



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) "Assessment of the quality of medical care"

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-2 Ability to prepare presentation materials, information and analytical materials, certificates on the activities of a medical organization or its divisions, conduct organizational and methodological activities in a medical organization	PC-2.1 Knows how to organize, manage, and plan medical activities PC-2.2 Is 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 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

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 reporting documentation, assessment of the activities of a health care institution	Knows the reporting documentation of the medical organization 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-4.1 Knows the methodology for a comprehensive assessment of the results of a medical organization's activities	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 results of the activities 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 Is able to develop and select the optimal areas of activity 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 of the medical organization's activities
PP-4.3 Possesses skills of a systematic approach in the development of development plans	Knows a systematic approach to the development of plans for the development of a medical organization Knows how to develop Possesses the skills of a systematic approach to the development of development plans

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	General Patterns That Determine the Directions of the Strategy for the Development of the Quality Assurance System of Medical Care	PC-3.1; PP-3.2; PP-3.3; PP-4.1; PP-4.2; PC-4.3	Knows	Methods of organization and implementation of practical and applied projects on the study of social, economic, epidemiological and other conditions affecting the quality of life of the population	UO-1 interview, Abstract PR-4	Credit Questions 1-3
			Can	Plan, organize and implement public health activities.		
			Owens	Methods of planning, organization for the provision of medicines to the population		
2	Prerequisites for the introduction of a system of expert assessment of the quality of	PC-3.1; PP-3.2; PP-3.3; PP-4.1; PP-4.2; PC-4.3	Knows	New management systems of medical organizations	UO-1 interview, Abstract PR-4	Credit Questions 4-6
			Can	Organize the work of medical organizations in		

	medical care. Definition of "quality of care"			conditions of severe resource constraints	problems PR-11	
			Owens	The technological and personal aspect of the quality of medical care.	Small Group Work, UO-3	
3	Some Aspects of Medical Care Quality Expertise. Ways to ensure the quality of medical care. Levels of Expertise in the Quality of Medical Care	PC-3.1; PP-3.2; PP-3.3; PP-4.1; PP-4.2; PC-4.3	Knows	Knowledge of the groups of factors that determine the functioning of the system of expertise and quality management of medical care	UO-1 interview, Abstract PR-4	Credit Questions 7-10
			Can	Use new forms of organization and management, methods of quality control	Tests PR-1, essays PR-3, case problems PR-11	
			Owens	Five main levels of expertise in the quality of medical care and the effectiveness of medical care	Small Group Work, UO-3	
4	Internal system of examination of the quality of medical care. Algorithm for Examination of the Quality of Medical Care	PC-3.1; PP-3.2; PP-3.3; PP-4.1; PP-4.2; PC-4.3	Knows	Procedure for Internal Examination of the Quality of Medical Care	UO-1 interview, Abstract PR-4	Credit Questions 11-13
			Can	To be used in the examination of the quality of medical care according to three levels of control	Tests PR-1, essays PR-3, case problems PR-11	
			Owens	Algorithm for the examination of the quality of medical care	Small Group Work, UO-3	
5	Medical malpractice	PC-3.1; PP-3.2; PP-3.3; PP-4.1; PP-4.2; PC-4.3	Knows	Causes and Consequences of Medical Errors	UO-1 interview, Abstract PR-4	Credit Questions 14-16
			Can	Analyzes errors in the diagnostic process	Tests PR-1, essays PR-3, case problems PR-11	
			Owens	Methods of analysis of errors in the treatment process and the relationship between the doctor and the patient	Small Group Work, UO-3	

6	Basic Methods for Assessing the Quality and Effectiveness of Medical Care for the Population	PC-3.1; PP-3.2; PP-3.3; PP-4.1; PP-4.2; PC-4.3	Knows	Systems for assessing the quality and effectiveness of medical care	UO-1 interview, Abstract PR-4	Credit Questions 17-20
			Can	Organize expert work on the examination of the quality of medical care	Tests PR-1, essays PR-3, case problems PR-11	
			Owens	Algorithm Examination of the Quality of Medical Care	Small Group Work, UO-3	
7	Organizational Issues of Medical Care Quality Expertise	PC-3.1; PP-3.2; PP-3.3; PP-4.1; PP-4.2; PC-4.3	Knows	Specifics of expert activity in the field of healthcare	UO-1 interview, Abstract PR-4	Credit Questions 21-24
			Can	Use the legal status of an expert doctor	Tests PR-1, essays PR-3, case problems PR-11	
			Owens	Methods of the algorithm of expert work, meta-expertise	Small Group Work, UO-3	
8	Legal support of medical expertise	PC-3.1; PP-3.2; PP-3.3; PP-4.1; PP-4.2; PC-4.3	Knows	The Concept of Examination of Harm to Health	UO-1 interview, Abstract PR-4	Credit Questions 25-28
			Can	Carry out expert examination on medical documents	Tests PR-1, essays PR-3, case problems PR-11	
			Owens	Legal methods of protection of medical workers	Small Group Work, UO-3	
9	Implementation of state control over the quality of medical care	PC-3.1; PP-3.2; PP-3.3; PP-4.1; PP-4.2; PC-4.3	Knows	Functions of Competent Authorities, Subject of Inspections	UO-1 interview, Abstract PR-4	Credit Questions 29-31
			Can	Implement regulations for measures to control the quality of medical care	Tests PR-1, essays PR-3, case problems PR-11	
			Owens	Methods for Identifying the Responsibility of Medical Workers,	Small Group	

