



MINISTRY OF EDUCATION AND SCIENCE OF THE RUSSIAN FEDERATION
Federal state autonomous educational institution
of higher education
«Far Eastern Federal University»
(FEFU)

SCHOOL OF BIOMEDICINE

«AGREED»

Head of education program
«General medicine»



(signature) Khotimchenko Yu.S.
(Full name)
«09» of July 2019

«APPROVED»

Director of the Department of Clinical
Medicine




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«09» of July 2019

WORKING PROGRAM OF ACADEMIC DISCIPLINE (WPAD)

«Public Health, Health Economics»

Education program

Specialty 31.05.01 «General medicine»

Form of study: full time

year 3,4, semester 6,7
lectures 36 hours
practical classes 72 hours
laboratory works not provided
total amount of in-classroom works 108 hours
independent self-work 108 hours
Including preparation to exam 36 hours
credit year 3, semester 6
exam year 4, semester 7

The working program is drawn up in accordance with the requirements of the Federal state educational standard of higher education (level of training), approved by the order of the Ministry of education and science of the Russian Federation from 09.02.2016 № 95.

The working program of the discipline was discussed at the meeting of the Department of fundamental and clinical medicine. Protocol No. 8, 09 of July 2019
Author: PhD, MD, professor Martynova AV

ANNOTATION

The discipline "Public Health, Health Economics" is intended for students enrolled in the educational program of 31.05.01 "General Medicine". Discipline is implemented on the 3.4 course in the 6th and 7th semester, it is an obligatory variable discipline. The total complexity of the discipline is 216 hours, 6 credits.

In developing the work program of the discipline, the Federal State Educational Standard of Higher Education was used in the specialty 31.05.01 "Medicine", approved by order of the Ministry of Education and Science of the Russian Federation of February 09, 2016 No. 95, the curriculum for preparing students.

The course program is based on the basic knowledge gained by students:

the ability to analyze the main stages and patterns of the historical development of society for the formation of citizenship (GCC-3);

readiness to work in a team, tolerantly perceive social, ethnic, confessional and cultural differences (GCC-8);

the ability to use the basics of economic and legal knowledge in professional activities (GPC-3);

The purpose of mastering the discipline: participation in the formation of competencies, including measures for the preservation and strengthening of public health, the elimination of risk factors and the formation of a healthy lifestyle, organization, management and workflow in the field of public health, the examination of temporary disability, the collection and analysis of health information population, assessment of the quality of medical care, to form knowledge and skills in the field of public health and health care and its defining; systems ensuring the preservation, strengthening and restoration of health of the population as a whole and of certain homogeneous groups of the population; organizational medical technologies and

management processes, including economic, administrative and organizational; trends in health care in foreign countries.

Objectives of the discipline:

- students acquire skills in the study and analysis of indicators characterizing the state of health of various age-sex, social, professional and other groups of the population;
- knowledge of the theoretical foundations of health care, the legal framework for the protection of health and medical activities;
- familiarization of students with the principles of organization and work of medical institutions;
- training students in the design of basic medical accounting records;
- the acquisition by students of skills on the main issues of the examination of temporary and permanent disability;
- knowledge of methods and means of improving the functioning of health care facilities.
- the introduction of new economic and medico-social technologies in the activities of medical institutions

As a result of studying this discipline, students form the following **general professional and professional competences (elements of competencies)**:

Code and formulation of competence	Stages of competence forming	
the ability to use the basics of economic and legal knowledge in professional activity (GPC-3)	know	Basics of economic and legal knowledge in professional activities
	Know how	Use regulatory documents and planning methods for organizing professional activities in a medical organization
	Master	Knowledge of regulatory documents and methods of economic analysis for use in calculating the performance of medical organizations

the readiness to maintain and report medical documents (GPC – 6)	Know	Regulations adopted in health care, technical regulations, standards, orders, recommendations, terminology, current classifications for the qualitative management of medical records
	Know how	carry out a statistical evaluation of their work and the activities of the medical organization using the accounting and reporting medical documentation
	Master	Skills of keeping medical records at all stages of treatment and preventive work
the ability and willingness to use social methods of data collection and analysis of medical and statistical information on health indicators of population (PC – 4)	Know	Current trends in the state of public health and methods of its assessment; regulatory framework for accounting for specific groups of diseases, the main accounting and reporting forms, consolidating indicators of the state of health of the population
	Know how	To conduct and analyze the state of health of the population and certain groups with the help of special medico-demographic indicators, to develop measures for its strengthening and preservation
	Master	Skills of calculation of indicators and evaluation of medical and statistical information, skills to develop measures to strengthen and preserve the health of the population
the ability to use the basic principles of organization and management in the field of public health protection, at medical institutions and their structural divisions (PC– 17)	Know	Fundamentals of the legislation of the Russian Federation on the organization of activities of medical organizations, the principles of financing public health organizations; health insurance system; issues of management and economic activities of medical organizations, including the basics of competition and pricing in the market of medical services.
	Know how	Evaluate the volume, quality and costs of medical institutions for the provision of medical care, use economic methods to assess its effectiveness and plan the activities of the medical organization.
	Master	Methods for calculating volume, quality and cost

		indicators and indicators of the economic efficiency of medical care, the development of measures to improve it; management decision-making, financial and organizational planning skills.
the willingness to participate in the evaluation of the quality of medical care using basic health statistics (PC – 18)	Know	The main regulatory documents for assessing the quality of medical care; levels, types and methods of assessing the quality of medical services, criteria for assessing the quality of resources, the process and outcome of medical care
	Know how	Assess and analyze the performance of the medical organization, a separate unit, an individual employee
	Master	Methods for calculating the volume and quality indicators of the medical organization, department, individual employee; skills to develop measures to improve the quality of care

The following active / interactive learning methods are used to form the above competencies within the discipline "Public Health and Healthcare, Healthcare Economics":

1. It is planned to conduct practical training using computer-based training programs.
2. For the organization of independent work, preparation of essays and reports is proposed for performance in the group and at the student conference; and also preparation for practical exercises, work with additional literature, preparation of essays, occupation conference.

The share of practical classes conducted in interactive forms is 10% of the classroom time; self-extracurricular work - 42% of the time.

I. STRUCTURE AND CONTENT OF THEORETICAL PART OF THE COURSE

6 semester Lectures (18 hours)

Module 1. Theoretical Foundations of Discipline, Public Health Policy

Topic 1. (2 hours) Public health and healthcare as a scientific discipline and subject of teaching. Public health, subject and methods of study. Public health policy. Conceptual and legal aspects.

Module II. Public health and its determinants

Topic 2. (2 hours) Public health and its determinants. Medical demography. Medical and social aspects of demographic processes.

Topic 3 (2 hours) Population morbidity, methods for studying and analyzing morbidity of the population. Disability, social and medical aspects. Physical development, methods of study.

Module III. Organization of medical and preventive care to the population and the functioning of the main health subsystems

Topic 4 (2 hours) Organization of medical care to the population, primary health care, modern forms of organization of medical care. The organization of outpatient polyclinic care.

Topic 5 (2 hours) Organization of inpatient care and emergency medical care. Providing specialized assistance to the population.

Topic 6. (2 hours) Protection of motherhood and childhood in the Russian Federation. Organization of obstetric and gynecological care and treatment-and-prophylactic care for children.

Topic 7. (2 hours) Organization of preventive medical care for the working and rural population.

Module IV. Health promotion. Modern problems of prophylaxis and Healthy life style. Ensuring the sanitary and epidemiological welfare of the population

Topic 8. (2 hours) Medical prevention, scientific, methodological and organizational basis for the formation of healthy lifestyles. Modern problems of prophylaxis and healthy life-style.

Topic 9. (2 hours) The system of measures to ensure the sanitary and epidemiological well-being of the population, the Basics of the interaction of medical organizations with the Rospotrebnadzor system.

7 semester Lectures (18 hours)

Module V. Organization of therapeutic and prophylactic care to the population and the functioning of the main health subsystems.

Topic 1 (2 hours) Modern approaches to the development of the health care system in the Russian Federation, the concept of development and modernization of healthcare.

Topic 2 (2 hours) Quality of care. Types of quality control and safety of medical activities.

Subject 3 (2 hours) Medical examination. Organization of examination of temporary and permanent disability.

Topic 4 (2 hours) Organization of accounting and reporting in medical institutions based on the materials of the annual report and operational statistical information.

Module VI. Basics of Health Economics and Medical Insurance

Topic 5 (2 hours) Health care planning, planning the activities of a medical organization. The program of state guarantees of medical care to the population.

Topic 6 (2 hours) Health care financing. Pricing in health care. Payment methods for medical care

Topic 7 (2 hours) Social insurance. Medical insurance of citizens in the Russian Federation.

Topic 8 (2 hours) Marketing in healthcare.

Topic 9 (2 hours) Legal framework of medical practice.

II. STRUCTURE AND CONTENT OF PRACTICAL COURSE PART (72 HOURS)

6 semester

Practical classes (36 hours)

Module 1. Theoretical foundations of discipline, public health policy - 6 hours

Topic 1 - 6 hours. Theoretical foundations of public health and healthcare. The use of medical statistics in medical and social research. Organization (stages) of statistical research. Statistical methods of processing the results of medical and social research.

Public health and public health as a scientific discipline about the patterns of public health, the impact of social conditions, environmental factors and lifestyle on health, ways to protect and improve it. The place of discipline among medical, hygienic and social sciences in the system of medical education. The role of the discipline "Public Health and Healthcare" in the practice of the doctor, health authorities and institutions;

in planning, managing and financing healthcare. Methods of research discipline. The emergence and development of social hygiene and the organization of health (public medicine) in Russia and foreign countries. Government health policy and regulatory framework. Modern approaches to the development of health care. Theoretical aspects of medical ethics and medical ethics. Bioethics in the activities of the doctor. Oath doctor Medical secrecy. Rights and social protection of medical workers. Legal bases of health protection, concepts and principles. The rights and duties of citizens, certain groups of the population, patients. Legal basis of the doctor. Organizational and legal aspects of licensing and accreditation of medical activities. The procedure for admission of specialists to professional activities. The procedure for licensing health facilities.

Definition of statistics, its theoretical foundations (probability theory, the law of large numbers). The use of statistics in biomedical and medico-social research. Organization (stages) of statistical research. Statistical methods for processing the results of biomedical research. Methods for calculating relative values; methods for calculating averages. Variational series, types of variation series; methods for assessing the reliability of relative and average values. The criteria for the parametric estimation method and methods for calculating them (the error of the representativeness of averages and relative values, the limits of means and relative values are confidential) The correlation coefficient, its evaluation. Methods of calculation Graphic representation in statistics, types of graphical and analysis of standardized indicators. Regression analysis, its application in the scientific and practical activities of the hygienist, epidemiologist. Methods for analyzing the dynamics of a phenomenon, time series, definition. images, their use for the analysis of phenomena.

