongoing changes.
21. Models for implementing changes.
22. Standardization in the quality management system of medical care.
23. Procedure for the development, approval and application of standards
24. Application of standards in the activities of medical organizations
25. The role of evidence-based medicine in the standardization system
26. Legal issues of ensuring the quality of medical care
27. International documents in the field of quality of medical care
28. Federal documents in the field of quality of medical care.
29. The role of the Ministry of Health and Social Development of the Russian Federation, the Federal Service for Control in the Sphere of Health and Social Development and other federal level bodies in regulating the quality of medical care.
30. Territorial documents in the field of quality of medical care.

The role of territorial health authorities in regulating the quality of medical care

### **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.

The volume of the abstract is 10-15 pages of typewritten text, but in any case should not exceed 15 pages. Spacing - 1.5, font size - 14, margins: left - 3 cm, right - 1.5 cm, top and bottom - 1.5 cm. Pages must be numbered. The paragraph indent from the beginning of the line is 1.25 cm.

### **The procedure for submitting the abstract and its assessment**

Abstracts are written by students during the semester within the time limits set by the teacher in a particular discipline, reported by the student and submitted for discussion. The printed version is handed over to the teacher leading the discipline.

Based on the results of the test, the student is given a certain number of points, which is included in the total number of student points scored by him during the semester. When evaluating the abstract, the correspondence of the content to the chosen topic, the clarity of the structure of the work, the ability to work with scientific literature, the ability to pose a problem and analyze it, the ability to think logically, knowledge of professional terminology, literacy of design are taken into account.

### **Guidelines for preparing presentations**

General presentation requirements:

- presentation should not be less than 10 slides;
- the first page is the title page, which must be presented: the name of the project; surname, name, patronymic of the author;
- the next slide should be the content, which presents the main stages (moments) of the presentation; it is desirable that from the content using a hyperlink you can go to the required page and return to the content again;
- design-ergonomic requirements: color compatibility, limited number of objects per slide, text color;
- The last slides of the presentation should be a glossary and bibliography.

### **Criteria for evaluating the performance of 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.

### **.Criteria for assessing the independent work of undergraduates**

When assessing the knowledge of undergraduates, 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 master has not studied some sections in depth, allows fuzzy formulations, and gives incomplete answers.

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

## **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	Standardization and management of health care	PC-3.1; PC-3.2; PC-3.3; PC-4.1; PC-4.2; PC-4.3	Knows	Knows and is able to organize and implement 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 1-4	
			Can	plan, organize and implement measures to ensure the protection of public health			Tests PR-1, Essays PR-3, PR-11
			owns	methods of planning, organization of drug provision of the population.			Work in small groups, UO-3
2	Medical care quality management models	PC-3.1; PC-3.2; PC-3.3; PC-4.1; PC-4.2; PC-4.3	Knows	Basic principles of quality assurance: a systematic approach, focusing on the needs of consumers, teamwork.	Interview UO-1, Abstract PR-4	offset Questions 5-9	
			Can	Really use classic steps in quality improvement			Tests PR-1, Essays PR-3, PR-11

			owns	Methods improve the efficiency of the decision-making process in the team to improve quality	Work in small groups, UO-3	
3	Quality management in health care	PC-3.1; PC-3.2; PC-3.3; PC-4.1; PC-4.2; PC-4.3	Knows	Methods for assessing the quality of medical care	Interview UO-1, Abstract PR-4	offset Questions 10-14
			Can	Highlight the main objects of standardization and groups of standards	Tests PR-1, Essays PR-3, PR-11	
			owns	Implementation methods federal regulations and standards of medical care	Work in small groups, UO-3	
4	Conditions necessary for the implementation of a quality management system for medical care	PC-3.1; PC-3.2; PC-3.3; PC-4.1; PC-4.2; PC-4.3	Knows	Preparation rules management of the medical institution and personnel for the implementation of a quality management system for medical care.	Interview UO-1, Abstract PR-4	offset Questions 15-18
			Can	Use the state of the material and technical base and the information and technical complex for the implementation of the quality management system	Tests PR-1, Essays PR-3, PR-11	
			owns	Methods for developing a clinical management system	Work in small groups, UO-3	
5	Model of implementation of the quality management system of medical care in a medical organization	PC-3.1; PC-3.2; PC-3.3; PC-4.1; PC-4.2; PC-4.3	Knows	The procedure for the development, approval and application of standards	Interview UO-1, Abstract PR-4	offset Questions 19-22
			Can	Apply standards in MO activities	Tests PR-1, Essay PR-3, case-tasks PR-11	
			owns	The concept of clinical and economic analysis, clinical and economic standards, their interaction with patient management protocols	Work in small groups, UO-3	
6	Implementation of state control over the quality of medical care	PC-3.1; PC-3.2; PC-3.3; PC-4.1;	Knows	Documents in the field of quality of medical care	Interview UO-1, Abstract PR-4	offset Questions 23-26
			Can	Use Federal documents in the field of quality of medical care	Tests PR-1,	