				Officials of Medical Organizations to Ensure the Quality of Medical Care	Work, UO-3	
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Scale for assessing the level of competence formation

Code and Competency Statement	Stages of competence formation		criteria	Indicators	Points
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-4 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 justification for the volume of medical care in accordance with the resources of the medical organization and the needs of the population	Knows (Threshold)	Fundamentals of planning and organization of 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 public health in accordance with the resources of the medical organization and the needs of the population	Ability to explain and apply in practice 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	61-70
	Can (Advanced)	properly draw up official medical documents, maintain primary medical documentation, carry out measures to ensure health protection, analyze and evaluate the performance of a medical organization	analyze and evaluate the performance indicators 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 the 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 evaluate the performance of a medical organization. implementation of a quality management system in a medical organization in accordance with the resources of the medical organization and the needs of the population	71-84
	Proficient (High)	methods of planning and organizing measures to ensure the health of the population, developing and implementing a quality management system in a medical organization,	Mastery of methods for planning and organizing measures to ensure public health, analysis and evaluation of performance indicators of a	ability analysis and evaluation of the performance indicators of a medical organization, management of the resources of a medical	85-100

		preparing a justification for the volume of medical care in accordance with the resources of the medical organization and the needs of the population	medical organization, management of resources of a medical organization , development and implementation of a quality management system in a medical organization	organization, development and implementation of a quality management system in a medical organization, preparation of justification for the volume of medical care in accordance with the resources of the medical organization and the needs of the population	
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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.

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

I. Assessment Tools for Intermediate Attestation

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

Questions for the test

1. Quality of medical care: definition and main characteristics (effectiveness, efficiency, legality, adequacy, satisfaction, etc.).
2. Methods of 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 care management body - expert assessments, standards (resource, organizational, technological), A. Donabedian's method (structural, procedural and effective approaches), statistical (on the basis of state statistical reporting), clinical and economic, self-assessment, sociological, qualimetric, etc.

3. Basic Methods for Assessing the Quality and Effectiveness of Medical Care for the Population
4. Examination of the quality of medical care. Organization of Expert Work, Issues of Expertise Technology
5. Indicators of the quality and effectiveness of medical care. Quality indicators.
6. Monitoring and management of the quality of medical care
7. In-house system of examination of the quality of medical care
8. Quality control of medical care: internal and non-departmental, its levels and participants, the main legislative documents on its organization and implementation.
9. Algorithm for Examination of the Quality of Medical Care.
10. The Role of the Medical Commission of the Ministry of Defense in Improving Quality.
11. Organization of external (non-departmental) control of the quality of medical care: licensing, accreditation, certification of medical activities.
12. Independent Assessment of the quality of medical care
13. Organization of independent control of the quality of medical care.
14. Examination of the spread of nosocomial infections.
15. Examination of laboratory diagnostics.
16. A system of non-departmental examination of the quality of medical care.
17. Expert Report, Expert Opinion, Expert Conclusions, Expert Recommendations
18. Diagnostic Process Errors
19. Treatment Process Errors
20. Doctor-Patient Relationship Errors
21. Problems of examination of the quality of medical care and ways to solve them.
22. In which document were the principles and procedure for monitoring the quality of medical care formulated?
23. What are the types of quality control of medical care?
24. What does the system of departmental control over the quality of medical care include?
25. What does the examination of the quality of medical care for a particular patient provide?
26. In what areas is non-departmental quality control carried out?
27. What is assessed during the preventive inspection?
28. What is meant by medical efficacy?

