



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) "Standardization and management of health 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	Standardization and management of health care	PC-3.1; PP-3.2; PP-3.3; PP-4.1; PP-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.	UO-1 interview, Abstract PR-4	Credit Questions 1-4
			Can	plan, organize and implement measures to ensure the protection of public health	PR-1 tests, Essay PR-3, PR-11	
			Owens	methods of planning, organization for the provision of medicines to the population.	Small Group Work, UO-3	
2	Quality of Care Management Models	PC-3.1; PP-3.2; PP-3.3; PP-4.1;	Knows	The main principles of quality assurance are: systematic approach, focus on the needs of consumers, teamwork.	UO-1 interview, Abstract PR-4	Credit Questions 5-9

		PP-4.2; PC-4.3	Can	Realistically use classic steps in quality improvement	PR-1 tests, Essay PR-3, PR-11	
			Owns	Methods to increase the efficiency of the decision-making process in the team to improve quality	Small Group Work, UO-3	
3	Quality Management in Healthcare	PC-3.1; PP-3.2; PP-3.3; PP-4.1; PP-4.2; PC-4.3	Knows	Methods for assessing the quality of medical care	UO-1 interview, Abstract PR-4	Credit Questions 10-14
			Can	Identify the main objects of standardization and groups of standards	PR-1 tests, Essay PR-3, PR-11	
			Owns	Methods of implementation of federal procedures and standards of medical care	Small Group Work, UO-3	
4	Conditions Required for the Implementation of a Quality Management System for Medical Care	PC-3.1; PP-3.2; PP-3.3; PP-4.1; PP-4.2; PC-4.3	Knows	Rules for training the management of a medical institution and staff for the implementation of a quality management system for medical care.	UO-1 interview, Abstract PR-4	Credit Questions 15-18
			Can	Use the state of the material and technical base and the information and technical complex for the implementation of a quality management system	PR-1 tests, Essay PR-3, PR-11	
			Owns	Methods of developing a clinical management system	Small Group Work, UO-3	
5	A model for implementing a quality management system for medical care in a medical organization	PC-3.1; PP-3.2; PP-3.3; PP-4.1; PP-4.2; PC-4.3	Knows	Procedure for the development, approval and application of standards	UO-1 interview, Abstract PR-4	Credit Questions 19-22
			Can	Apply standards in the activities of the Ministry of Defense	PR-1 tests, Essay PR-3, case problems PR-11	
			Owns	The concept of clinical and economic analysis, clinical and economic standards, their interaction with patient management protocols	Small Group Work, UO-3	
6	Implementation of state	PC-3.1; PP-3.2;	Knows	Documents in the field of quality of medical care	UO-1 interview, Abstract PR-4	Credit

	control over the quality of medical care	PP-3.3; PP-4.1; PP-4.2; PC-4.3	Can	Use Federal Documents in the Field of Quality of Care	PR-1 tests, Essay PR-3, case problems PR-11	Questions 23-26
			Owns	Responsibility of medical workers, officials of medical organizations to ensure the quality of medical care	Small Group Work, UO-3	

**Scale for assessing the level of competence formation  
in the discipline "Standardization and management of health care"**

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

<p>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</p>	<p>Knows (Threshold)</p>	<p>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</p>	<p>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</p>	<p>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</p>	<p>61-70</p>
	<p>Can (Advanced)</p>	<p>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</p>	<p>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</p>	<p>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</p>	<p>71-84</p>
	<p>Proficient (High)</p>	<p>methods of planning and organizing measures to ensure the health of the population, developing and implementing a quality management system in a medical organization,</p>	<p>Mastery of methods for planning and organizing measures to ensure public health, analysis and evaluation of performance indicators of a</p>	<p>ability analysis and evaluation of the performance indicators of a medical organization, management of the resources of a medical</p>	<p>85-100</p>

		<p>preparing a justification for the volume of medical care in accordance with the resources of the medical organization and the needs of the population</p>	<p>medical organization, management of resources of a medical organization , development and implementation of a quality management system in a medical organization</p>	<p>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</p>	
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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 "Standardization and management of health care"* is carried out in accordance with 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. Methodology for assessing the quality of medical care.
3. 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 methodology (structural, procedural and effective approaches), statistical (on the basis of 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, Main Models.