		PC-4.2; PC-4.3			Essay PR-3, case-tasks PR-11	
			owns	Responsibility of medical workers, officials of medical organizations to ensure the quality of medical care	Work in small groups, UO-3	

## **VII. EDUCATIONAL AND METHODOLOGICAL SUPPORT OF DISCIPLINE**

### **Main literature**

1. Radkevich Ya.M. Metrology, standardization and certification [Electronic resource]: textbook / Ya.M. Radkevich, A.G. Skhirtladze, B.I. Laktionov. - 2nd ed. — Electron. text data. - Saratov: Higher education, 2019. - 791 p. Access mode: <http://www.iprbookshop.ru/79771.html>

2. 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. - Access mode: <http://www.iprbookshop.ru/75230.html>

3. 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>

4. Standardization in healthcare. Overcoming the contradictions of legislation, practice, ideas [Electronic resource] / N. B. Naigovzina, V. B. Filatov, O. A. Borozdina, N. A. Nikolaeva - M.: GEOTAR-Media, 2015. - 208p. <http://www.studentlibrary.ru/book/ISBN9785970435113.html>

5. Golub O.V. Standardization, metrology and certification [Electronic resource]: textbook / O.V. Golub, I.V. Surkov, V.M. Poznyakovsky. — Electron. text data. - Saratov: Higher education, 2014. - 334 p. — 2227-8397. - Access mode: <http://www.iprbookshop.ru/4151.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. Medical and 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. 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>

4. University of Florida Health Science Center Library<http://www.library.health.ufl.edu/pubmed/PubMed2>

5. DM Library of the University of Illinois<http://www.uic.edu/depts/lib/lhsp/resources/ebm.shtml>

6. Duke University Medical Center Library, Public Health Library, University of North Carolina<http://www.hsl.unc.edu/services/tutorials/ebm/welcome.htm>

7. Library of the New York Medical Association. EBM Resource Center - materials for learning and teaching.<http://www.ebmny.org/teach.html>

8. Cochrane Collaboration. Open learning materials<http://www.cochrane-net.org/openlearning/>

### **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. University of Massachusetts School of Medicine. DM Center<http://library.umassmed.edu/EBM/tutorials/>
10. Interregional community of specialists in evidence-based medicine<http://www.osdm.org/>
11. Oxford Center for Evidence-Based Medicine<http://www.cebm.net/>
12. Russian branch of the Cochrane Collaboration<http://www.cochrane.ru/>
13. 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/>
14. St. Petersburg Institute of Public Health<http://stphs.narod.ru/>
15. University of Southern California, Department of Family Medicine (Education & Training module). Training course "Management of the quality of

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

### **List of information technologies and software**

- Microsoft Office Professional Plus 2010;
- an office suite that includes software for working with various types of documents (texts, spreadsheets, databases, etc.);
- 7Zip 9.20 - free file archiver with a high degree of data compression;
- ABBYY FineReader 11 - software for optical character recognition;
- Adobe Acrobat XI Pro - a software package for creating and viewing electronic publications in PDF format;
- ESET Endpoint Security - comprehensive protection of workstations based on Windows OS. Virtualization support + new technologies;
- WinDjView 2.0.2 is a program for recognizing and viewing files with the same name format DJV and DjVu.

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

The practical part of the discipline "Standardization and management of health care" is revealed in practical classes, 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.