Module II. Public health and its determinants - 6 hours

Topic 2 - 6 hours Public health and its determinants. Medical demography, medical and social aspects. The incidence of the population, methods of studying and analyzing the incidence of the population. Disability, social and medical aspects. Physical development, methods of study.

Individual health: definition, medical and social criteria. The scheme of studying the health of the population and its individual groups: the most important factors and conditions that determine the level of public health.

Medical demography and its medical and social aspects. Definition of medical demography, the main sections. The value of demographic data for the characteristics of public health, analysis and planning of the activities of health authorities and institutions. Statics of the population: the most important indicators (population size, population density, age and sex composition, etc.). The dynamics of the population, its species. Population migration: external, internal (urbanization, seasonal, pendular). Reproduction of the population (natural movement). General and special indicators, calculation methods, analysis and evaluation. The current state and main trends of demographic processes in the Russian Federation and foreign countries over the past decade, the factors that determine the characteristics and dynamics of modern demographic processes. Regional features of population reproduction. Fertility and fertility (fertility), the method of study, general and special indicators. Mortality of the population, methods of study, general and age-specific indicators. Infant and perinatal mortality, their main causes. Life expectancy at birth and average life expectancy.

Definition of incidence. The role of state morbidity statistics in the study of the state of public health. International Statistical Classification of Diseases and Problems Related to Health (ICD – X), principles and features of its construction. Methods for studying the incidence and their comparative characteristics. Types of morbidity. Accounting

and documentation used to collect and analyze information on morbidity. Modern with The current state and main trends of demographic processes in the Russian Federation and foreign countries over the past decade, the factors that determine the characteristics and dynamics of modern demographic processes. Regional features of population reproduction. Fertility and fertility (fertility), the method of study, general and special indicators. Mortality of the population, methods of study, general and age-specific indicators. Infant and perinatal mortality, their main causes. Life expectancy at birth and average life expectancy.

Definition of incidence. The role of state morbidity statistics in the study of the state of public health. International Statistical Classification of Diseases and Problems Related to Health (ICD – X), principles and features of its construction. Methods for studying the incidence and their comparative characteristics. Types of morbidity. Accounting and documentation used to collect and analyze information on morbidity. The current state and trends of disability of the population with major diseases and the factors that determine them. Physical development as one of the criteria for assessing the health of the population. Anthropometric, somatometric and physiometric signs. Indexes of physical development. The main indicators of physical development in various age and sex groups, their characteristics and trends. Factors affecting the dynamics of physical development.

Module III. Organization of treatment-and-prophylactic care to the population and the functioning of the main health subsystems - 24 hours

Topic 3 - 6 hours Organization of medical care for the population, primary health care, modern forms of organization of medical care. The organization of outpatient polyclinic care. Organization of work of GP (family doctor).

Definition of the concept of "Public health". Principles of health protection of citizens of the Russian Federation. Health systems. Nomenclature of healthcare institutions. Primary health care (PHC). Principles, main directions, the procedure of providing primary health care. Prospects for the development and improvement of primary health care. The organization of outpatient polyclinic assistance to the population. Types of general practice. General practitioner (family doctor), organization of work, interaction with medical specialists. Preventive work of the clinic, dispensary method in the work of the clinic and its elements. Prophylactic examinations (preliminary, periodic, targeted) - the main form of follow-up. The role of the clinic in the formation of a healthy lifestyle. Anti-epidemic activities of the clinic.

Topic 4 - 6 hours Organization of inpatient care and emergency medical care. Organization of medical and preventive care for the working and rural population.

Types of stationary institutions. Organization of activities of stationary institutions. United City Hospital, organizational and management structure. Continuity in the activities of clinics and hospitals. Anti-epidemic regime of the hospital. Measures to combat nosocomial infections, special requirements for the organization of the admission department, infectious, maternity and children's departments.

Medical-sanitary part, health centers: their tasks structure and functions. Shop precinct work principle. The main functions of the shop doctor, his role in reducing morbidity with temporary disability. Organization and conduct of medical examinations working in conditions of exposure to occupational hazards and other decreed contingents. Dispensary observation of various groups of workers, communication with dispensaries. The organization of primary medical care in enterprises (pre-medical, medical). Sanitary-hygienic and anti-epidemic work in enterprises. Prevention of occupational injuries and occupational diseases.

Features of medical care to the rural population. Stages of the organization of medical care to the rural population. Rural medical site: its structure and functions. Central district hospital: its tasks, structure and functions. District specialists. Inter-district specialized centers. Regional hospital, directions of improvement of medical care to the rural population.

Topic 5 - 6 hours Protection of motherhood and childhood in the Russian Federation. Organization of obstetric and gynecological care. The procedure for rendering assistance in the conditions of women's consultation and maternity hospital. Organization of medical and preventive care for children.

The system of maternal and child health: goal, objectives, main steps. Obstetric-gynecological institutions: antenatal clinic, maternity hospital, gynecological hospitals and departments, etc. Measures to prevent maternal and perinatal mortality, morbidity in newborns. preventive and anti-epidemic measures in obstetric hospitals. Specialized obstetric and gynecological care. Perinatal centers. Ensuring continuity in the activities of women's counseling, hospital, maternity hospital and children's clinic. Children's polyclinic: its tasks, features of the organization of outpatient polyclinic care for children, the structure of a children's polyclinic. The local principle and dispensary method in the organization of medical care for children. Organization of the work of the study of a healthy child. Anti-epidemic work of the children's clinic. The organization of emergency and first aid for children. Organization of inpatient care for children: types of hospitals, their tasks, structure, features of work organization. Organization of work of the admission department of children's hospitals, prevention of nosocomial infections, sanitary-anti-epidemic and treatment-protective regime.

Topic 6 - (6 hours) Medical prevention, scientific, methodological and organizational basis for the formation of healthy lifestyles. The system of measures to ensure the

sanitary and epidemiological welfare of the population, the Basis for the interaction of medical organizations with the Rospotrebnadzor system.

Term 7

Practical classes (36 hours)

Module III. Organization of treatment-and-prophylactic care to the population and the functioning of the main health subsystems - 24 hours

Topic 1 - (6 hours) Legal aspects of medical practice. Legal protection of medical professionals.

Topic 2 - (6 hours) Medical examination. Organization of examination of temporary and permanent disability.

Medical expertise and its types. The concept of disability (temporary, persistent). Examination of temporary disability: definition, levels of performance. Types of temporary disability. Basic documents certifying temporary disability. Disability certificate and its value. The procedure for issuing disability certificates for various types of disability. Organization of the examination of temporary disability in medical institutions. Responsibility of medical workers for violation of the rules on the examination of temporary disability (disciplinary, financial, criminal). Medical and Social Expertise (ITU), as one of the types of social protection of citizens. The basic concepts used in ITU.

Topic 3 - (6 hours) Quality of care. Types of quality control and safety of medical activities.

Quality of care, definition, basic concepts. Standards and orders in medicine and health care. Analysis of the quality of medical care as a necessary element of health care authorities, insurance, professional and public organizations for licensing and accreditation of medical institutions, certification of medical personnel. Types of control and their organization.

Topic 4 - (6 hours) Organization of accounting and reporting in medical institutions based on the materials of the annual report and operational statistical information.

Organization of accounting and reporting in medical organizations based on the annual report and operational statistical information. Sources of primary information about the activities of medical institutions. Key performance indicators of outpatient clinics and hospitals.

Module V. Basics of Health Economics and Medical Insurance - 12 hours

Topic 5 - (6 hours) Health planning, planning the activities of a medical organization. Health financing. Pricing in health care. Healthcare Marketing

Topic 6 - (6 hours) Social Insurance. The organization of medical insurance: the subjects and participants of the MLA, their rights and obligations, the interaction of the subjects and participants of medical insurance.

Basics of economics, planning and financing of health care. Sources of financing, methods of payment for medical care. Types of plans. The program of state guarantees. Healthcare marketing. Basics of social and medical insurance. Medical insurance as a type of social insurance, definition, goals. Types and principles of medical insurance. Sources of health financing in terms of health insurance, their formation and purpose. Legal regulation of health insurance.

III. TEACHING AND METHODOLOGICAL MAINTENANCE OF INDEPENDENT WORK OF STUDENTS

The main content of the topics, evaluation tools are presented in the RSPU: terms and concepts necessary to master the discipline.

In the course of mastering the course “Public Health and Healthcare, Healthcare Economics”, the student will have to do a large amount of independent work, which includes preparation for seminars and writing coursework.

Practical exercises help students to deeper learn the material, to acquire the skills of creative work on documents and primary sources.

Plans for practical classes, their topics, recommended literature, the purpose and objectives of its study are communicated by the teacher at the introductory classes or in the curriculum for the discipline.

Before proceeding to the study of the topic, it is necessary to familiarize yourself with the main questions of the practical training plan and list of recommended literature.

Starting the preparation for the practical lesson, it is necessary first of all to refer to the lecture notes, sections of textbooks and teaching aids in order to get a general idea of the place and importance of the topic in the course being studied. Then work with additional literature, make notes on the recommended sources.

In the process of studying the recommended material, it is necessary to understand the construction of the topic being studied, to highlight the main points, to follow their logic and thereby to get into the essence of the problem being studied.

It is necessary to keep records of the material being studied in the form of an outline, which, along with the visual, includes the motor memory and allows you to accumulate

an individual fund of auxiliary materials for a quick repetition of what you read, to mobilize accumulated knowledge. The main forms of record: a plan (simple and detailed), extracts, theses.

In the process of preparation, it is important to compare the sources, think over the material being studied and build an algorithm of actions, carefully consider your oral presentation.

At a practical lesson, each participant should be ready to speak on all the questions posed in the plan, to be as active as possible in their consideration. The speech should be convincing and reasoned, and simple reading of the abstract is not allowed. It is important to show your own attitude to what is being said, express your personal opinion, understanding, substantiate it and draw the right conclusions from what has been said. You can refer to notes of notes and lectures, directly to primary sources, use the knowledge of monographs and publications, facts and observations of modern life, etc.

A student who did not have time to speak at a practical lesson can present a prepared summary to the teacher for verification and, if necessary, answer the teacher's questions on the topic of the practical lesson in order to get a credit score on this topic.

Teaching and methodological support of students' independent work in the discipline "Public health and healthcare, health economics" is presented in Appendix 1 and includes:

- the schedule for the implementation of independent work on the discipline;
- characteristics of tasks for independent work of students and methodological recommendations for their implementation;
- requirements for the presentation and presentation of the results of independent work;

- criteria for assessing the performance of independent work.