29. How is the planned quality control of medical care carried out by the insurance medical organization?

30. What can the CMO do in terms of organizing control over the volume and quality of medical care?

31. How are the results of medical and economic control and medical and economic expertise documented?

**Criteria for assigning a grade to a student at the test in the discipline
"Assessment of the quality of medical care"**

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

Criteria for evaluating the abstract

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

- 85-76 points - the work is characterized by semantic integrity, coherence and consistency of presentation; No more than 1 mistake was made in explaining the meaning or content of the problem. For argumentation, the data of domestic and foreign authors are given. Research skills and abilities have been demonstrated. There are no factual 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 involved. No more than 2 errors were made in the meaning or content of the problem.

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

The control tests are intended for students studying the course "Assessment of the quality of medical care".

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.

Sample Test Questions

1. The main ways of development of outpatient care for the adult population in the new economic conditions are all but

- (a) Strengthening and developing forms and methods of rehabilitative treatment and rehabilitation
- b) ensuring the possibility of choosing a district or family doctor
- c) development of general medical practices
- d) creation of consultative and rehabilitation centers on the basis of polyclinics
- e) development of modern technologies and new organizational forms of outpatient care
- (e) Increasing the number of district doctors and disaggregating the precincts

2. The mode and forms of work of the polyclinic, the workload of the staff shall be determined by the

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

3. The main ways to improve primary health care are

- 1) Introduction of a general practitioner and a family doctor
- 2) Advanced training of medical personnel
- 3) Improvement of information support
- 4) improving the continuity between the polyclinic and the hospital, the ambulance station
- 5) Improving the efficiency of preventive work

6) introduction of a mandatory fee for services in the polyclinic from the patient's personal funds

7) Introduction of sanitary and hygienic monitoring

(a) All of the above is true

b) true 6), 7)

c) true 1), 2), 3), 4), 5)

4. Not included in the practical activities of outpatient clinics

(a) Treatment and diagnostic work

b) examination of permanent disability

c) preventive work, medical examination

d) organizational and methodical 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 diagnosable diseases

c) with acute infectious diseases

6. Which statistical indicator most accurately characterizes the incidence of morbidity with temporary disability?

(a) Number of MTD cases per 100 workers

b) the number of calendar days of MTT per 100 employees

c) the average duration of one case of MTD

d) percentage of incapacity for work

e) Workers' Health Index

7. The 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 adolescents

8. The main activities of a medical specialist are all but

(a) Treatment and diagnostic work in polyclinics and at home

b) consultative work in the clinic and at home

c) carrying out preventive measures in their profile

d) control over the activities of the district therapist

9. The main directions of improvement of inpatient care are as follows

(a) Shifting the focus to increasing the volume of outpatient care

b) development of inpatient replacement technologies

c) stages in the provision of medical care

d) differentiation of hospital institutions 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 Admission 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 refusal of hospitalization

e) issuance of documents certifying temporary incapacity for work

11. Not carried out in the Intensive Care Unit

(a) Providing assistance to the most seriously ill patients

b) intensive follow-up of postoperative patients

c) provision of medical care to outpatients

d) intensive monitoring of the patient with myocardial infarction in the acute stage

12. The main sections of medical and preventive care for the population are as follows:

(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 for

(a) Preparation of the patient for hospitalization

b) analysis of the coincidence of diagnoses of the polyclinic and the hospital

c) analysis of the validity of the referral to hospitalization

d) centralization of planned hospitalization

14. Continuity in the work of the hospital and the ambulance is in everything except

a) continuation in the hospital of the treatment started at the pre-hospital stage

b) analysis of the coincidence of the diagnoses of the hospital and the ambulance

c) hospitalization on a vacant bed

d) 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 treatment and diagnostic process

c) the validity of the patient's referral 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 care to the population are influenced by

- (a) Remoteness of medical facilities from the patient's place of residence
- b) staffing with qualified personnel
- c) equipping medical institutions with equipment
- d) the possibility of receiving specialized medical care
- e) the possibility of implementing the standards of medical and social security

17. Socio-hygienic factors influencing the level of health care for rural residents are understood to mean everything except

- (a) The working conditions of rural residents
- b) the 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 have an impact on its organization, in addition to

- (a) Dispersion of human settlements
- b) the small population in them
- c) peculiarities of agricultural production
- d) religious affiliation of the population

19. The task of a regional hospital shall not be:

- a) providing the population of the region with fully specialized, qualified, consultative, outpatient and inpatient care
- b) providing organizational and methodological assistance to medical institutions of the region
- c) provision of emergency and planned medical care
- d) organization of sanitary and epidemiological measures in the field of

20. The functions of chief specialists in health management bodies include the following, except:

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

21. Goals and Objectives of the State Service for the Protection of Motherhood and Childhood

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

motherhood

- 2) drafting and enforcing legislation on marriage and the family
 - 3) Protection of women's work and the work of adolescents
 - 4) State material and social assistance to families with children
 - 5) High-quality, guaranteed and affordable medical and social care
 - 6) Further increase in bed capacity
- (a) All of the above is true
b) true 1), 3), 5)
c) true 1), 2), 3), 4), 5)

