



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

VALUATION FUND

*in the discipline (module) "Problems of organizing medical and preventive care  
for the population"*

*Area of study 32.04.01 Public Health*

*Master's program "Leadership and governance in public health" (program in  
English for foreign citizens)*

Vladivostok 2023

Professional competencies of graduates and indicators of their achievement:

Task type	Code and name of professional competence (result of mastering)	Code and name of the competency indicator
Organizational and managerial	PC-3 Ability to organize, plan and control the activities of a structural unit of a medical organization	PC-3.1 Knows Standards of Care PC-3.2 Is able to assess the resources of a medical organization and implement a quality management system PC-3.3 Possesses the necessary skills in the preparation of reporting documentation, assessment of the activities of a health care institution
Organizational and managerial	PC-5 Ability to assess the effectiveness of a medical organization, develop and select optimal management solutions, develop a business plan for the development of a medical organization, use a process approach in the management of a medical organization, use technological maps of the processes of a medical organization	PC-5.1 Knows the methods of planning a medical organization PC-5.2 Is able to draw up a plan for a medical organization, develop business planning and investment projects PC-5.3 Proficient in planning, development of business planning and investment projects

Code and name of the competency indicator	Name of the assessment indicator (the result of learning in the discipline)
PC-3.1 Knows Standards of Care	Knows the standards of medical care Knows how to provide first aid Proficient in first aid
PC-3.2 Is able to assess the resources of a medical organization and implement a quality management system	Knows the quality management system of a medical organization Is able to assess the resources of a medical organization and implement a quality management system Proficient in assessing the resources of a medical organization and implementing a quality management system
PC-3.3 Possesses the necessary skills in the preparation of	Knows the reporting documentation of the medical organization

reporting documentation, assessment of the activities of a health care institution	Is able to prepare reporting documentation for a medical organization Possesses the necessary skills for the preparation of reporting documentation, assessment of the activities of a health care institution
PC-5.1 Knows the methods of planning a medical organization	Knows the methods of planning a medical organization Able to plan the work of a medical organization
PC-5.2 Is able to draw up a plan for a medical organization, develop business planning and investment projects	Knows the rules for drawing up a plan for a medical organization, developing a business plan, an investment project Is able to draw up a plan for a medical organization, develop business planning and investment projects Possesses the skill of drawing up a plan for a medical organization, developing business and investment projects
PC-5.3 Proficient in planning, development of business planning and investment projects	Knows the principles of goal-setting, types and methods of organizational planning and fundamental concepts of financial management, as well as the method of process approach to the management of a medical organization Able to develop corporate, competitive and functional strategies for the development of the organization, develop investment projects and conduct their verification He is proficient in the methods of formulating and implementing strategies at the level of a business unit, developing and implementing marketing programs, as well as methods of investment analysis and analysis of financial markets, a process approach in the management of a medical organization and the possibility of using technological maps of the processes of a medical organization.

## MONITORING THE ACHIEVEMENT OF THE COURSE OBJECTIVES

Item No.	Supervised modules/sections/topics of the discipline	Codes and Stages of Competency Formation	Valuation Tools – Name		
			Current control	Intermediate Attestation	
1	Section 1 Principles of organization of outpatient, inpatient, emergency, high-tech medical care	PC-3.1; PP-3.2; PP-3.3; PP-5.1; PC-5.2; PC-5.3	Knows	Interview UO-1, abstract PR-4	Credit Questions 1-26
			Can	Tests PR-1, essays PR-3, case problems PR-11, presentation	
			Owns	Work in small groups, UO-3	
2	Section 2. Organization of medical care in the system of childhood and obstetrics	PC-3.1; PP-3.2; PP-3.3; PP-5.1; PC-5.2; PC-5.3	Knows	Interview UO-1, abstract PR-4	Credit Questions 27-50
			Can	Tests PR-1, essays PR-3, case problems PR-11, presentation	
			Owns	Work in small groups, UO-3	

**Scale for assessing the level of competence formation  
in the discipline "Problems of organizing medical and preventive care for  
the population"**

<b>Code and Competency Statement</b>	<b>Stages of competence formation</b>		<b>criteria</b>	<b>Indicators</b>	<b>Points</b>
PC-3 Ability to organize, plan and control the activities of a structural unit of a medical organization	Knows (Threshold )	Fundamentals of planning, organization and implementation of the activities of a structural unit of a medical organization	Knowledge of the basics of planning and control of the activities of a structural unit of a medical organization	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 the performance indicators of a structural unit of a medical organization	ability to analyze and evaluate the performance indicators of a structural unit of a medical organization	ability to substantiate the criteria for evaluating the organization, planning and control of the activities of a structural unit of a medical organization	71-84
	Proficient (High)	Skills Preparation of the justification of the volumes medical care in accordance with the necessary resources in the structural unit of the medical organization	methods of justifying the volume of medical care in a structural unit of a medical organization	ability to prepare the necessary calculations for the organization, planning and control of the activities of a structural unit of a medical organization	85-100
PC-5 Ability to assess the effectiveness of a medical organization, develop and	Knows (Threshold )	Principles of goal-setting, types and methods of organizational planning and fundamental concepts of	Knowledge of the basic concepts of research processes, including business	Ability to explain the main stages of research of a business plan of a medical organization, a	61-70