IV. CONTROL OF ACHIEVEMENT OF COURSE GOALS

№ п/п	Controlled modules/ parts/ themes of discipline	Codes and stages of competence forming	Evaluation		
			Current control		Interim control
1	Module 1. Theoretical Foundations of Discipline, Public Health Policy Module II. Public health and its determinants Module III. Organization of treatment –and - prophylactic care to the population and the functioning of the main health subsystems Module IV. Health promotion. Modern problems of prophylaxis and Healthy life style. Ensuring the sanitary and epidemiological welfare of the population Module V. Organization of therapeutic and prophylactic care to the population and the functioning of the main health subsystems. Module VI. Basics of Health Economics and Medical Insurance	the ability to use the basics of economic and legal knowledge in professional activity (GPC-3)	Knows	OA-1 Interview	Credit questions 30-60
			Able to	PW-1 Test	PW-1 Test
			Possesses	OA-3 Report	OA-2 Colloquium
2	Module 1. Theoretical	the readiness to maintain and report medical documents	Knows	OA-1 Interview	Credit questions 1-20

	Foundations of Discipline, Public Health Policy Module III. Organization of treatment –and - prophylactic care to the population and the functioning of the main health subsystems	(GPC – 6)	Able to	PW-1 Test	PW-1 Test
			Possesses	OA-3 Report	OA-2 Colloquium
3	Module 1. Theoretical Foundations of Discipline, Public Health Policy Module IV. Health promotion. Modern problems of prophylaxis and Healthy life style. Ensuring the sanitary and epidemiological welfare of the population Module V. Organization of therapeutic and prophylactic care to the population and the functioning of the main health subsystems2	the ability and willingness to use social methods of data collection and analysis of medical and statistical information on health indicators of population (PC – 4)	Knows	OA-1 Interview	Credit questions 1-40
			Able to	PW-1 Test	PW-1 Test
			Possesses	OA-3 Report	OA-2 Colloquium
4	Module 1. Theoretical Foundations of Discipline, Public Health Policy Module II. Public health and its determinants Module VI. Basics of Health Economics and Medical Insurance	the ability to use the basic principles of organization and management in the field of public health protection, at medical institutions and their structural divisions (PC– 17)	Knows	OA-1 Interview	Credit questions 1-20
			Able to	PW-1 Test	PW-1 Test
			Possesses	OA-3 Report	OA-2 Colloquium
5	Module 1. Theoretical Foundations of Discipline, Public	the willingness to participate in the evaluation of the quality of medical care using basic health statistics (PC	Knows	OA-1 Interview	Credit questions 45-80
			Able to	PW-1 Test	PW-1 Test

	Health Policy Module II. Public health and its determinants Module V. Organization of therapeutic and prophylactic care to the population and the functioning of the main health subsystems	- 18)	Possesses	OA-3 Report	OA-2 Colloquium
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Control and methodological materials, as well as criteria and indicators necessary for the assessment of knowledge and skills, and characterizing the stages of the formation of competencies in the process of mastering the educational program are presented in Appendix 2.

V. LIST OF EDUCATIONAL LITERATURE AND INFORMATION METHODOLOGICAL MAINTENANCE OF DISCIPLINE

Main literature

1. Mental Health Economics / Springer International Publishing AG 2017
<https://link.springer.com/book/10.1007/978-3-319-55266-8#editorsandaffiliations>
2. The Economics of Obesity / Springer, Singapore 2017
<https://link.springer.com/book/10.1007/978-981-10-2911-0#authorsandaffiliationsbook>
3. Intelligent Health Policy / Springer International Publishing AG 2018
<https://link.springer.com/book/10.1007/978-3-319-69596-9#authorsandaffiliationsbook>

Additional literature:

1. Handbook of Life Course Health Development / Springer, Cham 2018
<https://link.springer.com/book/10.1007/978-3-319-47143-3#editorsandaffiliations>
2. Decision Making in a World of Comparative Effectiveness Research / Springer Nature Singapore Pte Ltd. 2017
<https://link.springer.com/book/10.1007/978-981-10-3262-2#editorsandaffiliations>

LIST OF INFORMATION TECHNOLOGIES AND SOFTWARE

The location of the computer equipment on which the software is installed, the	List of licensed software
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number of jobs	
Multimedia auditorium Vladivostok Russian island, Ayaks 10, building 25.1, RM. M723 Area of 80.3 m2 (Room for independent work)	Windows Seven enterprise SP3x64 Operating System Microsoft Office Professional Plus 2010 office suite that includes software for working with various types of documents (texts, spreadsheets, databases, etc.); 7Zip 9.20 - free file archiver with a high degree of data compression; ABBYY FineReader 11 - a program for optical character recognition; Adobe Acrobat XI Pro 11.0.00 - software package for creating and viewing electronic publications in PDF; WinDjView 2.0.2 - a program for recognizing and viewing files with the same format DJV and DjVu.

In order to provide special conditions for the education of persons with disabilities all buildings are equipped with ramps, elevators, lifts, specialized places equipped with toilet rooms, information and navigation support signs

VI. METHODOICAL INSTRUCTIONS FOR THE DEVELOPMENT OF DISCIPLINE

In the process of studying the discipline "Public Health and Health Care, Health Economics" offers a variety of methods and means of learning educational content: practical exercises, testing, independent work of students.

Practical exercises - a collective form of consideration of educational material. Monitoring the results of independent work is carried out in the course of conducting practical exercises, oral surveys, interviews, solving situational problems, examinations, including through testing.

1. The student should prepare for the practical lesson: repeat the lecture material, read the necessary section on the topic in the textbook.
2. Lesson begins with a quick frontal oral survey on a given topic.
3. In the classroom students work with lecture notes, slides.
4. For classes, you must have a notebook for recording theoretical material, a textbook.

5. At the end of the lesson, homework is given on a new topic and it is proposed to compile tests on the material that has been studied, which were studied in the lesson (summary).

6. The performances and activity of students in class are evaluated by the current assessment.

At practical classes, questions are sorted out and then, together with the teacher, they hold a discussion, which is aimed at consolidating the material under discussion, developing skills to debate, develop autonomy and critical thinking, the students' ability to navigate through large information flows, develop and defend their own position on issues of academic disciplines . Practical classes are held in the form of discussions, role-playing games, game design, computer simulations, case studies, demonstrations and the use of visual aids, etc. In the course of these classes, the discipline “Basics of Medical Knowledge” is tested on the practical application of communication, management and information technologies, the technology of interaction between various medical and paramedical services; algorithms of first aid in emergency conditions and injuries (in the course of a training simulation course), technologies of productive interaction with patients, taking into account feedback, are being developed. The training simulation course consists of: phantoms, dummies and tutorials; instead of the patient, there is a mechanical model with computer support, allowing to achieve imitation, interaction, evaluation and analysis. Using dummies and phantoms allows you to recreate a real controlled situation for the practice of first aid skills, allows you to work out certain actions several times, and also provides timely and detailed results of the exercises. Student work in a group creates a sense of collectivism and interpersonal skills.

As active learning methods are used in practical classes: a press conference, a detailed conversation, dispute.

A detailed conversation involves preparing students for each issue of the lesson plan with a list of recommended compulsory and additional literature recommended for all. Reports are prepared by students on pre-proposed topics.

Dispute in the group has several advantages. The dispute may be called by the teacher during the course of the lesson or planned by him in advance. In the course of the controversy, students form resourcefulness, quick thinking reaction.

Press conference. The teacher instructs 3-4 students to prepare short reports. Then one of the participants in this group makes a report. After the report, students ask questions that are answered by the speaker and other members of the expert group. Based on the questions and answers, a creative discussion takes place with the teacher.

LOGISTICS DISCIPLINE

For practical work, as well as for the organization of independent work, students have access to the following laboratory equipment and specialized classrooms that meet the current sanitary and fire regulations, as well as safety requirements during training and scientific and industrial works:

Name of the equipped rooms and rooms for independent work	List of main equipment
The computer class of the School of biomedical AUD. M723, 15 work places	Screen, electrically 236*147 cm to trim the screen; Projector DLP technology, 3000 ANSI LM, WXGA with 1280x800 resolution, 2000:1 Mitsubishi EW330U; Subsystem of specialized mounting equipment course-2007 Tuarex; Subsystem of videocommunity: matrix switch DVI and DXP 44 DVI Pro advertising; extension cable DVI over twisted pair DVI 201 TX/RX advertising; Subsystem of audiocommentary and sound; speaker system for ceiling si 3ct LP Extron on from; digital audio processor DMP 44 LC the Extron; the

	<p>extension for the controller control IPL T CR48; wireless LAN for students is provided with a system based on 802.11 a/b/g/N 2x2 MIMO(2SS) access points.</p> <p>Monoblock HP Loope 400 all-in-one 19.5 in (1600x900), core i3-4150t, 4GB DDR3-1600 (1x4GB), 1TB HDD 7200 SATA, and a DVD+ / -RW, GigEth, Wi-Fi and BT, the USB port of roses/MSE, Win7Pro (64-bit)+Win8.1Pro(64-bit), 1-1-1 Wty</p>
Multimedia audience	<p>AIO PC HP ProOne 400 G1 AiO 19.5" Intel Core i3-4130T 4GB DDR3-1600 SODIMM (1x4GB)500GB; Screen projection Projecta Elpro Electrol, 300x173 cm; Multimedia projector, Mitsubishi FD630U, 4000 ANSI Lumen 1920 x 1080; Flush interface with automatic retracting cables TLS TAM 201 Stan; Avervision CP355AF; lavalier Microphone system UHF band Sennheiser EW 122 G3 composed of a wireless microphone and receiver; Codec of videoconferencing LifeSizeExpress 220 - Codeonly - Non-AES; Network camera Multipix MP-HD718; Two 47 " LCD panels, Full HD, LG M4716CCBA; audio commutation and sound amplification Subsystem; centralized uninterruptible power supply</p>
Reading rooms of the Scientific library of the University open access Fund (building a - 10)	<p>Monoblock HP Loope 400 All-in-One 19.5 in (1600x900), Core i3-4150T, 4GB DDR3-1600 (1x4GB), 1TB HDD 7200 SATA, DVD+/-RW, GigEth, wifi, BT, usb kbd/mse, Win7Pro (64-bit)+Win8.1Pro(64-bit), 1-1-1 Wty Speed Internet access 500 Mbps. Jobs for people with disabilities equipped with displays and Braille printers.; equipped with: portable reading devices flatbed texts, scanning and reading machines videovelocity with adjustable color spectrums; increasing electronic loops and ultrasonic marker</p>
Accreditation-simulation center of the school of Biomedicine	



DEPARTMENT OF EDUCATION AND SCIENCE OF RUSSIAN FEDERATION
FEDERAL PUBLIC AUTONOMOUS EDUCATIONAL INSTITUTION OF HIGHER
EDUCATION

FAR EASTERN FEDERAL UNIVERSITY (FEFU)

SCHOOL OF BIOMEDICINE

**TRAINING AND METHODOLOGICAL SUPPORT OF INDEPENDENT
WORK OF STUDENTS**

«Public health, health economics»

Educational Program

Specialty 31.05.01 «General Medicine»

Full-time education

Vladivostok 2018

Schedule of the independent work on the discipline

	Date/terms	Self-prepared work	Standard norms for completion	Control forms
	In terms of VI semester	Literature review, conspectus, essay, presentations on topics.	36 hours	Oral, computer testing, testing, Eassay, presentation, assignment.
	In VII semester	Writing a term paper	36 hours	Course thesis
		Preparation to course exam	36 hours	

Independent work includes:

- 1) library or homework with educational literature and lecture notes,
- 2) preparation for practical exercises,
- 3) preparation for testing, interview (offset), for the implementation of course work, the exam.