7. Quality Expertise.

8. Quality control of medical care: intradepartmental and non-departmental, its levels and participants, main legislative documents on its organization and conduct.

9. Organization of internal control.

10. The role of the medical commission of the Ministry of Defense in improving quality.

11. Organization of departmental and state 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 over the quality of medical care.

14. Self-regulation in medicine.

15. League for the Protection of Patients' Rights.

16. The importance of medical care quality management in the context of the formation of market relations.

17. Strategies and mechanisms for achievement.

18. Sectoral program "Quality Management in Healthcare", basic provisions.

19. Problems of medical care quality management and ways to solve them.

20. Basic Principles of Quality Assurance Systematic approach.

21. Focus on the needs of consumers Teamwork. Measurement and monitoring as a scientific basis for change.

22. The Classic Triangle of Quality Management.

23. Classic Quality Improvement Steps. Actual steps in quality improvement that are currently being used.

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 at the test in the discipline  
"Standardization and management of health 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.

**Assessment Tools for Ongoing Attestation**

**The control tests** are intended for students studying the course "Standardization and management of health 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.

### **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 Ministry of Defense

**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 available 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 Treatment 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) the remoteness of the MD from the place of residence of the patients

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 the Ministry of Defense 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 women's civil rights and measures to encourage 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 number of days admitted to hospital

**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. A set of stages that transform the initial investment of a healthcare provider in the final return/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 the various personnel involved in the provision of assistance is:**

- a) clinical algorithm;
- (b) Patient flows;
- (c) Multiple flows;
- (d) Information flows.

**37. Domestic consumers are:**

- (a) Patients;
- (b) Relatives of patients;
- (c) Employees of the organization.

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

- a) the actual professional activity of the team;
- b) the team's interaction with the external environment and internal interaction;
- (c) Individual characteristics;
- (d) There is no correct answer;
- (e) All of the above is true.

**39. At the stage of preparation of a management decision, the following shall be carried out:**

- (a) Collection and processing of information;
- (b) Developing and evaluating alternative solutions and courses of action;
- (c) Creating a problem that needs to be solved;
- (d) Choosing and making the best decision.

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

- (a) A method of collective generation of ideas;
- (b) The Delphi method;
- (c) Brainstorming;
- (d) A method of constructing scenarios.

**41. Communication in management is:**

- (a) Exchange of information and its content between people;
- (b) A system of linkages among organizations;
- (c) A system of relationships between people and organizations;
- (d) A system of verbal and non-verbal linkages;
- (e) The relationship between words and their semantic content.

**42. The scientific method consists of the following basic principles:**

- (a) Hypothesis testing/validation;
- (b) Measurement of quality indicators and use of data;
- (c) Variability;
- (d) Development of alternatives.

**43. Principles of Quality Improvement:**

- (a) Focus on the needs of the consumer;
- (b) a systematic approach;
- (c) Process approach;
- (d) Teamwork;
- (e) Use of scientific methodology.

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

- (a) "All activities aimed at providing, maintaining and improving the quality of health care";
- (b) "A systematic process for addressing the discrepancy between outcomes and desired outcomes";
- (c) "Systematic, cyclical activities using standards";
- (d) "A systematic approach to transforming the management of the organization in accordance with the changes that are taking place, the current work situation and the pressures caused by the changes";
- (e) All of the above is true.

**45. Classic Quality Improvement Steps:**

- (a) Definition (identify what needs to be improved);
- (b) Analysis (to understand what the problem is);
- (c) Development of quality improvement actions;
- (d) Testing and implementation.

**46. If, as a result of the audit, the proposed amendment does not bring any improvements, it is necessary to:**

- (a) Modify the proposed change, then test the modified change;
- (b) Restart the improvement process or find errors in the proposed change;
- (c) Initiate the 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 not interrelated;
- (b) the problem is obvious;
- (c) The problem requires a rapid response;
- (d) Improvement can be achieved through the efforts of one person

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

- (a) Studies on work organization;
- (b) Creation of control charts;
- (c) Creation of a theory of deep knowledge, including theories of: systems, 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 for quality assurance in enterprises;
- (f) There is no correct answer.