select optimal management solutions, develop a business plan for the development of a medical organization, use a process approach in the management of a medical organization, use technological maps of the processes of a medical organization		financial management	processes in medicine	process approach in the management of a medical organization	
	Can (Advanced)	develop corporate, competitive and functional strategies for the development of the organization, develop investment projects and conduct their verification	ability to analyze and compare the stages of the process of strategic development of a medical organization, business planning and the use of technological maps of the processes of medical activities	ability to develop investment projects and conduct their verification based on the use of a process approach in the management of a medical organization and the use of technological maps of the processes of medical activities	71-84
	Proficient (High)	methods of formulating and implementing strategies at the level of a business unit, developing and implementing marketing programs, as well as methods of investment analysis and analysis of financial markets.	methods of collecting, processing, analyzing information and their presentation for the implementation of business strategies of a medical organization using technological maps of medical activity processes	Ability to formulate the main stages and explain the tasks for the implementation of marketing programs and analysis of financial markets using the process approach in the management of a medical organization and the use of technological maps of the processes of medical activities	85-100



Scale for assessing the level of achievement of learning outcomes for current and intermediate certification *in the discipline*

Points (rating score)	Levels of achievement Training		Requirements for the formed competencies
	Current & Intermediate certification	Intermediate Attestation	
100 – 86	Increased	"Passed" / "Excellent"	Freely and confidently finds reliable sources of information, operates with the information provided, has excellent skills in analyzing and synthesizing information, knows all the basic methods of solving problems provided for in the curriculum, knows typical mistakes and possible difficulties in solving a particular problem and is able to choose and effectively apply an adequate method for solving a particular problem. trouble
85 – 76	Base	"Passed" / "Good"	In most cases, he is able to identify reliable sources of information, process, analyze and synthesize the proposed information, choose a method for solving a problem and solve it. Makes single serious mistakes in problem solving, experiences difficulties in rare or difficult cases of problem solving, does not know typical mistakes and possible difficulties in solving this or that trouble
75 – 61	Threshold	"Passed" / "Satisfied"	Makes mistakes in determining the reliability of sources of information, is able to correctly decide only Typical most often Occur trouble in (process information, choose a method to solve a problem, and solve it)
60 – 0	Level Not Reached	"Failed" / "Unsatisfactorily"	Does not know a significant part of the program material, makes significant mistakes, performs practical work unconfidently, with great difficulty.

## **Methodological Recommendations Defining the Procedures for Assessing the Results of Mastering the Discipline**

**Current assessment of students.** It is carried out in accordance with the local regulations of FEFU and is mandatory. It is carried out in the form of control measures: defense of a test work, interviews to assess the actual results of students' learning and is carried out by the leading teacher.

The objects of assessment are:

- academic discipline (activity in classes, timeliness of various types of tasks, attendance of 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 attestation of students.** It is carried out in accordance with the local regulations of FEFU and is mandatory. It provides for the consideration of the results of all stages of the course. Upon successful completion of the two stages of the current certification, the student is given an intermediate certification (test, exam).

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

### **I. Assessment Tools for Intermediate Attestation**

Intermediate attestation includes the student's answer to the test questions.

#### **Questions for the test**

1. Basic principles of state policy in the field of public health protection.
2. Public health and health care as a science. History of development, methods, main sections.
3. Healthcare Management. Principles of management, management as a process, management cycle.
4. Legislative Framework of Primary Health Care in Russia.
5. Children's rights to health. Documents regulating the rights of children.
6. Rural medical outpatient clinic, organization of work, tasks and functions.
7. Central District Hospital. Its categories, structure, tasks and functions. Performance indicators.



8. City Hospital. Its structure, functions and tasks, organization of work. Performance indicators.
9. The Regional Hospital, Its Structure, Functions and Role in the Organization of Medical Care for the Rural Population.
10. Citizens' rights to health care. The rights of citizens to information about the state of their health (Constitution of the Russian Federation, Federal Law "On the Fundamentals of Public Health Protection in the Russian Federation").
11. Structure and functions of a maternity hospital with a women's consultation. Organization of work. Tasks and functions. Performance indicators of the antenatal clinic.
12. Protection of motherhood and childhood. Organizations that provide assistance to women and children. The rights of pregnant women and mothers to health care.
13. Medical and Social Problems of Women's Health Protection. Problems of abortion, gynecological morbidity, maternal mortality.
14. Evaluation of the performance of the antenatal clinic on the basis of performance.
15. Children's polyclinic, its structure. District Principle and Dispensary Method in the Work of Doctors of Children's Polyclinics. Performance indicators.
16. Performance indicators of the children's city polyclinic, their calculation and analysis.
17. Activities of the city polyclinic for the prevention of diseases. Health Promotion Centers and Healthy Lifestyle Offices, Their Functions.
18. Healthcare Human Resource Management.
19. Health Care Management Bodies, Their Task, Structure and Functions.
20. Organization of medical care for the urban population. United City Hospital, Structure, Management and Tasks.
21. The concept of health promotion and its role in public health.
22. Federal Law "On the Fundamentals of Public Health Protection"
23. Medical and social aspects of lifestyle. Risk factors. Medical activity of the population. Healthy lifestyle concept.
24. Guaranteed amount of free medical care.
25. Shop District Principle of Service for Workers and Employees of Industrial Enterprises, Construction and Transport. The main functions of a shop therapist.
26. World Health Organization, structure, main areas of activity.
27. Medical examination of permanent disability. Criteria for disability groups. Types of medical and social expert commissions, their composition and organization of work.