The procedure for the performance of independent work by students is determined by the schedule for the performance of independent work on the discipline.

Independent work of students in the discipline is recognized not only to consolidate the knowledge gained in the classroom (lectures and seminars), but also to contribute to the development of students' creative skills, initiatives, ability to organize their time. In carrying out the plan of independent work, the student must read the theoretical material not only in the textbook and teaching aids indicated in the list of recommended literature, but also to get acquainted with publications in periodicals and electronic resources. The student needs to creatively rework the material studied independently and submit it for the report in the form of an abstract or outline.

Verification of the implementation of the independent work plan is carried out at seminars or during the defense of practical work.

The initial level of knowledge of students is determined by testing.

The current control of students' knowledge is determined by an oral survey during classes, in solving typical situational tasks and answers to test questions, in evaluating work with phantoms and dummies, in defending abstracts and abstracts (independent work of students).

At the end of the study of the discipline an intermediate certification of knowledge in the form of a test is carried out. The goal is to evaluate the student's work for the semester, the theoretical knowledge gained, their strength, the development of creative thinking, the acquisition of skills for independent work, the ability to synthesize the knowledge gained and apply them to solving practical problems. Examination of the discipline of the choice of "Fundamentals of medical knowledge" includes test control (assessment of theoretical knowledge), assessment of students' professional competences, formed as a result of mastering the discipline and interview.

Thematic plan of independent extracurricular work of students

Independent work of students during the study of the discipline "public health and health care, health economics" takes up to 50% of school time. Much attention is paid to the individual work of the student and includes:

- Educating students of the skills of regular independent work with educational, scientific, regulatory and reference literature in preparation for seminars.

Independent search by students of reliable information of a high level of evidence that they need to solve specific problems (abstract work, research search).

- Study of practical international and domestic recommendations with an evidence base.
- Independent fulfillment of all first aid skills on phantoms and dummies.
- Drawing up a healthy lifestyle program.

Topics of reports and essays

1. Fundamentals of public health policy and strategy in foreign countries
2. Types of medical insurance in foreign countries, their benefits and disadvantages
3. Modern global medical and demographic problems of society.
4. Quality of life is a universal indicator of public health.
5. Lifestyle as a leading factor in the formation of public health.
6. The system of organization of the prospects for the development of primary health care assistance in Russia.
7. Protection of rights and preservation of patient's personal data, legal and ethical aspects.
8. The incidence of mental and behavioral disorders, associated with substance use, the organization of medical care, preventive measures.
9. The incidence of tuberculosis in the Russian population, the organization of medical care, primary and secondary prevention measures.
10. Oncological morbidity of the population of Russia, the organization of medical care, primary and secondary prevention measures.
11. Industrial injuries and occupational morbidity,

legal issues, the organization of medical care, preventive measures.

12. Incidence of the Russian circulatory system diseases
socio-economic importance, organization of medical care, measures
prophylaxis.

13. The problem of road traffic and industrial injuries
organization of medical care, prevention measures.

14. The organization of specialized medical care for patients with acute
disorders of cerebral circulation.

15. The organization of medical care for athletes in modern
conditions.

16. Organization of medical care for workers of industrial enterprises
in modern conditions.

17. The role of e-health in the concept of continuous
medical education.

18. Telemedical technologies in the activities of the modern doctor.

19. Models of organization and financing of medical care in foreign
countries, advantages and disadvantages.

20. Organization of oncological assistance to urban and rural population in
modern conditions.

Guidelines for writing and design of the essay

Essay - the creative activity of the bachelor, which reproduces in its structure the research activities on solving theoretical and applied problems in a particular branch of scientific knowledge. By virtue of this abstract is the most important component of the educational process in higher education.

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

The essay is carried out under the direction of the supervisor and involves the acquisition of skills to build business cooperation based on ethical standards of scientific activity. Purposefulness, initiative, disinterested cognitive interest, responsibility for the results of their actions, conscientiousness, competence - personality traits that characterize the subject of research activities corresponding to the ideals and norms of modern science.

The essay is an independent educational and research activity of the bachelor. The supervisor provides advisory assistance and evaluates the process and results of activities. He provides an approximate topic of abstract works, specifies the problem and topic of study with the bachelor, helps to plan and organize research activities, assigns time and a minimum number of consultations. The supervisor accepts the text of the essay for verification at least ten days before the defense.

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

1. Title page.
2. The task.
3. Table of Contents

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

The title page lists: educational institution, graduating department, author, scientific adviser, research topic, place and year of the essay.

The title of the essay should be as short as possible and fully consistent with its content.

The table of contents (content) reflects the names of the structural parts of the abstract and the pages on which they are located. The table of contents should be placed on one page at the beginning of work.

The presence of a detailed introduction - a mandatory requirement for the abstract. Despite the small volume of this structural part, its writing causes considerable difficulties. The title page lists: educational institution, graduating department, author, scientific adviser, research topic, place and year of the essay.

The table of contents (content) reflects the names of the structural parts of the abstract and the pages on which they are located. The table of contents should be placed on one page at the beginning of work.

The presence of a detailed introduction - a mandatory requirement for the abstract. Despite the small volume of this structural part, its writing causes considerable difficulties. However, it is precisely the qualitatively executed introduction that is the

key to understanding the whole work, which testifies to the professionalism of the author.

Thus, the introduction is a very crucial part of the essay. The introduction should start with a justification of the relevance of the chosen topic. As applied to the abstract, the concept of "relevance" has one feature. From how the author of the essay can choose a topic and how correctly he understands and evaluates this topic from the point of view of modernity and social significance, characterizes his scientific maturity and professional readiness.

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

The introduction reflects the importance and relevance of the chosen topic, defines the object and subject, purpose and objectives, and the chronological framework of the study.

The introduction ends with a presentation of general conclusions about the scientific and practical significance of the topic, the degree of its knowledge and sources, and the hypothesis being put forward.

The main part describes the essence of the problem, reveals the topic, determines the author's position, factual material is given as an argument and for illustrations of put forward provisions. The author needs

The main part describes the essence of the problem, reveals the topic, determines the author's position, factual material is given as an argument and for illustrations of put forward provisions. The author must demonstrate the ability to consistently present the material while analyzing it simultaneously. Preference is given to the main facts, rather than small details.

The abstract ends with the final part, which is called "conclusion". Like any conclusion, this part of the abstract serves as a conclusion, due to the logic of the study, which is a form of synthesis accumulated in the main part of scientific information. This synthesis is a consistent, coherent presentation of the results obtained and their relation to a common goal and specific tasks set and formulated in the introduction. It is here that contains the so-called "output" knowledge, which is new in relation to the original knowledge. The conclusion may include suggestions of a practical nature, thereby increasing the value of theoretical materials.

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

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

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

Methodical recommendations for the preparation of presentations

For the preparation of the presentation it is recommended to use: PowerPoint, MS Word, Acrobat Reader, LaTeX-bev package. The simplest program for creating presentations is Microsoft PowerPoint. To prepare the presentation, it is necessary to process the information collected while writing the essay.

The sequence of preparation of the presentation:

1. Clearly state the purpose of the presentation.
2. Determine what the presentation format will be: live presentation (then how long it will be) or e-mail (what the presentation context will be).
3. Select the entire content of the presentation and build a logical chain of presentation.
4. Identify key points in the content of the text and highlight them.
5. Determine the types of visualization (pictures) for displaying them on slides in accordance with the logic, purpose and specificity of the material.
6. Choose the design and format the slides (the number of pictures and text, their location, color and size).
7. Check the visual perception of the presentation.

The types of visualization include illustrations, images, charts, tables. The illustration is a representation of a real-life visual. The images - as opposed to illustrations - are a metaphor. Their purpose is to cause an emotion and create an attitude towards it, to influence the audience. With the help of well-designed and presented images, information can remain permanently in a person's memory. Chart - visualization of quantitative and qualitative relationships. They are used for convincing data demonstration, for spatial thinking in addition to the logical one. Table - specific, visual

and accurate data display. Its main purpose is to structure information, which sometimes facilitates the perception of data by the audience.

Practical tips on preparing a presentation

- printed text + slides + handouts are prepared separately;
- slides - a visual presentation of information, which should contain a minimum of text, a maximum of images that carry meaning
- printed text + slides + handouts are prepared separately;
- slides - a visual presentation of information, which should contain a minimum of text, a maximum of images that carry meaning, to look visually and simply;
- textual content of the presentation - oral speech or reading, which should include arguments, facts, evidence and emotions;
- recommended number of slides 17-22;
- mandatory information for the presentation: the subject, surname and initials of the speaker; message plan; brief conclusions from all that has been said; list of sources used;
- handout - should provide the same depth and coverage as the live performance: people trust more what they can carry with them than disappear images, words and slides are forgotten, and handouts remain a constant tangible reminder; handouts are important to distribute at the end of the presentation; Handouts should be different from slides, should be more informative.

Evaluation Criteria

The stated understanding of the abstract as a holistic copyright text defines the criteria for its evaluation: the novelty of the text; the validity of the choice of source; the degree of disclosure of the essence of the issue; compliance with the requirements for registration.

The novelty of the text: a) the relevance of the research topic; b) novelty and independence in the formulation of the problem, the formulation of a new aspect of the well-known problem in the establishment of new connections (interdisciplinary, intra-subject, integration); c) the ability to work with research, critical literature, systematize and structure the material; d) the appearance of the author's position, independence of assessments and judgments; d) stylistic unity of the text, the unity of genre features.

The degree of disclosure of the essence of the question: a) the plan compliance with the topic of the abstract; b) compliance with the content of the topic and plan of the abstract; c) completeness and depth of knowledge on the topic; d) the validity of the methods and methods of work with the material; e) the ability to generalize, draw conclusions, compare different points of view on one issue (problem).