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

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

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

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

**51. The transition from Total Quality Control (TQC) to Total Quality Management is:**

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

**52. The activities of the organization's management aimed at creating conditions that are necessary and sufficient for the production of high-quality products or the provision of high-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 great power;
- (b) The changemaker has no power, but there is clear information about what should be done;
- (c) Change is brought about in creative and enterprising teams;
- (d) The idea of change is attractive to the performers;
- (e) Changemakers come to the need for change on their own.

**54. Methods by which it is possible to reduce or eliminate Resistance to change includes:**

- (a) Education and communication of information;
- (b) involving subordinates in decision-making;
- (c) Emotional support for the manager;
- (d) Negotiations;
- (e) Coercion.

**55. "Change-makers" are people who:**

- (a) Have a clear idea of what needs to be changed and how;
- (b) Accept the desirability of change and accept the idea of change;
- (c) Assist staff in implementing changes in practice;
- (d) Create strong resistance to change;
- (e) There is no correct answer.

**56. The indispensable features (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 is true.

**57. Giving 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 of:**

- (a) Karl 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) Groceries;
- (b) Radical;
- (c) Process;
- (d) Improving;
- (e) Pseudo-innovation.

**60. The diffusion of innovation is:**

- (a) Diffusion of an innovation once mastered;
- b) deepening research, promoting the idea;
- (c) Creation of a new idea in diagrams and drawings;
- (d) Introduction of innovation.

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

- (a) Active innovation;
- (b) the reactive nature of innovation;
- (c) Passive innovation;
- (d) There is no correct answer;
- (e) All of the above is true.

**62. New Ideas That Can Be Derived from Scientific Research and development (R&D) is:**

- (a) Changes;
- (b) Innovations;
- (c) Innovation;
- (d) diffusion of innovation;
- (e) All of the above is true.

**63. Quality of health care is a characteristic that reflects:**

- (a) MoD capacity in the use of medical technologies;
- (b) The extent to which health care meets predetermined criteria and standards;
- (c) The state of health of the population.

**64. According to the Law "On Technical Regulation":**

- (a) Standards can be developed independently by organizations;
- (b) Standards cannot be developed by organizations themselves;
- (c) Standards may be developed by organizations only with the authorization of the insurance organization.

**65. Protocols for the management of patients shall be developed on the basis of the following document:**

- (a) A programme of State guarantees to provide citizens of the Russian Federation with free medical care;
- (b) Basic principles of standardization in health care;
- (c) A programme of work for the establishment and development of a standardization system in health care;
- (d) A normative document that regulates the procedure and rules for the development of protocols for the management of patients.

**66. A patient management protocol shall be understood as:**

- (a) A set of clinical, laboratory and instrumental diagnostic features that make it possible to identify the disease;
- (b) the 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 Patient Management Protocol at the federal level provides:**

- (a) The minimum mandatory level of medical care;
- (b) Minimum mandatory and supplementary health care;
- (c) There is no distinction between mandatory and supplementary aid
- (d) Level of care only at the inpatient stage

**68. Diagnostic and treatment services include:**

- (a) Differential diagnosis of fever;
- (b) Examination of pregnant women at the antenatal clinic;
- (c) Physiological childbirth allowance;
- (d) Apgar assessment of the newborn;
- (e) All of the above.

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

- a) organization and conduct of scientific research to study the effectiveness and safety of medical technologies;
- (b) A conscious search, analysis and evaluation of the available evidence, followed by the selection of the best management tactics;
- (c) A set of organizational technologies.

**70. Specify the tasks performed by the patient management protocol:**

- (a) Establishment of uniform requirements for the prevention, diagnosis, treatment and rehabilitation of patients;
- (b) Regulatory support for the development, implementation and evaluation of standards;
- (c) Harmonization of the calculation of the cost of medical care;

- (d) Monitoring the quantity, accessibility and quality of health care;
- (e) Ensuring the structuring of the normative documents of the standardization system in health care.

**71. In accordance with what levels of evidence**

**Expert assessment of medical technologies is carried out when they are included in 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. 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.