28. The concept of medical and social work. The role of the social worker in the health care delivery system.
29. Types of medical examinations. Organization and indicators.
30. Tuberculosis as a medical and social problem. The system of therapeutic and preventive measures to combat tuberculosis in the Russian Federation.
31. Record-keeping, reporting and analysis of morbidity and temporary disability. Main indicators of MTD.
32. Reporting documentation in healthcare organizations. Annual Report of the City Hospital, Main Sections and Contents.
33. Prevention of diseases, purpose, objectives, types, characteristics of each species.
34. Malignant neoplasms as a medical and social problem. Morbidity and mortality of the population with malignant neoplasms. Organization of oncological care.
35. Cardiovascular diseases as a medical and social problem. Organization of cardiology service in the Russian Federation.
36. The rights of citizens to appeal against the actions of medical workers and to refuse to receive medical care.
37. The role of non-governmental organizations in the promotion of a healthy lifestyle in the Russian Federation.
38. Features of the organization of medical and sanitary care for the rural population. Rural District Hospital, Its Structure and Functions. Prospects for the development of rural health care.
39. Rules for the issuance of certificates of incapacity for work in case of injuries.
40. The role, place and importance of health education in health care. Basic Principles, Methods and Means of Health Education.
41. Types of temporary disability. Procedure for issuing certificates of incapacity for work during pregnancy and childbirth, abortion, care for sick children.
42. Health Care Planning and Financing. Sources of funding for public health care.
43. Information and educational programs to promote a healthy lifestyle for the population in the Russian Federation, goals, objectives, implementation mechanisms.
44. Organization of Primary Health Care (PHC). General practitioner/family doctor in the primary health care system.
45. Disability morbidity rates. Methods of their calculation and analysis.
46. Management, purpose, objectives, role in the health care system.

47. The concept of rational pharmaceutical management.
48. Infant mortality. Structure of causes, dynamics of the indicator in the Republic of Kazakhstan. The main tasks of public health in the fight to reduce infant mortality.

**Criteria for grading a student on a test  
in the discipline "Problems of organizing medical and preventive care  
for the population"**

Assessment of the test	Requirements for the formed competencies
"Passed"	A grade of "passed" is given to a student if he/she knows the material well, presents it competently and to the point, without making significant inaccuracies in answering the question, correctly applies theoretical provisions in solving practical issues and problems, has the necessary skills and techniques for their implementation
"Not passed"	A "failed" grade is given to a student who does not know a significant part of the program material, makes significant mistakes, answers the questions with great difficulty. As a rule, a "failed" grade is given to students who cannot continue their studies without additional classes in the relevant discipline.

**II. Assessment Tools for Ongoing Performance Appraisal**

**The control tests** are intended for students studying the course "Problems of organizing medical and preventive care for the population".

When working with tests, you are asked to choose one answer option out of three or four proposed. At the same time, the complexity of the tests is not the same. Among the proposed tests, there are tests that contain several options for correct answers. The student needs to provide all the correct answers.

The tests are designed for both individual and collective solutions. They can be used in the process of both classroom classes and independent work. The selection of tests necessary for the control of knowledge in the process of intermediate certification is made by each teacher individually.

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. An "excellent" grade is given if you answer more than 90% of the tests offered by the teacher. A "good" score is given if you answer correctly on more than 70% of the tests. The grade is "satisfactory" – with a correct answer to 50% of the proposed tests.

**Sample test tasks**

**1 Factors influencing the health of the population are;**

A – genetic

B – natural and climatic

B – standard of living and lifestyle of the population

D – level, quality and accessibility of medical care

D – all of the above

**2 The preferred way of health care development at the present stage is:**

A – state system

B – mixed system

B – Insurance Medicine

D – Private Practice

**3. Financing of medical organizations in the system of compulsory medical insurance shall be carried out through all the listed structures, except:**

A – Insurance Medical Organizations

B – branches of the territorial funds of compulsory medical insurance

B – health management bodies

**4. The program of state guarantees for the provision of free medical care to citizens shall contain:**

A – list of relevant types of medical care

B – Scope of Medical Care

B – Basic Compulsory Health Insurance Program

D – per capita standard of health care financing

D – all of the above

**5. Indicate the highest priority direction of structural transformations in healthcare:**

A – development of primary health care

B – development of a network of dispensaries

B – increasing the role of hospitals

D – increasing the role of sanatorium and spa care

**6. Medical ethics is**

A is a specific manifestation of general ethics in the doctor's activity

B is a science that deals with the issues of medical humanism, the problems of duty, honor, conscience and dignity of medical workers

B is a science that helps to develop a doctor's ability to morally orient himself in difficult situations that require high moral, business, and social qualities

D – All of the above is true

D – No Right Option

**7. Medical deontology is**

**A is an independent science of the duty of medical professionals**

B – applied, normative, practical part of medical ethics

B – Both are true

**8. What are the relationships between the norms and principles of medical ethics and deontology?**

A – doctor-patient relationship

B – Relationship between the doctor and the patient's relatives

B – relationships in the medical team

D – Relationship between health professionals and society

D – all of the above

**9. Is the informed consent of the patient (or trusted persons) a necessary precondition for medical intervention?**

A – yes

B – no

B – sometimes

**10. The first Russian medical scientist to receive the Nobel Prize:**

A – N. I. Pirogov

B – I . I. Mechnikov

V – I. P. Pavlov

**11. The concept of a legal entity shall include:**

A – whether the MU has property

B – the right of operative management of segregated property

B – availability of an independent balance sheet or estimate for the MU

D – of the Charter

D – all of the above

**12. A general practitioner (family doctor) is:**

A is a specialist with higher medical education who has entered into an agreement with a legal entity for the provision of medical care to the population