The validity of the choice of sources: a) evaluation of the used literature: whether the most famous works on the topic of research are involved (including recent journal publications, recent statistics, summaries, references, etc.).

Compliance with the requirements for registration: a) how correct the references to the used literature, references are; b) assessment of literacy and presentation culture (including spelling, punctuation, stylistic culture), knowledge of terminology; c) compliance with the requirements for the volume of the abstract.

The reviewer should clearly state the remark and questions, preferably with references to the work (possible on specific pages of the work), to research and evidence that the author did not take into account.

The student submits a review essay no later than a week before the defense. The reviewer is the supervisor. Experience shows that it is advisable to familiarize the student with the review a few days before the defense. Opponents are appointed by the teacher from among the students. For an oral presentation, the learner needs 10–20 minutes (approximately as long as he answers with tickets for the exam).

Grade 5 is set if all the requirements for writing and defending an essay are fulfilled: the problem is indicated and its relevance is justified, a brief analysis of various points of view on the problem under consideration is made and one's own position is logically presented, conclusions are formulated, the topic is fully disclosed, the volume is met, external requirements are met design, given the correct answers to additional questions.

Grade 4 - the basic requirements for the abstract and its protection are met, but there are shortcomings. In particular, there are inaccuracies in the presentation of the material; there is no logical sequence in the judgments; not sustained volume of the essay; there are omissions in the design; Additional questions for the protection given incomplete answers.

Grade 3 - there are significant deviations from the requirements for referencing. In particular: the topic is covered only partially; factual errors in the content of the abstract or when answering additional questions; during the protection there is no output.

Grade 2 - the topic of the essay has not been disclosed, there is a significant misunderstanding of the problem.

Grade 1 - essay students are not presented.

Guidelines for working with literature

1. It is necessary to make an initial list of sources. The basis may be a list of references recommended in the course work program. For convenience, you can create your own file of selected sources (authors' last name, title, publication characteristics) as a working file in a computer. This card index has the advantage, because it allows you to add sources, replace, if necessary, one with another, remove those that were not relevant topics. The initial list of references can be supplemented using the electronic catalog of the FEFU library, and do not hesitate to contact the library staff for help.
2. Working with literature on one topic or another, one must not only read, but also learn the method of studying it: make a brief summary, algorithm, scheme of the read material, which allows it to be quickly understood and remembered. It is not recommended to literally rewrite the text.

Appendix 2



DEPARTMENT OF EDUCATION AND SCIENCE OF RUSSIAN FEDERATION
FEDERAL PUBLIC AUTONOMOUS EDUCATIONAL INSTITUTION OF HIGHER
EDUCATION

FAR EASTERN FEDERAL UNIVERSITY (FEFU)

SCHOOL OF BIOMEDICINE

ASSESSMENT FUND

«Public health, health economics»

Educational Program

Specialty 31.05.01 «General Medicine»

Full-time education

Vladivostok 2018

Passport of Assessment and Evaluation Fund

Completed in accordance with the Regulations on the Funds of Evaluation Funds of Educational Programs of Higher Education, approved by order of the rector No. 12-13-850 of 12.05.2015.

Code and formulation of competence	Stages of competence forming	
the ability to use the basics of economic and legal knowledge in professional activity (GPC-3)	know	Basics of economic and legal knowledge in professional activities
	Know how	Use regulatory documents and planning methods for organizing professional activities in a medical organization
	Master	Knowledge of regulatory documents and methods of economic analysis for use in calculating the performance of medical organizations
the readiness to maintain and report medical documents (GPC – 6)	Know	Regulations adopted in health care, technical regulations, standards, orders, recommendations, terminology, current classifications for the qualitative management of medical records
	Know how	carry out a statistical evaluation of their work and the activities of the medical organization using the accounting and reporting medical documentation
	Master	Skills of keeping medical records at all stages of treatment and preventive work
the ability and willingness to use social methods of data collection and analysis of medical and statistical information on health indicators of population (PC – 4)	Know	Current trends in the state of public health and methods of its assessment; regulatory framework for accounting for specific groups of diseases, the main accounting and reporting forms, consolidating indicators of the state of health of the population

	Know how	To conduct and analyze the state of health of the population and certain groups with the help of special medico-demographic indicators, to develop measures for its strengthening and preservation
	Master	Skills of calculation of indicators and evaluation of medical and statistical information, skills to develop measures to strengthen and preserve the health of the population
the ability to use the basic principles of organization and management in the field of public health protection, at medical institutions and their structural divisions (PC– 17)	Know	Fundamentals of the legislation of the Russian Federation on the organization of activities of medical organizations, the principles of financing public health organizations; health insurance system; issues of management and economic activities of medical organizations, including the basics of competition and pricing in the market of medical services.
	Know how	Evaluate the volume, quality and costs of medical institutions for the provision of medical care, use economic methods to assess its effectiveness and plan the activities of the medical organization.
	Master	Methods for calculating volume, quality and cost indicators and indicators of the economic efficiency of medical care, the development of measures to improve it; management decision-making, financial and organizational planning skills.
the willingness to participate in the evaluation of the quality of medical care using basic health statistics (PC – 18)	Know	The main regulatory documents for assessing the quality of medical care; levels, types and methods of assessing the quality of medical services, criteria for assessing the quality of resources, the process and outcome of medical care
	Know how	Assess and analyze the performance of the medical organization, a separate unit, an individual employee
	Master	Methods for calculating the volume and quality indicators of the medical organization, department, individual employee; skills to develop

		measures to improve the quality of care
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CONTROL OF ACHIEVEMENT OF COURSE GOALS

№ п/п	Controlled modules/ parts/ themes of discipline	Codes and stages of competence forming	Evaluation		
			Current control		Interim control
1	Module 1. Theoretical Foundations of Discipline, Public Health Policy Module II. Public health and its determinants Module III. Organization of treatment –and - prophylactic care to the population and the functioning of the main health subsystems Module IV. Health promotion. Modern problems of prophylaxis and Healthy life style. Ensuring the sanitary and epidemiological welfare of the population Module V. Organization of therapeutic and prophylactic care to the population and the functioning of the main health subsystems. Module VI. Basics of Health Economics and Medical Insurance	the ability to use the basics of economic and legal knowledge in professional activity (GPC-3)	Knows	OA-1 Interview	Credit questions 30-60
			Able to	PW-1 Test	PW-1 Test
			Possesses	OA-3 Report	OA-2 Colloquium
2	Module 1. Theoretical Foundations of Discipline, Public Health Policy Module III. Organization of treatment –and - prophylactic care to the population and the	the readiness to maintain and report medical documents (GPC – 6)	Knows	OA-1 Interview	Credit questions 1-20
			Able to	PW-1 Test	PW-1 Test
			Possesses	OA-3 Report	OA-2 Colloquium

	functioning of the main health subsystems				
3	Module 1. Theoretical Foundations of Discipline, Public Health Policy Module IV. Health promotion. Modern problems of prophylaxis and Healthy life style. Ensuring the sanitary and epidemiological welfare of the population Module V. Organization of therapeutic and prophylactic care to the population and the functioning of the main health subsystems2	the ability and willingness to use social methods of data collection and analysis of medical and statistical information on health indicators of population (PC – 4)	Knows	OA-1 Interview	Credit questions 1-40
			Able to	PW-1 Test	PW-1 Test
			Possesses	OA-3 Report	OA-2 Colloquium
4	Module 1. Theoretical Foundations of Discipline, Public Health Policy Module II. Public health and its determinants Module VI. Basics of Health Economics and Medical Insurance	the ability to use the basic principles of organization and management in the field of public health protection, at medical institutions and their structural divisions (PC– 17)	Knows	OA-1 Interview	Credit questions 1-20
			Able to	PW-1 Test	PW-1 Test
			Possesses	OA-3 Report	OA-2 Colloquium
5	Module 1. Theoretical Foundations of Discipline, Public Health Policy Module II. Public health and its determinants Module V. Organization of therapeutic and prophylactic care to the population and the functioning of the main health subsystems	the willingness to participate in the evaluation of the quality of medical care using basic health statistics (PC – 18)	Knows	OA-1 Interview	Credit questions 45-80
			Able to	PW-1 Test	PW-1 Test
			Possesses	OA-3 Report	OA-2 Colloquium

The scale of assessment of the level of formation of competencies

Code and formulation of competence	Stages of competence forming		Criteria	Indices	Marks
the ability to use the basics of economic and legal knowledge in professional activity (GPC-3)	Knows	Basics of economic and legal knowledge in professional activities	Knows the basics of economic and legal knowledge	Knowledge of regulatory and economic framework	65-71
	Able to	Use regulatory documents and planning methods for organizing professional activities in a medical organization	Skills in the use of regulatory documents and methods of planning a medical organization	Uses in work on the evaluation of professional activity	71-84
	Possesses	Knowledge of regulatory documents and methods of economic analysis for use in calculating the performance of medical organizations	Ability to develop a plan for the economic development of a medical organization and when calculating the results of its activities	Owens the methodology for drawing up a plan for the economic development of a medical organization	85-100
the readiness to maintain and report medical documents (GPC – 6)	Knows	Regulations adopted in health care, technical regulations, standards, orders, recommendations, terminology, current classifications for the qualitative management of medical records	Knowledge of the standards adopted in health care for the quality of medical records	Implements knowledge of medical record keeping standards in professional activities.	65-71
	Able to	carry out a statistical evaluation of their work and the activities of the medical organization using the accounting and reporting medical documentation	The ability of statistical evaluation of the medical organization with the use of accounting and reporting documentation	Able to carry out a statistical analysis of the work of the medical organization using the accounting documentation	71-84
	Possesses	Skills of keeping medical records at all stages of treatment and preventive work	Possession of medical record keeping skills at all stages of medical activity	Owens the methodology of personnel training in high quality medical records management.	85-100