22. The stages in the provision of medical care in the system of maternal and child health care are as follows

- 1) Care for women outside of pregnancy
 - 2) A set of measures for antenatal protection of the fetus
 - 3) Intrapartum Fetal Care and Rational Management of Childbirth
 - 4) Newborn health care
 - 5) health care for children of preschool and school age
- a) true 2), 3), 4), 5)
b) all of the above is true
c) true 1), 4), 5)

23. What developments in society does the infant mortality rate reflect?

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

24. In what strange way is the lowest infant mortality rate?

- (a) United States of America
- b) Japan
- c) Kuwait

25. In terms of infant mortality rates, Russia is (in terms of the level of increase)

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

26. What documents regulate contraindications to preventive vaccinations?

- (a) The Law on the Sanitary and Epidemiological Welfare of the Population
- b) By 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, in addition to

- a) the local territorial center for sanitary and epidemiological surveillance
- b) L.A. Tarasevich State Institute of Applied Sports
- c) a territorial health care management body or the administration of a subject of the Federation

28. The accuracy of vaccination can be verified and ensured in the following ways, with the exception of

- (a) Viewing vaccination cards
- b) introduction of a special vaccination certificate in the hands of parents
- c) interviewing the child's parents
- d) conducting serological tests

29. What vaccinations can be given to pregnant women?

- (a) No
- b) against measles
- c) against rubella
- d) ADS

30. Indicators of efficiency and quality of medical examination may be as follows

- (a) Rate of exacerbation, systematic follow-up
- b) Indicator of the frequency of treatment and preventive measures
- c) transition of patients on DN from one observation group to another
- d) Average Days of Hospitalization

31. Surgical activity is

(a) Ratio of the number of patients operated on for emergency indications to the number of all operated on

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

c) Ratio of the number of surgical interventions to the number of hospitalized patients

d) Ratio of the number of surgical interventions

Number of Registered Surgical Patients

32. Postoperative mortality is

(a) Ratio of the number of deaths after surgery to the number of hospitalized patients

b) Ratio of the number of patients who died to the number of patients who left

c) Ratio of the number of deaths after surgery to all operated patients

d) Ratio of the number of deaths after surgery

33. When should patients with bleeding or shock be hospitalized?

(a) 6 hours from the time of injury

(b) 3 hours from the moment of injury

(c) 10 hours from the time of injury

(d) 1 hour from the time of injury

34. When should patients with acute pathology be hospitalized?

(a) 10 hours from the moment of illness

(b) The first day after the onset of illness

(c) 6 hours from the moment of illness

(d) 2 hours from the moment of illness

35. An expert doctor is:

(a) Any doctor;

(b) A doctor with more than 10 years of experience;

(c) A doctor who is engaged in medical and preventive activities and has the legal right to have the theoretical and practical skills of another doctor tested and to be specially trained to assess the quality of medical care;

(d) A physician with the highest qualification category or academic degree

36. The indicator of the quality of medical diagnostics in a hospital shall be determined by:

(a) Case fatality rate

(b) The rate of convergence (or divergence) of diagnoses

(c) The average length of the patient's hospital stay

(d) There is no correct answer

37. As indicators of defects in the performance of outpatient doctors,

The following indicators can serve as outpatient care:

(a) Number of substantiated complaints

(b) An increase in newly diagnosed diseases

(c) An increase in the incidence of morbidity with temporary disability

(d) Child injuries

38. The effectiveness of medical care is:

(a) Improving the functioning of the patient's body after treatment;

(b) The extent to which specific results have been achieved in the provision of curative, diagnostic or preventive care, with a corresponding expenditure of financial, material and human resources;

(c) The degree of savings in financial, material and human resources in the provision of medical care

39. Who belongs to the first stage of the examination of the quality of medical care in the Ministry of Defense:

- (a) Attending physician
- (b) Head of Department
- (c) Deputy Chief Medical Officer for Medical Work
- (d) Deputy Chief Physician for Temporary Disability Examination

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

- (a) Attending physician
- (b) Head of Department
- (c) Deputy Chief Medical Officer for Medical Work
- (d) Deputy Chief Physician for VC

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

- (a) Preventive control
- (b) Monitoring of results
- (c) Targeted control
- (d) Departmental control

Test Evaluation Criteria

The results of the test tasks are evaluated by the teacher on a five-point scale for attestation or according to the "pass" - "fail" system. 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.