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 Avergence, 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
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## VALUATION FUND

### FOS passport

#### in the discipline "Standardization and management of health 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 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

## 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	Standardization and management of health care	PC-3.1; PC-3.2; PC-3.3; PC-4.1; PC-4.2; PC-4.3	Knows	Knows and is able to organize and implement 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 1-4
			Can	plan, organize and implement measures to ensure the protection of public health		

			owns	methods of planning, organization of drug provision of the population.	Work in small groups, UO-3	
2	Medical care quality management models	PC-3.1; PC-3.2; PC-3.3; PC-4.1; PC-4.2; PC-4.3	Knows	Basic principles of quality assurance: a systematic approach, focusing on the needs of consumers, teamwork.	Interview UO-1, Abstract PR-4	offset Questions 5-9
			Can	Really use classic steps in quality improvement	Tests PR-1, Essays PR-3, PR-11	
			owns	Methods improve the efficiency of the decision-making process in the team to improve quality	Work in small groups, UO-3	
3	Quality management in health care	PC-3.1; PC-3.2; PC-3.3; PC-4.1; PC-4.2; PC-4.3	Knows	Methods for assessing the quality of medical care	Interview UO-1, Abstract PR-4	offset Questions 10-14
			Can	Highlight the main objects of standardization and groups of standards	Tests PR-1, Essays PR-3, PR-11	
			owns	Implementation methods federal regulations and standards of medical care	Work in small groups, UO-3	
4	Conditions necessary for the implementation of a quality management system for medical care	PC-3.1; PC-3.2; PC-3.3; PC-4.1; PC-4.2; PC-4.3	Knows	Preparation rules management of the medical institution and personnel for the implementation of a quality management system for medical care.	Interview UO-1, Abstract PR-4	offset Questions 15-18
			Can	Use the state of the material and technical base and the information and technical complex for the implementation of the quality management system	Tests PR-1, Essays PR-3, PR-11	
			owns	Methods for developing a clinical management system	Work in small groups, UO-3	
5	Model of implementation of the quality management system 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 the development, approval and application of standards	Interview UO-1, Abstract PR-4	offset Questions 19-22
			Can	Apply standards in MO activities	Tests PR-1,	



	in a medical organization				Essay PR-3, case-tasks PR-11	
			owns	The concept of clinical and economic analysis, clinical and economic standards, their interaction with patient management protocols	Work in small groups, UO-3	
6	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	Documents in the field of quality of medical care	Interview UO-1, Abstract PR-4	offset Questions 23-26
			Can	Use Federal documents in the field of quality of medical care	Tests PR-1, Essay PR-3, case-tasks PR-11	
			owns	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  
in the discipline "Standardization and management of health care"**

Code and wording of competence	Stages of competence formation		criteria	indicators	Points
PC-3 The ability to organize, plan and control the activities of a structural unit of a medical organization	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	methods for substantiating	the ability to prepare the	85-100

		preparation of substantiation of volumes medical care in accordance with the necessary resources in the structural unit of the medical organization	the volume of medical care in a structural unit of a medical organization	necessary calculations for the organization, planning and control of the activities of the structural unit of a medical organization	
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, 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	possession of methods for planning and organizing measures to ensure the protection of public health analysis and evaluation of performance indicators of a medical organization, resource management of a medical organization, development and implementation of a quality management system in a medical organization	ability analyzing and evaluating the performance of a medical organization, managing the resources of a medical organization, developing and 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	85-100
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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 "Standardization and management of health 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 answer to the test questions.

#### **Questions for offset**

1. Quality of medical care: definition and main characteristics (effectiveness, efficiency, legality, adequacy, satisfaction, etc.).
2. Methodology for assessing the quality of medical care.
3. 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 resultative approaches ), statistical (based on state statistical reporting), clinical and economic, self-assessment, sociological, qualimetric, etc.
4. Indicators of the quality and effectiveness of medical care. quality indicators.
5. Control and management of the quality of medical care.
6. Quality management system, basic models.
7. Examination of quality.
8. Quality control of medical care: intra-departmental and extra-departmental, its levels and participants, the main legislative documents on its organization and conduct.
9. Organization of internal control.
10. The role of the medical commission of the Moscow Region in improving quality.
11. Organization of departmental and state 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. Self-regulation in medicine.
15. League for protecting the rights of patients.
16. The value of quality management of medical care in the conditions of the formation of market relations.
17. Strategies and mechanisms for achieving.
18. Industry program "Quality Management in Health Care", basic provisions.
19. Problems of quality management of medical care and ways to solve them.
20. Basic principles of quality assurance System approach.
21. Focus on customer needs Teamwork. Measurement and monitoring as a scientific basis for change.
22. The classic triangle of quality management.
23. Classic quality improvement steps. Really used steps in quality improvement.
24. Cyclicity of improvement processes The role of measurements in quality improvement.
25. Three levels of indicators and their use for the quality improvement process.
26. The concept of "design" and "redesign" of systems.
27. Roles of leaders (managers) in the quality improvement process
28. Involvement in activities (coaching) as a means of achieving improvement

**Criteria for grading a student in the standings for the discipline  
"Standardization and management of health 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.