the ability and willingness to use social methods of data collection and analysis of medical and statistical information on health indicators of population (PC – 4)	Knows	Current trends in the state of public health and methods of its assessment; regulatory framework for accounting for specific groups of diseases, the main accounting and reporting forms, consolidating indicators of the state of health of the population	Knowledge of basic social and hygienic methods of collecting and medical and statistical analysis of information on the state of public health	Knows and uses the basic social and hygienic methods of collecting and medical-statistical analysis of information about the state of health of the population.	65-71
	Able to	To conduct and analyze the state of health of the population and certain groups with the help of special medico-demographic indicators, to develop measures for its strengthening and preservation	The ability to analyze the health status of the population and individual groups using special medical and demographic indicators,	Able to analyze the health status of the population and develop measures to strengthen and preserve it	71-84
	Possesses	Skills of calculation of indicators and evaluation of medical and statistical information, skills to develop measures to strengthen and preserve the health of the population	Skills in calculating indicators and evaluating medical and statistical information on the health status of the population served	skills in calculating health indicators and developing measures to strengthen and preserve the health of the population.	85-100
the ability to use the basic principles of organization and management in the field of public health protection, at medical institutions and their structural divisions (PC– 17)	Knows	Fundamentals of the legislation of the Russian Federation on the organization of activities of medical organizations, the principles of financing public health organizations; health insurance system; issues of management and economic activities of medical organizations, including the basics of competition and pricing in the market of medical services.	Knowledge of the fundamentals of the legislation of the Russian Federation on the organization of the activities of medical organizations, the principles of financing public health organizations	Able to implement basic principles of organization and management using regulatory legal acts using the principles of financing, medical insurance	65-71
	Able to	Evaluate the volume, quality and costs of medical institutions for the provision of medical care, use	The ability to assess the volume, quality and costs of medical organizations for the	The ability to train the staff of structural units to assess the volume,	71-84

		economic methods to assess its effectiveness and plan the activities of the medical organization.	provision of medical care to the population	quality and cost of medical institutions for the provision of medical care using economic methods to assess its effectiveness	
	Possesses	Methods for calculating volume, quality and cost indicators and indicators of the economic efficiency of medical care, the development of measures to improve it; management decision-making, financial and organizational planning skills.	Owns the basics of calculation methods for volume, quality and cost indicators of the effectiveness of medical care.	Possession of methods for calculating the volume, quality and cost indicators of the effectiveness of medical care and the development of measures to improve it	85-100
the willingness to participate in the evaluation of the quality of medical care using basic health statistics (PC – 18)	Knows	The main regulatory documents for assessing the quality of medical care; levels, types and methods of assessing the quality of medical services, criteria for assessing the quality of resources, the process and outcome of medical care	Knowledge of the main regulatory documents for assessing the quality of medical care	Using the main legal documents on the assessment of the quality of medical care in practice	65-71
	Able to	Assess and analyze the performance of the medical organization, a separate unit, an individual employee	Ability to assess and analyze the performance of the medical organization	Use in practical work of a medical organization the skills of assessment and analysis of the results of the work of a medical organization, a separate department, an individual employee	71-84
	Possesses	Methods for calculating the volume and quality indicators of the medical organization, department, individual employee; skills to develop measures to	Uses in practical work of a medical organization the skills of assessment and analysis of the results of the work of a medical organization,	use the methods of calculating the volume and quality indicators of the work of the medical organization, as well as the skills to	85-100

		improve the quality of care	a separate department, an individual employee	develop measures to improve the quality of medical assistance.	
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** A **crit**erion is a sign by which one can judge the difference between the state of one phenomenon and another.*

The criterion is wider than the indicator, which is an integral element of the criterion and characterizes its content. The criterion expresses the most common feature by which the evaluation, comparison of real phenomena, qualities, processes takes place. And the degree of manifestation, qualitative formation, certainty of criteria is expressed in specific indicators. A criterion is a means, a necessary assessment tool, but it is not a rating itself. The functional role of the criterion is in determining or not determining the essential features of the object, phenomenon, quality, process, etc.

The indicator stands in relation to the criterion as a particular to the general. The indicator does not include universal measurement.

It reflects the individual properties and characteristics of a knowable object and serves as a means of accumulating quantitative and qualitative data for criterion generalization. The main characteristics of the concept of "indicator" are concreteness and diagnostics, which implies its availability for observation, registration and fixation, and allows us to consider the indicator as more specific to the criterion, and therefore, the measurer of the latter.

Questions for assessing prior competencies

1. Methods used by public health and health care, their characteristics.
2. Definition of the concepts of individual health, group health, public health. Approaches to their assessment.
3. Risk factors affecting public health. Public Health Program.
4. Public health, methods of its study and evaluation. The value of data on public health for the solution of national economic problems and health development.
5. Statistical aggregate and its properties. Types of statistical aggregates.
6. The unit of observation in the statistical population, the main and accounting signs, types of distribution of signs.
7. Relative and absolute numbers. Types of relative values, their use in the activities of health facilities.
8. Variational series, the stages of its construction. Graphic image of a varying feature.

9. The average level of a sign, types of average sizes. Methods for calculating arithmetic averages. Application in the scientific and practical activities of the doctor.
10. Stages of statistical research. Content of the program and plan of statistical research. Types of statistical tables. Requirements for their construction.
11. Interrelation (correlation dependence) between groups of signs of statistical aggregate. Methods for calculating correlation and regression. Application in research and practice.
12. Method of standardization. Its essence, application in research and practice.
13. Dynamic series and their analysis. Their essence, application in research and practice.
14. Graphic methods of image data. Types of diagrams, requirements for their construction.
15. The subject and content of demography. Methods of studying the population. The value of demographic data in health care practice.
16. Statics of the population. Methods of studying the size and composition of the population. Population census. Organization and methods of conducting.
17. Migration of the population. Medical and social problems of migration. Accounting for migration flows in the planning of medical and social assistance to the population. Communication demographic situation with the living conditions of the population.
18. The main laws of the natural movement of the population.
19. Fertility, as an indicator of the sanitary state of the population. The dynamics of fertility in the country. Its importance in the planning of health care for the population.
20. Total and age mortality, its causes, structure. Rules of registration of a medical certificate of death.
21. Infant and child mortality, levels, dynamics, structure of causes of death in children. Measures to combat infant mortality.
22. Perinatal mortality, levels, causes and structure. Socio-medical aspects of antenatal protection of the fetus.

23. Life expectancy (LE), as an indicator of public health, LE dynamics in the country and abroad.
24. Incidence of the population. Types of morbidity, study methods, indicators, sources of information on morbidity. Tasks of doctors in studying the causes of morbidity of the population.
25. The study of morbidity according to appealability in medical institutions. Accounting for primary and overall morbidity. The role of doctors in studying the incidence of the population.
26. ICD-10, its significance and application in health care practice.
27. Hospitalized morbidity, methods of study and analysis. Socio-hygienic aspects of hospital morbidity.
28. Infectious morbidity, methods of study and analysis. Organization of accounting and reporting of infectious and parasitic diseases in medical institutions.
29. The most important non-epidemic diseases, methods of their study and analysis. Registration of the most important non-epidemic diseases in medical institutions.
30. Incidence with temporary disability, its indicators and methods of study.
31. Fundamentals of legislation on the protection of the health of citizens of the Russian Federation, the principles of protecting the health of citizens, their characteristics.
32. The state of health care at the present stage, the principles of constructing health care. Health systems, their organizational and legal regulation.
33. The rights of citizens and certain groups of the population in the field of health protection and the provision of medical and social assistance.
34. Socio-preventive focus of health development. The strategy of public health of the Russian Federation.
35. The nomenclature of medical institutions, its characteristics.
36. Organization of stationary assistance to the population in the conditions of the modern city. Standards needs of the population in inpatient care.
37. The organization of labor of doctors and nursing staff in the hospital. Evaluation criteria.

38. The organization of primary health care to the population according to the principle of a general practitioner (GP) or family doctor. Rights and obligations of GPs and family doctor.

Accounting medical documentation in the clinic. The organization of operational control over the activities of structural units and specialists.

39. Preventive medical examinations, purpose, objectives. Types of preventive medical examinations. Forms of the organization and conduct of preventive medical examinations. Carrying out additional medical examinations in the conditions of PNP "Health".

40. Dispensary method in the work of medical institutions. Types of clinical examination, the content of the plan for regular follow-up of patients and people with risk factors. Indicators of the effectiveness of clinical examination.

41. The state system OMD in the country. The rights of the family, pregnant women, mothers and minor children in the field of health.

42. The organization of therapeutic and preventive care for children. Children's clinic, the main tasks, methods and forms of outpatient care.

43. Inpatient care for children. Tasks, structure, functions, methods of work. The performance of the hospital children's hospital.

44. Organization of obstetric and gynecological care in the country. Female consultation, its structure, staff, forms and methods of work, problems. The tasks of female counseling in the fight to reduce maternal, perinatal and infant mortality.

45. Perinatal centers, their structure, functions. The role of perinatal centers in reducing maternal, perinatal and infant mortality.

46. Medical examination, its varieties, their characteristics. Place in the system of providing medical and social assistance to the population.

47. Examination of temporary disability, duties of the attending physician, head. department, deputy. chief physician for disability expertise.

48. The procedure for issuing a disability certificate for treatment in a hospital, clinic, at home.

49. Examination of permanent disability. Types MSEC, activities.

50. Theoretical foundations and organizational principles of rehabilitation. Types of rehabilitation, their characteristics.
51. Service for the formation of a healthy lifestyle. Centers for medical prevention, their structure, functions, methods of work.
52. Modern bases of prophylaxis. Her views and directions. Their characteristic. The concept of healthy health in the Russian Federation.
53. Sanitary-epidemiological service, its structure and functions. Forms of interaction with medical institutions. The role of Rospotrebnadzor in the provision of sanitary and epidemiological welfare of the population.
54. AIDS as the most important medical and social problem. The factors causing the growth of injury and death from it.
55. Injury as a socio-medical problem. The factors causing the growth of injury and death from it. Organization of specialized trauma and orthopedic care.
56. Medical insurance is a form of social protection of the population in the field of health protection. The purpose, objectives and ways of implementing health insurance in the country. Types of health insurance. Subjects of health insurance, their characteristics.
57. The organization of compulsory medical insurance. Technology OMS, organization of the medical institution in the conditions of OMS.
58. The concept and concept of quality of care, methodology, methods, approaches to assessing the quality of care.
59. Medical care standards, types of standards, requirements for development and application.
60. The system of training medical personnel in the country, development prospects.
61. Health planning. State Guarantee Program
providing the population with free medical care, methods
planning.
62. Health authorities, their structure. Differentiation
functions in a decentralized management.

63. Methods of remuneration of medical personnel in the implementation programs of state guarantees for the provision of medical care to the population assistance, their characteristics.
64. Health management, goal, objectives, principles and mechanisms management. Management functions at various levels of the control system.
65. Marketing in healthcare, definition of the concept, purpose, objectives. Marketing management concepts.

Evaluation tools for current certification

Tests for the lesson: “Theoretical foundations of public health and health care. The use of statistics in medical and social research. Organization (stages) of statistical research.