B is a specialist with a higher medical education, who has special training in providing medical and social assistance to the family

**13. The attending physician is:**

A is a doctor with a medical degree and a specialist certificate

B – a doctor working in a medical institution

B – a doctor who provides medical care to a patient during the period of observation and treatment in an outpatient or hospital institution

D – medical and social care provider

**14. In case of violation of his/her rights in the field of health care, the patient may apply to:**

A – Health Authority

B – Professional Medical Association

B – Department of Rospotrebnadzor

D – SMO or TFOMS

D – court

E – all of the above is true

**15. Do medical personnel have the right to carry out euthanasia?**

A – yes

B – no

B – in some cases, at the request of the patient or his/her legal representative

D – in some cases, at the request of relatives with the permission of the health authorities

**16. Minors have the right to voluntary informed consent or refusal of medical intervention with:**

A – 14 years old

B – 15 years

B – 16 years old

D – 18 years old

**17. Primary health care includes:**

A – prevention and treatment of the most common diseases in polyclinics and hospitals

B – prevention and treatment of diseases, injuries and poisoning in a polyclinic

B – treatment of the most common diseases, injuries, poisoning, and other emergency conditions.

D – All of the above is true

**18. For disclosure of medical confidentiality, medical workers and persons to whom information constituting medical secrecy has been transferred in accordance with the procedure established by law shall be charged:**

A – administrative, criminal, civil liability

B – administrative and criminal liability

B – disciplinary, administrative, or criminal liability

D – disciplinary and administrative liability

**19. An employment contract may be concluded for: (all but one is true)**

A – indefinite period

B – a fixed term of no more than 5 years (fixed-term contract)

B – if the term of validity of the AP is not specified, then the AP is considered to be concluded for an indefinite period

D is the period of probation for employment

**20. Temporary transfer of an employee to another job without his/her consent is possible:**

A – in case of production necessity

B – due to changes in the terms and conditions of the AP

B – in connection with violation of labor discipline

D – in case of imposition of a disciplinary sanction

**21. An employment contract shall enter into force on the date of:**

A – it must be signed by the employee and the employer  
B – actual admission of the employee to work with the knowledge or on behalf of the employer or his representative

B – its signing by the employee and the employer and execution of the order

D – actual performance of labor duties by the employee

**22. For committing a disciplinary offence, the employer has the right to apply the following disciplinary sanctions to the employee: (all but one is true)**

A – remark

B – reprimand

B – severe reprimand

D – Dismissal

**23. Health insurance is**

A – payment for medical services through an insurance company

B is a form of social protection of the interests of the population in the field of health care

B – payment for treatment and medicines at the expense of accumulated funds

D – medical care of the population at the expense of the insurance organization

**24. The means of compulsory health insurance in the region are formed at the expense of the following: (all but one is true)**

A – funds of the local administration

B – funds of state-owned enterprises and institutions

B – funds of private and commercial enterprises and institutions

D – Citizens' Funds

**25 .The legal basis for compulsory health insurance is the following documents: (all but one is true)**

A – Law of the Russian Federation "On Compulsory Medical Insurance in the Russian Federation"

B – Additions and Amendments to the Law "On Compulsory Medical Insurance in the Russian Federation"

B – Law "On Sanitary and Epidemiological Well-Being of the Population"

D – Fundamentals of Legislation on Public Health Protection

**26. The main task of insurance organizations in the implementation of the system**

**Compulsory health insurance is:**

A – payment for medical services of the Ministry of Defense, quality control of medical care

B – financing of other functions of the Ministry of Defense

B – financing of anti-epidemic measures in the territory

D – creation of insurance reserves in accordance with the established procedure

**27. The basis for the formation of a territorial program of state guarantees is as follows: (all but one is true)**

A – the basic program of compulsory medical insurance

B – the size and composition of the population of the territory

B – the list of medical institutions participating in the compulsory medical insurance

D – indicators of the volume of medical care to the population

D – the amount of financial resources

E – the volume of paid medical services

**28. The insurer of the non-working population in the compulsory medical insurance system is**

A – Local Administration

B – Social Protection Authority

B – medical insurance organization

D – medical institution

**29. Insurers for compulsory medical insurance can be: (all but one is true)**

A – territorial funds of compulsory medical insurance

B – Medical Insurance Organizations

B – branches of territorial funds of compulsory medical insurance

D – administration of enterprises and institutions

**30. Licensing of a medical institution is**

A – determination of the compliance of the quality of medical care  
Established Standards

B – issuance of a state permit to carry out certain types of activities

B – procedure for granting the status of a legal entity to a medical institution

**31. The following shall be subject to compulsory health insurance:**

A – children

B – Disabled

B – non-working population

D – the entire population

D – working population

**32. The object of health insurance is:**

A is a sick person

B – all healthy population

B – insurance risk associated with the costs of providing medical care in the event of an insured event

D – insured event



### **33. Define management as the science of management**

A – management – the ability to manage material resources in order to achieve an effective end result.

B – management – the art of managing intellectual, financial, raw materials, material resources for the purpose of the most efficient production activity.

B – management is the art of managing financial resources in order to achieve the most efficient production activities.

D – management is a form of organization of the team's work aimed at achieving the set goal.