### **Evaluation tools for current certification**

**Control tests** designed for students studying the course "Standardization and management of health 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.

### **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 MO

**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 MO 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 the Ministry of Defense 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 to encourage 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 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. A set of stages that transform the initial investment**

**health care provider into the final output / result that the consumer receives is:**

a) system;

b) process;

c) stage;

d) there is no correct answer.

**36. The process of exchanging information between various personnel involved in the provision of assistance is:**

a) clinical algorithm;

b) patient flows;

c) multiple streams;

d) information flows.

**37. Domestic consumers are:**

a) patients;

- b) relatives of patients;
- c) employees of the organization.

**38. The factors that determine roles in a team are:**

- a) the actual professional activities of the team;
- b) interaction of the team with the external environment and internal interaction;
- c) the individual characteristics of each;
- d) there is no correct answer;
- e) All of the above are correct.

**39. At the stage of preparing a management decision, the following are carried out:**

- a) collection and processing of information;
- b) developing and evaluating alternative solutions and courses of action;
- c) formation of a problem to be solved;
- d) choosing and making the best decision.

**40. Consistent questioning of the opinions of experts in various fields of science and technology and the formation of an array of information reflecting the individual assessments of experts, based both on a strictly logical analysis and on intuitive experience, is:**

- a) a method of collective idea generation;
- b) Delphi method;
- c) brainstorming method;
- d) scenario building method.

**41. Communication in management is:**

- a) the exchange of information and its semantic content between people;
- b) communication system between organizations;
- c) a system of relationships between people and organizations;
- d) a system of interconnections between verbal and non-verbal information;
- e) the relationship between words and their semantic content.

**42. The scientific method consists of the following main provisions:**

- a) testing/testing the hypothesis;
- b) quality measurement and data use;
- c) variability;
- d) development of alternatives.

**43. Quality improvement principles:**

- a) customer focus;
- b) systems approach;
- c) process approach;
- d) teamwork;

f) use of scientific methodology.

**44. According to Berwick, quality management is:**

a) “all activities aimed at providing, maintaining and improving the quality of medical care”;

b) “a systematic process to eliminate the gap between the achieved and desired outcomes”;

c) “systematic, cyclic activity using standards”;

d) "a systematic approach to transforming the management of an organization in response to ongoing change, the current work situation and the pressures of change";

e) All of the above are correct.

**45. Classic Quality Improvement Steps:**

a) identify (determine what needs to be improved);

b) analysis (understand what the problem is);

c) development of quality improvement actions;

d) verification and implementation.

**46. If, as a result of the verification, the proposed change did not bring improvements, then it is necessary:**

a) modify the proposed change, then test that modified change;

b) restart the improvement process or find errors in the proposed change;

c) initiate implementation of the change or intervention;

d) there is no correct answer.

**47. The method of individual problem solving is recommended when:**

a) the problem is unrelated;

b) the problem is obvious;

c) the problem requires a quick response;

d) improvement can be achieved by the efforts of one person

**48. F. Taylor's contribution to the development of the science of quality management:**

a) studies on the organization of work;

b) creation of control charts;

c) creation of a theory of deep knowledge, including theories of: systems, variability (variability), psychology and cognition;

d) rationale for the transition from quality control to quality management;

e) development of 14 principles (absolutes) that determine the sequence of actions to ensure quality in enterprises;

f) there is no correct answer.

**49. The principles of quality management, which formed the basis of the concept of TQM, formulated:**

- a) A. Maslow;
- b) A. Feigenbaum;
- c) W. Deming
- d) F. Taylor
- e) W. Shewhart

**50. The first stage of development of the quality system:**

- a) F. Taylor's management system (1905);
- b) a method for constructing diagrams known throughout the world as Shewhart control charts;
- c) the concept of total quality control - TQC (Total Quality Control).

**51. The transition from total quality control (TQC) to total quality management (Total Quality Management) is:**

- a) the second stage of development of the quality system;
- b) the third stage of quality system development;
- c) fourth stage of quality system development;
- d) the fifth stage of quality system development.

**52. The activities of the organization's management aimed at creating the conditions that are necessary and sufficient for the production of quality products or the provision of quality services are:**

- a) quality improvement;
- b) quality assurance;
- c) quality system;
- d) quality management.

**53. Coercion, as a method of overcoming resistance, is recommended in situations where:**

- a) speed is needed, and the initiators of change have a lot of power;
- b) the initiator of change has no power, but has clear information about what should be done;
- c) changes are carried out in creative and initiative teams;
- d) the idea of change is attractive to the performers;
- f) participants of change independently come to the need for change.