Instructions: select one correct answer:

1. Methods for collecting information about family health include:

A demographic

B-clinical

B- sociological +

G - epidemiological

D- Mathematical

2. The main accounting document for the study of infectious morbidity is:

A-outpatient card

Disability certificate

B-emergency notification of an infectious disease, food acute, professional poisoning +

G - card of the outgoing patient from the hospital

D- statistical coupon of the specified diagnosis

3. If tuberculosis is detected or suspected, the doctor fills in:

A - emergency notification of an infectious disease

B - medical record of the patient

B- patient notification with the first-ever established diagnosis

tuberculosis, venereal disease, trichophytia, microsporia, favus,
scabies, trachoma, mental illness +

G - statistical registration coupon

D- list of temporary disability

4. If an oncological disease is detected or a doctor is suspected of it, it fills in:

A - emergency notification of an infectious disease

B-patient notice with the first-ever established diagnosis of cancer or
other malignant tumors +

In the list of temporary disability

G - referral for hospitalization

D - statistical card registration of the updated diagnosis

5. Representativeness is:

And - compliance with the arithmetic mean value or relative
the indicator of the sample aggregate general +

B is an indicator of the reliability of the result obtained with continuous
research

B- indicator of the accuracy of the study

G - a concept characterizing the relationship between the signs.

D- characterization of research methods

6. Medium values are used to study:

A - probabilistic signs that may not be

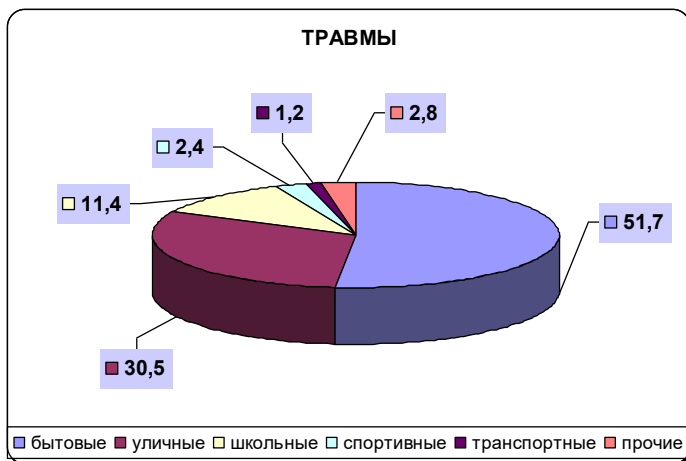
B- likely signs that may be

B- permanent signs inherent in all units of observation +

G - permanent signs inherent in selective units of observation

D - strictly defined signs of the studied phenomenon

7. The figure shows the type of Excel diagram:



A- graphic

B-sector

B- volume, sector +

G - cylindrical

D-bar

8. The average values are used to study:

A - probabilistic signs that may not be

B- likely signs that may be

B- permanent signs inherent in all units of observation +

G - permanent signs inherent in selective units of observation

D - strictly defined signs of the studied phenomenon

9. To estimate the prevalence of any phenomenon or feature is used:

A-intensive indicator +

B- indicators of the dynamic range

B-extensive indicator

G- ratio indicator

D - arithmetic average value

10. When conducting social and hygienic studies, the following research methods are used:

A- historical

B- statistical +

B-expert

Г- sociological

Variant 2

1. Types of relative values:

A - intensive and extensive indicators

B - extensive indicators

B - indicators of visibility

G - ratio indicators

D - intensive, extensive, visibility indicators, ratio indicators +

2. Extensive indicators characterize:

A - structure of the composition of phenomena +

B - the frequency of phenomena in their environment

B - the ratio of two dissimilar media

G - change in dynamics

3. To the extensible condition of patients from

And - population rate of deaths

B - the structure of the population by sex and age + 3

In - show infantile death

G - security of mother and child

D - an indicator of maternal mortality

4. Intensive indicators include:

And - the distribution of patients by sex and age

B - morbidity and mortality rates +

B - structure of diseases by nosological forms

G - provision of the population with medical personnel

5. The frequency (prevalence) of the phenomenon is characterized by indicators:

A - total mortality

B - infant mortality

B - total morbidity by attendance

G - all of the above is true +

6. The structure of infectious morbidity is characterized by:

And - the ratio indicator

B - intensive indicator

B - extensive indicator +

G - an indicator of clarity

7. The ratio indicator characterizes:

A - structure, composition of the phenomenon

B - the frequency of the phenomenon in its environment

B - the ratio of two heterogeneous sets +

G - distribution of the whole into parts

8. In what indicators should the results of the study be presented when studying the composition of infectious patients in the in-patient departments?

A - extensive +

B - intense

B - ratios

G - visibility

9. The symbol that most clearly characterizes the indicators of seasonal morbidity is

A - sector

B - radial +

B - columnar

G - volume

10. Which statistic characterizes the development of a phenomenon in an environment not directly related to it?

A - extensive

B - intense

B - ratios +

G - visibility

D - arithmetic average

Situational tasks related to the topic of the lesson “Theoretical foundations of public health and public health. The use of statistics in medical and social research. Organization (stages) of statistical research.

Task 1

For the development of a comprehensive plan of recreational activities for medical students, the chief doctor of the student clinic, together with representatives of the university trade union committee, studied the influence of risk factors on the prevalence of diseases of the digestive organs (BOP) among students.

Formulate the purpose and objectives of the study, the research program.

Task 2

Conduct a study of the influence of production conditions on the health of apparatchiks synthetic resins in one of the production shops.

Determine the purpose and objectives of the study, give a definition of the aggregate and the unit of observation, what are the accounting signs.

Task 3

Conduct a study of the effect of abortion in the history of women on infant mortality

Determine the purpose and objectives of the study, give a definition of the aggregate and the unit of observation, what are the accounting signs.

Task 4

The purpose of the study is to study the outcomes of the disease in patients treated in hospital treatment for gastric ulcer, to identify ways to improve treatment outcomes.

In accordance with the goal, formulate the main research tasks, define the unit of observation, draw up a data collection program (accounting document).

When calculating the required number of observations to determine among patients, the number of patients requiring surgical treatment is 5%, the probability of an unmistakable prediction is 95%, according to previous studies, the treatment did not produce results in 25% of cases.

Task 5

The purpose of the study is to study the causes of violation of the timing of vaccinations in children of the first three years of life, in order to identify ways to improve the organization of vaccinations in a children's clinic.

In accordance with the goal, formulate the main research tasks, define the observation unit, accounting signs, draw up a data collection program (accounting document).

When calculating the required number of observations to determine the percentage of withdrawals from vaccinations, D is 5%; the probability of an error-free prediction is 95%; according to previous studies, the proportion of children who had withdrawn from vaccinations ranged from 10 to 25%.

Create a layout of the combinational table, with the possibility of studying the dependence of the frequency of tapping on vaccinations on the age and sex of the child

Task 6

The purpose of the study is to study the effectiveness of the clinical examination of schoolchildren with duodenal ulcer, in order to identify ways to improve the effectiveness of follow-up.

In accordance with the goal, formulate the main research tasks, define the observation unit, accounting signs, draw up a data collection program (accounting document).

When calculating the required number of observations to determine the average duration of the disease, D is 0.25%, the probability of an error-free prediction is 95%, and σ is 2.5 years.

Create a layout of the combinational table, with the possibility of studying the dependence of the results of clinical examination of schoolchildren suffering from peptic ulcer disease, from the duration of the disease and the sex of patients.

Task 7

The purpose of the study is to study the organization of follow-up observation of patients with bronchial asthma in order to outline ways to improve it.

In accordance with the goal, formulate the main research tasks, define the observation unit, accounting signs, draw up a data collection program (accounting document).

When calculating the required number of observations to identify the percentage of patients irregularly observed by the doctor, D is 5%, the probability of an unmistakable prediction is 95%, in previous studies, this figure ranged from 10% to 32%.

Create a layout of the combinational table, with the possibility of studying the effect on the regularity of dispensary observation of the dispensary group and the age of patients.

Task 8

The purpose of the study is to study the organization of follow-up observation of patients with rheumatism, in order to identify ways to increase its effectiveness.

Task 8

The purpose of the study is to study the organization of follow-up observation of patients with rheumatism, in order to identify ways to increase its effectiveness.

In accordance with the goal, formulate the main research tasks, define the observation unit, accounting signs, draw up a data collection program (accounting document).

When calculating the required number of observations to determine the proportion of patients removed from the register due to recovery, D is 5%, the probability of an unmistakable prediction is 95%, in previous studies, the percentage removed from the register due to recovery ranged from 60% to 85%.

Create a layout of the combinational table, with the possibility of studying the effect on the effectiveness of clinical examination of the regularity of follow-up and age of patients.

Task 9

The purpose of the study is to study the effectiveness of clinical examination of children with chronic pneumonia in order to identify ways to improve the effectiveness of follow-up.

In accordance with the goal, formulate the main research tasks, define the observation unit, accounting signs, draw up a data collection program (accounting document).

When calculating the required number of observations to determine the percentage taken from dispensary registration, in connection with the cure, D is 5%, the probability of an unmistakable prediction is 95%, in similar studies this figure ranged from 20% to 60%.

Create a layout of the combinational table, with the possibility of studying the effect on the results of clinical examination, the duration of the disease and the age of children.

Task 10

The purpose of the study is to study the reasons for the untimely vaccination and revaccination of children against diphtheria, whooping cough, tetanus, in order to identify ways to improve the work of the vaccination room of the children's clinic.

In accordance with the goal, formulate the main research tasks, define the observation unit, accounting signs, draw up a data collection program (accounting document).

When calculating the required number of observations to determine the percentage of vaccination drops, D equals 3%, the probability of an error-free prediction is 95%, according to previous studies, the proportion of children who had withdrawn from vaccinations ranged from 6 to 15%. study violations of the timing of vaccinations, depending on the type of disease and the age of the child.

Tests for the lesson: "Statistical methods for processing the results of medical and social research."