### **34. Population registers do not provide a solution to this problem**

A – storage of the police card index to obtain data at the request of specialists

B – formation of state reporting

B – accounting and analysis of the material and technical base of health care

D – effective implementation of dispensary observation

D – assessment of long-term treatment outcomes

### **35. When studying the total morbidity, the unit of observation is taken as (choose the correct answer)**

A is the first visit to the clinic for this disease in the current year or detected by a doctor when calling him at home

B – each patient's request for a specific disease

B – each disease detected during a medical examination

D is a set of diseases identified during medical care and medical examinations

### **36. Can it be said that the difference between the two indicators of general disability is statistically significant if $T = 0.9$ ?**

A – yes

B – no

B – yes, but with a small number of observations

D – yes, but with a large number of observations

D – additional research is required

### **37. A disease that the patient has been suffering from for a number of years and annually consults a doctor at the polyclinic will be included in the statistics**

A – primary morbidity

B – general morbidity

B – pathological lesion

### **38. In the study of general morbidity (according to the data of outpatient clinics), the following methods are used:**

A – Outpatient Ticket

B – Register of Infectious Diseases in the Moscow Region and the Center for Hygiene and Epidemiology

B – personal card of the employee

D – Summary Record of Diseases by Month, Doctor, Department

**39. Specify a single regulatory document for statistical developments of hospitalized morbidity**

A – there is no such document

B – International Classification of Diseases, Injuries and Causes of Death

B – statistical card of a person discharged from the hospital, form No. 066/y

D - sheet of registration of the movement of patients and the bed fund of the hospital, f.No007/y

D – summary record of the movement of patients and beds by hospital, department or bed profile, form No. 016/y

**40. Information on hospitalization morbidity allows us to judge (all but one is true)**

A – timeliness of hospitalization

B – the nature and extent of hospital medical care provided

B – duration of treatment

D – prevalence of diseases

D – outcomes of treatment in hospitals

**41. Indicate what is the unit of observation in the study of primary disability**

A – the case of the person's disability for the first time in the current year

B – each visit of a disabled patient to a doctor in a polyclinic

B – each case of referral for illness

D – All of the above is true

**42. In what indicators should the results of the study be presented when studying the composition of hospitalized patients by hospital departments?**

A – extensive

B – Intensive

**43. Indicate the indicators in which the results of the study should be presented when studying the prevalence of hypertension in people of different ages**

A – intensive

B – extensive

B – Ratios

D - Visibility

**44. Which of the following indicators is not a component of infant mortality?**

- A – perinatal mortality
- B – early neonatal mortality
- B – late neonatal mortality
- D – neonatal mortality
- D – post-neonatal mortality.

**45. Indicate the age-related structural components of perinatal mortality (all except):**

- A – stillbirth;
- B – early neonatal mortality;
- B – neonatal mortality.

**46. What is late neonatal mortality?**

- A – infant mortality in the period 7 to 28 days
- B – infant mortality in the second week of life
- B – mortality of children over 1 month of age.

**47. What documents must health care institutions submit to the Civil Registry Office to register the death of a child?**

- 1 – Perinatal Death Certificate
- 2 – Death certificate
- 3 – Paramedic's certificate
- 4 – medical history
- 5 – Post-mortem (forensic) autopsy report
- A – all of the above is true
- B – 1, 2, 3
- B – true 2, 3, 4.

**48. What are the differences between mortality and mortality rates?**

- 1 – none
- 2 – mortality – in %, mortality – in ‰
- 3 – Mortality – Hospital Indicator
- 4 – mortality rate – territorial indicator
- A – true 2, 3, 4
- B – True 1
- B – True 2.

**49. What are the main indicators on which the average life expectancy depends:**

- A – from fertility rates
- B – mortality rates in each age group
- Q – Both answers are correct

D – from other indicators.

**50. Knowledge of demographic data is necessary for (all but one thing is true):**

A – Status of Health Care Development Plans

B – assessment of the health of the population and the effectiveness of health improvement measures

B – Calculations of Population Health Indicators

D – for licensing of medical organizations.

**51. Special (private) fertility rates include:**

1 – total fertility rate;

2 is an indicator of total fecundity;

3 – age-specific fertility rates;

4 – marital birth rate;

5 – reproduction coefficient – gross (net coefficient);

A – true 2, 3, 4, 5;

B – true 1, 2, 3;

B – true 1, 3, 4;

D – true 1, 2, 3, 4, 5;

**52. Indicate the attribute indicated by the letters that distinguish the polyclinics marked with numbers**

A – by profile

B – on a territorial basis

B – organization system

D – by form of ownership

1 – Combined

2 – Uncombined

3 – urban

4 – Rural

5 – Resort

6 – serving adults and children

7 – serving the adult population

**53. The main ways of developing outpatient care for the adult population in the new economic conditions are all but one**

A – strengthening and development of forms and methods of restorative treatment and rehabilitation

B – providing the opportunity to choose a district or family doctor

B – development of general medical practices

D – creation of consultative and rehabilitation centers on the basis of polyclinics

D – development of modern technologies and new organizational forms of outpatient care