**54. To the methods by which you can reduce or eliminate resistance to change include:**

- a) education and communication of information;
- b) involvement of subordinates in decision making;
- c) emotional support of the leader;
- d) negotiations;
- e) coercion.

**55. "Initiators of the idea of change" are people who:**

- a) have a clear idea of what needs to be changed and how;
- b) agree with the expediency of change and accept the very idea of change;
- c) help staff implement change in practice;
- d) create strong resistance to change;
- e) There is no correct answer.

**56. Indispensable properties (signs) of innovation are:**

- a) scientific and technical novelty;
- b) practical applicability;
- c) economic utility;
- d) there is no correct answer;
- e) All of the above are correct.

**57. PGiving one of its leaders and someone the group respects a key role in planning and implementing change is:**

- a) participation;
- b) involvement;
- c) agreements;
- d) manipulation;
- e) co-optation.

**58. The introduction of the term "innovation" is associated with the name:**

- a) K. Marx;
- b) J. Schumpeter;
- c) L. Porter;
- d) P. Drucker.

**59. According to the degree of novelty, the following types of innovations are distinguished:**

- a) grocery;
- b) radical;
- c) process;
- d) improving;
- e) pseudo-innovation.

**60. Diffusion of innovations is:**

- a) dissemination of an innovation once mastered;
- b) deepening research, promoting ideas;
- c) creating a new idea in diagrams and drawings;
- d) introduction of innovation.

**61. The acquisition of a competitive advantage by an organization is:**

- a) active direction of innovation;
- b) reactive direction of innovation;



- c) passive direction of innovation activity;
- d) there is no correct answer;
- e) All of the above are correct.

**62. New ideas that can be obtained as a result of scientific research and development (R&D) is:**

- a) changes;
- b) innovations;
- c) innovation;
- d) diffusion of innovation;
- e) All of the above are correct.

**63. The quality of medical care is a characteristic that reflects:**

- a) opportunities in the MOD in the use of medical technologies;
- b) the degree of compliance of medical care with pre-established criteria and standards;
- c) the health status of the population.

**64. According to the Law “On Technical Regulation”:**

- a) standards can be developed by organizations themselves;
- b) standards cannot be developed by organizations themselves;
- c) standards can be developed by organizations only with the permission of the insurance organization.

**65. Patient management protocols are developed on the basis of the following document:**

- a) a program of state guarantees for providing citizens of the Russian Federation with free medical care;
- b) the main provisions of standardization in health care;
- c) a program of work on the creation and development of a system of standardization in health care;
- d) a normative document regulating the procedure and rules for the development of patient management protocols.

**66. The protocol of patient management is understood as:**

- a) a set of clinical, laboratory and instrumental diagnostic features that allow to identify the disease;
- b) medical and biological consequences of the disease;
- c) a normative document of the system of standardization in health care, which defines the requirements for the provision of medical care to a patient with a certain disease;
- d) all of the above is incorrect.

**67. The Federal Case Management Protocol provides for:**

- a) the minimum mandatory volume of medical care;

- b) the minimum mandatory and additional volume of medical care;
- c) the division of aid into mandatory and additional volumes is not provided
- d) volume of assistance only at the inpatient stage

**68. Treatment and diagnostic medical services include:**

- a) differential diagnosis for fever;
- b) examination of pregnant women in the antenatal clinic;
- c) allowance for physiological childbirth;
- d) assessment of the newborn on the Apgar scale;
- e) all of the above.

**69. Choose the definition that best matches the concept of "evidence-based medicine":**

- a) organizing and conducting scientific research to study the effectiveness and safety of medical technologies;
- b) conscious search, analysis and evaluation of available evidence, followed by the choice of the best tactics for managing the patient;
- c) a set of organizational technologies.

**70. Specify the tasks that the protocol of patient management performs:**

- a) the establishment of uniform requirements for the procedure for the prevention, diagnosis, treatment and rehabilitation of patients;
- b) normative support for the development, implementation and evaluation of standards;
- c) unification of the calculation of the cost of medical care;
- d) control of volumes, accessibility and quality of medical care;
- e) ensuring the structuring of normative documents of the system of standardization in health care.

**71. According to what levels of persuasiveness of evidence an expert assessment of medical technologies is carried out when they are included in the patient management protocols:**

- a) level A;
- b) level B;
- c) level C;
- d) level D;
- e) level E.

### **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.