E – increasing the number of district doctors and disaggregating the districts

**54. Indicators of the effectiveness and quality of medical examination can be as follows**

A is an indicator of the frequency of exacerbation, systematic follow-up

B is an indicator of the frequency of treatment and preventive measures

B – transition of patients on DN from one observation group to another

D is the average number of days of hospitalization

**55. The length of the working day is established by labour legislation and is the following for doctors:**

A – 5 hours

B – 6.5 hours

B – 7 hours

D – 7.5 hours

**56. The doctor on duty performs functions other than one**

A – accepts and provides assistance to admitted patients

B – supervises seriously ill patients

B – consults patients in the emergency department

D – issues death certificates of the patient

**57. Ways to Improve the Quality of Inpatient Care (All but One)**

A – quality control of inpatient care

B – compliance with the stages of the treatment and diagnostic process

B – the reasonableness of the patient's referral to the hospital

D – referral of the patient to the specialized department of the hospital

D – total hospitalization of patients

**58. What indicators characterizing the activity of the hospital are referred to as volume indicators?**

1 – provision of the population with beds

2 – hospitalization rate

3 – average annual bed occupancy

4 is the average length of stay of the patient in the bed

5 – bed rotation

6 – coincidence of clinical and pathological diagnoses

7 – postoperative complications

8 – in-hospital mortality

9 – Staffing of doctors

A – all of the above is true

B – 6,7,8

B – 1,2,3,4,5,9

G – 3,4,5,7,8

**59. In case of decrease in the average duration of the patient's stay on the bed, the occupancy of the therapeutic bed**

A – will increase

B – will decrease

B – will not change, since this indicator and the average length of stay of the patient in the bed are not related to each other

D – depending on the profile of the patients, the bed occupancy can remain unchanged or change in both directions

**60. The average length of stay in a bed is affected by (all but one is true)**

A – severity of the course of the disease

B – late diagnosis of the disease

B – unpreparedness of patients in the clinic for planned hospitalization

D – method of hospitalization of patients

**61. Economic damage to health care depends on:**

A – bed turnover

B – insufficient bed occupancy

B – average bed-day

D – lethality

**62. The capital-to-labor ratio of personnel is**

A is the ratio of the value of the active part of fixed assets for the year to the average annual number of employees

B is the ratio of the cost of fixed assets to the average annual number of employees

B – both

D – neither.

**63. The fixed asset renewal rate is**

A is the ratio of the value of fixed assets commissioned for the year to the value of fixed assets at the end of the year

B is the ratio of the value of fixed assets commissioned for the year to the value of fixed assets at the beginning of the year

B – both

D – neither.

**64. In what units of measurement is the indicator of the volume of activity of the NSR expressed?**

- A – in the number of calls per 1 doctor
- B – in the number of calls per 1 person per year
- B – in the number of calls per 1 vehicle

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

- A – 10 hours from the moment of illness
- B – the first day from the moment of illness
- B – 6 hours from the moment of illness
- D – 2 hours from the moment of illness

**66. A rural medical district unites: (all but one is true)**

- A – district hospital (medical outpatient clinic)
- B – feldsher-obstetric stations
- B – kolkhoz maternity hospitals
- D – Kindergartens
- D – paramedic health posts at enterprises
- E – dispensaries
- Ж – a sanatorium located on the territory of a rural settlement

**67. The functions of a medical and obstetric station include: (all but one is true)**

- A – provision of pre-hospital medical care to the population
- B – assessment of the quality of medical examination of the population
- B – implementation of measures to reduce morbidity and mortality of the population
- D – improving the sanitary and hygienic culture of the population

**68. The tasks of the regional hospital include: (all but one is true)**

- A – provision of the population of the region in full highly specialized, qualified, consultative, outpatient and inpatient care
- B – provision of organizational and methodological assistance to medical Institutions of the region
- B – provision of emergency and planned medical care
- D – organization of sanitary and anti-epidemic measures in the region

**69. The subjects of in-house quality control are (everything is correct, except )**

- A – Head of Department
- B – Deputy Chief Physician for Clinical and Expert Work
- B – Chief Specialist of the District
- D is an expert of an insurance medical organization

**70. Outcome Models (RCMs) include all indicators except**

- A – Performance Indicators
- B – Performance Indicators

B – defect rates

**71. The system of departmental control over the quality of medical care includes the following elements (all but one is true)**

A – assessment of human and material and technical resources and examination of the process of providing medical care to specific patients and study of their satisfaction

B – calculation and analysis of indicators characterizing the quality and effectiveness of medical care, identification and justification of defects, medical errors, preparation of recommendations for their elimination

B – selection of the most rational management decisions and control over their implementation

D – protection of the patient's rights to receive medical care of the required volume and quality

**72. On what day of the patient's stay in the hospital should he/she be issued a certificate of incapacity for work and by whom?**

A – on any day of stay in the hospital, signed by the attending physician and the head of the department

B – on any day of stay in the hospital, signed by the attending physician, the head of the department and the chief physician

B – when a patient is discharged from the hospital or at his/her request to be presented at the place of work to receive benefits, it is signed by the attending physician and the head of the department.

**73. Specify the terms of referral of patients (except tuberculosis) for medical and social examination:**

A – no later than 4 months in case of obvious unfavorable clinical and occupational prognosis

B – no later than 10 months in case of a favorable occupational and clinical prognosis

B – regardless of the period of time, working disabled persons in case of deterioration of clinical and labor prognosis

D – All of the above is true

D – There is no correct answer.

**74. What is the maximum period for which the VC can extend a certificate of incapacity for work?**

A – up to 2 months

B – up to 3 months

B – up to 6 months

D – up to 10 months

D – up to 4 months.



**75. At what stage of pregnancy is a certificate of incapacity for work issued?**

- A – from the 26th week of pregnancy
- B – from the 30th week of pregnancy
- B – from the 32nd week of pregnancy
- D – from the 29th week of pregnancy

**76. Who pays for mandatory and periodic examinations of persons working in occupational hazards?**

- A – medical insurance organizations
- B – Local Administration
- B – Health Care Management Body
- D – employers of these institutions

**77. Establish a match:**

**Optimal distribution of the bed capacity depending on the intensity of the treatment and diagnostic process (LDP)**

LDP Intensity Proportion of beds

- A – intensive 1. 15%
- b – rehabilitative treatment
- c – long-term treatment of patients 2. 20%
- Chronic diseases
- d – medical and social assistance 3. 45%

A – true a – 2, b – 3, c – 2, d – 1

B – true a – 3, b – 2, c – 1, d – 2

**78. Define the following representatives:**

- A – License Applicant
- B – Licensee
- B – Licensing Authority

1 – a legal entity or an individual entrepreneur who has applied to the licensed authority for a license to carry out a specific type of activity

2 – Federal executive authorities, executive bodies of the constituent entities of the Russian Federation that carry out licensing in accordance with the Federal Law

3 – a legal entity or an individual entrepreneur who has a license to carry out a specific type of activity

**79. Define the following categories**

- A – Warning
- B – Suspension of License
- B – revocation of license
- D – revocation of license

1 – deprivation of the licensee's right to engage in activities subject to licensing until a new license is obtained

2 – temporary deprivation of the licensee's right to carry out the licensed type of activity

3 – Recognition of the license as invalid from the moment of its issuance

4 – official written order of the licensing authorities to eliminate the violations committed

**80. Describe the leadership style if the manager usually makes decisions alone; the activities of subordinates are strictly regulated; the initiative of subordinates is not approved:**

A – liberal

B – Authoritarian

B – democratic

**81. Indicate which indicators indicated by letters characterize the areas of analysis of fixed assets indicated by numbers:**

A – return on capital for the medical institution (in physical or value terms);

B – capital-labor ratio of personnel;

B is the refresh rate.

1 – analysis of the structure of movements and the state of fixed assets;

2 – analysis of the provision of fixed assets;

3 – analysis of the efficiency of the use of fixed assets.

**82. Specify the sequence of calculations in the step-by-step method of determining costs.**

1 – Define the Base Cost Unit

2 – Calculation of costs by hospital units

3 – redistribution of the costs of the auxiliary units of the institution to the main divisions

4 – Determining the cost of the service

A – 2, 1, 3, 4

B – 1, 3, 2, 4

B – 1, 2, 3, 4

**83. Specify the sequence of actions for the implementation of paid medical services in a healthcare institution.**

1 – Determination of types of paid services

2 – study of the material and technical base of the institution

3 – Determination of the factors that make it possible to introduce paid services in health care facilities

4 – calculation of the cost of medical services

5 – informing the population about the list, cost and types of paid services

A – 1, 2, 3, 4, 5

B – 2, 3, 1, 4, 5

B – 5,1,3,2,4

**84. Classify: which methods of outpatient care indicated by numbers belong to retrospective (A) and prospective (B)**

1 – payment for the actual number of detailed services

2 – payment for the actual number of visits

3 – Payment for the actual number of end cases of outpatient care

4 – payment on the basis of the per capita standard for each treated person  
(partial fund holding, full fund holding)

**85. Classify which inpatient payment methods indicated by numbers are retrospective (A) and prospective (B)**

1 – for the actual number of bed-days

2 – for the actual number of completed treatment cases

3 – for the planned and agreed volumes and structure of inpatient care

**86. What are the priorities that should be addressed by the chosen methods of payment for health care?**

1 – Ensuring resource conservation

2 – attraction of patient flows (consumers of services)

3 – Cost predictability

4 – increasing the duration of the cost of treatment

5 – all of the above

A – 1, 2, 3

B – 1, 2, 4

B – 5

D – 1, 3

**87. For each of the scenarios (indicated by numbers), select the appropriate type of marketing research of the situation (indicated by a letter):**

1 – when a new drug is placed on the pharmaceutical market

2 – when introducing a new effective, but expensive diagnostic method

3 – if it is necessary to study the impact of pricing policy on the consumption of medical services

Types of Market Research:

A – descriptive

B – Search

B – Experimental

**88. You enter the market with operations in the field of cosmetic surgery. How do you plan to achieve commercial success?**

A – you just need to set prices lower than those of competitors and there will be no end to customers

B – you need to buy as much (and, therefore, cheaper) advertising time in the media as possible and attract customers 24 hours a day

The main thing is to start working as soon as possible, and then everything will work out

D – to conduct a survey among those who have already resorted to the services of cosmetology surgery and, depending on the degree of prosperity of most of them, either to focus on reducing the cost of the process or on increasing comfort

D – to conduct a survey of the population through the media on the topic "What from the arsenal of cosmetic surgery attracts me? Why haven't I used cosmetology surgery yet?"

E – I will try, based on financial capabilities, to combine D and M

**89. Indicate the indicators in which the results of the study should be presented when examining the prevalence of hypertension in persons of different ages**

A – intensive

B – extensive

B – Ratios

D – Visibility

**90. Indicate the correct sequence of the methodology for analyzing the activities of the polyclinic in the context of budgetary and insurance medicine**

1. – Quality of medical diagnostics and treatment of patients

2. – carrying out preventive work and its results

3. – organization of the work of the polyclinic

4. – general information about the polyclinic

5. – continuity of the work of the polyclinic and the hospital

A – 1, 2, 3, 4, 5

B – 4, 3, 2, 1, 5.

**91. Which of the following indicators characterizing the activity of the hospital are referred to as volume indicators?**

1. – provision of the population with beds

2. – Hospitalization rate

3. – average annual bed occupancy

4. – the average length of stay of the patient in the bed

5. – Bed turnover

6. – coincidence of clinical and pathological diagnoses

7. – postoperative complications

8. – In-hospital mortality

9. – Staffing of doctors

A- All of the above is true

B – 6, 7, 8

B – 1, 2, 3, 4, 5, 9.

**92. Indicate the correct sequence of the methodology for analyzing the activities of the hospital in the context of budgetary and insurance medicine**

1. – general information about the hospital

2. – continuity of the work of the hospital and the polyclinic

3. – organization of the work of the hospital

4. – Quality of medical diagnostics

5. – Quality of treatment of patients

A – 1, 2, 3, 4, 5

B – 1, 3, 4, 5, 2.

**93. Specify the Correct Sequence of the Market Research Scheme**

1. – Selection of sources of information

2. – Collection of information

3. – Identification of problems and formulation of research goals

4. – Presentation of the results obtained

5. – Analysis of the collected information

A – 3,1,2,5,4

B – 1,2,3,4,5.

**94. Indicate the sequence of the methodology for calculating standardized indicators by the direct method**

1. – Choice of standard

2. – Calculation of "expected numbers"

3. – Calculation of group-by-group intensive indicators

4. – Distribution in standard

5 – Obtaining an Overall Intensive Standardized Measure

A – 3,1,4,2,5

B – 1,2,3,4,5

**95. Select the main signs by which it is possible to analyze the incidence by referral on the basis of the outpatient voucher**

1 – age and sex characteristics

2 – contingent (employed, non-working)

3 – detection of diseases when seeking medical care and during preventive examinations

4 – Characteristics of Completed Outpatient Care Cases

5 – incidence of VUT among those who seek medical care

6 – all of the above

- A – if 1, 2, 3 are true
- B – if 2, 3, 4 are true
- B – if 1, 2, 4 are true
- D – if 2, 4, 5 are true
- D – if 6 is true

**96. Indicate which structural unit of the polyclinic, indicated by letters, includes the rooms marked with numbers**

- A – Prevention Departments
- B – Treatment and Prevention Unit
- B – Auxiliary Diagnostic Unit
- D – Department of Rehabilitation Treatment
- 1 – Endoscopic
- 2 – cardiology
- 3 – acupuncture
- 4 – anamnestic
- 5 – mechanotherapy
- 6 – pre-hospital reception room

**97. Establish the correspondence of the types of disability indicated by the letters A and B to the conditions indicated by the numbers**

- A – temporary;
- B – persistent;
- 1. – a condition in which the patient is forced to stop working;
- 2. – a condition in which the impaired functions of the organism that impede work are temporary, reversible;
- 3. – a condition in which the impaired functions of the body, despite the complexity of treatment, have become persistent, irreversible or partially reversible.

**98. A student of the medical institute during his internship went to the doctor for acute bronchitis. What document should be issued by a doctor?**

- A – certificate of the established form
- B – certificate of incapacity for work
- B – no document.

**99. The mother shall be on partially paid leave until 19.12, and on 15.12 she shall take the child to the paediatrician. Diagnosis of acute respiratory viral infections. What kind of care document will be issued to the mother?**

- A – sick leave from 15.12 until the child recovers
- B – no document
- B – sick leave certificate from 20.12.

**100. The patient was issued a certificate of incapacity for work from 18.12 to 27.12 with an appointment on 27.12. The patient appeared only on 5.13 (he was out of town on his own initiative). On examination, the progression of the process was established. How should a sick leave certificate be issued?**

A – extended from 28.12 with the indication "violation of the regime"

B – extended from 5.13

B – new one opened from 5.13

D – extended from 5.13 with the indication "violation of the regime" from 27.12.

## Sample answers to test tasks

1-D	51-A
2-B	52-A-5.6.7, B-3.4, B-1.2
3-B	53RD
4-D	54-A
5-A	55-B
6-G	56-G
7-B	57-D
8-D	58-B
9-A	59-A
10-B	60-G
11-D	61-B
12-B	62-B
13-B	63-A
14TH	64-B
15-B	65-B
16-B	66-ZH
17-B	67-B
18-B	68-G
19-G	69-G
20-A	70-B
21-A	71-G
22-B	72-B
23-B	73-G
24-G	74-G
25-B	75-B
26-A	76-G
27TH	77-A
28-A	78-A-1.B-3.B-2
29-G	79-A-4.B-2.B-1.G-3
30-B	80-B
31-G	81-A-3.B-2.B-1
32-D	82-A
33-B	83-B
34-B	84-A-1.2.3, B-3
35-A	85-A-1.2,B-3
36-B	86-G
37-B	87-A-3,B-1,B-2
38-A	88-B
39-B	89-A
40-G	90-B
41-A	91-B
42-A	92-B



43-A  
44-A  
45-B  
46-B  
47-B  
48-A  
49-B  
50-G

93-A  
94-A  
95-D  
96-A-4.6,B-2,B-1,G-3.5  
97-A-2, B-3  
98-A  
99-B  
100-G

### **Test Evaluation Criteria**

Assessment is carried out in an e-learning session on a hundred-point scale.

The test includes 100 tasks, the maximum test score is 100.

Within the framework of the current level of knowledge assimilation in the discipline, a test result of at least 61 points is allowed.