Instructions: select one correct answer:

1. The average values are used to study:

A - probabilistic signs that may not be

B- likely signs that may be

B- permanent signs inherent in all units of observation +

G - permanent signs inherent in selective units of observation

D - strictly defined signs of the studied phenomenon

2. Standardized indicators allow to evaluate:

A- morbidity, mortality, mortality

B - morbidity structure

B- quality of medical events

G - the degree of influence of the heterogeneous structure of the compared groups on the value of the indicator +

D - the degree of influence of permanent causes on the value of the indicator

3. The level of confidence in medical statistical studies is the probability of the trait being studied - equal to:

A- 68%

B- 90%

B- 92%

G- 94%

D- 95% +

4. Demographic coefficients are expressed, as a rule, in:

A- percent

B-ppm +

B-prodecimile

G - absolute values

DI Metric System

5. The parameters of the dynamic range are:

A- growth rate, growth rate, visibility score +

B- arithmetic average, variance, coefficient of variation

B- arithmetic average error, student's t-test, coefficient variations

G - Chi-square, correlation coefficient, regression index

D - extensive indicator, variance, correlation coefficient

6. The average error of the relative index is calculated by the formula (with $n > 30$)

$m = \pm \sqrt{\frac{pq}{n}}$
$m = \pm \sqrt{\frac{pq}{n^2}}$
$m = \pm \sqrt{\frac{p}{n}}$
$m = \frac{p}{x}$
$m = \frac{p \cdot q}{n}$

Instructions: select the correct answer according to the scheme:

A) - if the answers are 1.2 and 3;

B) - if the answers are correct 1 and 3;

C) - if the answers are 2 and 4;

D) - if the answers are correct 4;

D) - if the correct answers 1,2,3,4

7. The dynamic range can be composed of values:

1. absolute +

2. relative

3. medium

4. relative with arithmetic error

8. The elements that make up the image of the Word table:

Personell of a hospital 1 N

Personell	2006	2007	2008	2009
Doctors	12	14	15	13
Medical Assistant	31	25	29	28
Nurse	1	3	4	7

1. Four rows and five columns

2. Three rows and five columns +

3. 20 cells

4. 12 cells

9. The main purpose of the electronic processor EXCEL:

1. Formation of tabular data +

2. calculation of data using formulas

3. charting

4. saving archive data

10. Windows operating system performs the functions of:

1. Download programs and applications and further work in them +
2. download applications
3. work with the archive
4. ability to network operations

Variant 2

1. Types of relative values:

A - intensive and extensive indicators

B - extensive indicators

C - indicators of visibility

D - ratio indicators

G - intensive, extensive, visibility indicators, ratio indicators +

2. Extensive indicators characterize:

A - structure of the composition of phenomena +

B - the frequency of phenomena in their environment

C - the ratio of two dissimilar media

D - change in dynamics

3. Extensive indices are:

A- birth rate

B-morbidity structure on nosology

C- the ratio of beds

D-maternal mortality rate

4. Intensive indicators include:

A - the distribution of patients by sex and age

B - morbidity and mortality rates +

C - structure of diseases by nosological forms

D - provision of the population with medical personnel

5. The frequency (prevalence) of the phenomenon is characterized by indicators:

A - total mortality

B - infant mortality

C - total morbidity by attendance

D - all of the above is true +

6. The structure of infectious morbidity is characterized by:

A - the ratio indicator

B - intensive indicator

C - extensive indicator +

D - an indicator of clarity

7. The ratio indicator characterizes:

A - structure, composition of the phenomenon

B - the frequency of the phenomenon in its environment

C - the ratio of two heterogeneous sets +

D - distribution of the whole into parts

8. In what indicators should the results of the study be presented when studying the composition of infectious patients in the in-patient departments?

A - extensive +

B - intense

B - ratios

G - visibility

9. The symbol that most clearly characterizes the indicators of seasonal morbidity is

A - sector

B - radial +

B - columnar

G - volume

10. Which statistic characterizes the development of a phenomenon in an environment not directly related to it?

A - extensive

B - intense

B - ratios +

G - visibility

D - arithmetic average

Situational tasks to the topic of the lesson “Statistical methods for processing the results of medical and social research”.

Task 1

When studying the health of workers of one of the industrial enterprises, it turned out that in the year under study, the flu was 25%, and in the previous year - 15%

Draw this information graphically, make the appropriate conclusion. dysentery

Task 2

When analyzing the infectious morbidity in the city of N., the doctor found out that in the structure of the infectious pathology, dysentery in the previous year was 25%, and in the studied year - 10%, on the basis of which the doctor concluded that the incidence of dysentery was reduced.

Do you agree with the conclusion of the doctor, justify your conclusion.

Task 3

According to a study of the health status of health care workers, the proportion of people with chronic pathology in the age group up to 29 was 10%, and at the age of 60 and over - 76%.

Which of the relative indicators used in this task, present graphically indicators.

Task 4

After immunization of children with flu vaccine, out of 550 vaccinated children, 241 (44.3%) fell ill. In the control group of 1300 children not immunized against the flu, 624 children (48%) fell ill.

Determine the effectiveness of the vaccine used by calculating the incidence rates and examining the reliability of their differences with the help of confidence limits and Student's criterion.

Task 5

100,000 people live in the city of N. 1100 nurses work in the city's medical institutions. The provision of nurses in the city is 90.0 per 10,000 inhabitants.

Compare the availability of nurses in the city. What indicator is used for this? Present the results graphically.

Task 6

As part of the targeted medical examination of the working population in the city clinic, an analysis of the incidence of circulatory system diseases of people aged 40-55 years was carried out. Of the 40,000 attached individuals of this age, 80 patients had a history of acute myocardial infarction, of whom 6 people died of this disease during the year studied.

Determine the incidence of the studied population of acute myocardial infarction, the age-related incidence rate, present the data obtained graphically.

Task 7

In connection with the study of the high incidence of children in organized groups of the N-rayon region, it was revealed that out of 540 cases of acute intestinal infections, 140 cases were acute enteritis, 180 cases were food toxicoinfections, 110 were hepatitis A, and the remaining cases were dysentery.

What indicators allow to analyze the situation, calculate all possible indicators, present graphically.

Task 8

In the city clinic, out of the total number of employees, 32 doctors have a qualification category, of which 16 persons have the second category, 10 - the first, 6 - the highest.

Give a description of the staff of the clinic, calculate all possible indicators, present graphically.

Task 9

In the children's hospital "A" out of 1600 operated 10 patients died, in the children's hospital "B" out of 1800 operated 16 patients died (the distribution of patients according to the types of intervention in these hospitals is approximately the same).

Assess the reliability of the difference in the lethality of the operated.

Task 10

In the area of "A" with a population of 75,000 people. During the year, 743 people died. In the "B" region, the population of which amounted to 89,000, 820 people died. The age and sex composition of the residents in the two districts was about the same.

It is necessary to determine whether the mortality rates differ in these areas.

Test tasks for the lesson: "Public health and its determining factors. Medical demography, morbidity of the population, methods of study and analysis. Disability, social and medical aspects. Physical development, methods of study.

Variant 1

1. When conducting social and hygienic studies are used

following methods:

A – historic

B – statistical

C– experimental

D– economic

E– sociological

F - all of the above +

2. Factors affecting public health are;

A– Genetic

B– natural and climatic

C- level and lifestyle of the population

D– level, quality and availability of medical care

E - all of the above +

3. The infant mortality rate is calculated by the formula:

A– $(\text{number of children who died before the age of 1 year} + \text{number of children born dead}) \times 1000 / \text{number of all born (dead and alive)}$;

B– $(\text{the number of children who died before the age of 1 month}) \times 10,000 / \text{number of people born alive and dead}$;

C– $(\text{number of children who died before 1 year} \times 1000) / \text{average population}$;

D– $(\text{number of children who died before the year} \times 1000) / \text{number of stillborn}$;

E– $(\text{number of children who died before 1 year in a given calendar year} \times 1000) / (\text{2/3 born in a given year} + \text{1/3 born in a previous year}) +$.

4. Choose the most appropriate definition of demographics:

A– the science of reproduction of the population and its development +

B– studies the patterns and social dependence of migration and population reproductive behavior

C - the science of the effects of health on demographic processes

D - the science of the population and its social development.

5. Name the types of population reproduction:

A- progressive, regressive, stationary +

B– narrowed, stationary, advanced

C– stationary.

6. Name the main causes of perinatal mortality:

A– birth injuries, malformations, diseases of newborns +

B- - intestinal infections

C- diseases of the respiratory system

D - other reasons.

7. The main sources of information about public health are the following:

A– official mortality information

B– epidemiological information

C- - data of social and hygienic monitoring of the environment and health

D - all of the above is true +

8. The following factors influence the preservation and strengthening of public health:

A– the level of culture of the population

- B- environmental factors
- C – quality and availability of medical care
- D- safe working conditions;
- E- all of the above +.

9. The infant mortality rate is calculated:

- A- Percentage
- B- per 1000 births +
- C - per 10,000 births.

10. Common indicators of the natural movement of the population are:

- A- fertility
- B- total mortality
- C – natural increase
- D - all of the above is true +

Variant 2.

1. The perinatal mortality rate is calculated by the formula:

- A - (the number of children born dead + the number of children who died during the first year of life) x 1000 / number of children born alive;
- B - (the number of children born dead + the number of children who died during the first 7 days of life) x 1000 / number of children born alive and dead; +
- C - (the number of children born dead + the number of children who died during the first 28 days of life) x 1000 / number of children born alive and dead;
- D - (the number of children born dead) x 1000 / number of children born alive and dead;

2. Medical demography studies:

A - “static” of the population (size, resettlement, density, etc.)

B - “dynamics” of the population (mechanical and natural movement)

C - “statics” and “dynamics” of the population +.

3. In the structure of mortality in Russia, the leading places are:

A - infectious and parasitic diseases, diseases of the digestive system; mental illness

B - diseases of the circulatory system; neoplasms; injuries and poisoning +

C - neoplasms; injuries and poisoning; respiratory diseases

D - diseases of the circulatory system and injuries.

4. As a criterion for assessing health indicators should be used:

A - national indicators

B - similar indicators of neighboring territories

B - figures for previous years

C - all of the above is true +

5. The state of public health is assessed by indicators:

A - medical demographic

B - incidence

C - disability

D - physical development

E - all of the above is true +.

6. The subject of public health study is

- A - individual health
- B - public health and factors affecting it +
- C - epidemiology of diseases
- D - public health

7. Demography is a science that studies

- A - public health
- B - factorial health condition
- C - population reproduction +
- D - patterns of public health

8. Medical demography studies

- A - statics and population dynamics +
- B - incidence of the population
- C - disability
- D - physical development

9. Type of age structure of the population of Russia -

- A - regressive +
- B - progressive
- C - stationary
- D - mixed

10. The main indicators of the natural movement of the population are

- A - birth rate and death rate +
- B - disability

C - incidence

D - natural loss

Variant 3

1. Primary morbidity is:

A - the diseases for the first time revealed this year; +

B - the incidence recorded by the doctor and recorded in the medical records;

C - the totality of all diseases among the population, first identified in a given year or previously known, about which patients again applied in a given year;

D - accounting of all diseases (infectious, non-epidemic, with HLA).

2. The total incidence is

A - newly diagnosed diseases in a given year.

B - all diseases registered in a given year +

C - diseases detected during targeted medical examinations.

D - diseases identified during periodic medical examinations.

3. Indicate the main types of diseases subject to special accounting.

A - infectious morbidity

B - non-epidemic

C - hospitalized

D - incidence with VUT

E - all of the above +

4. In which institution the notification of an infectious disease is sent

- A - to the infectious diseases hospital
- B - to the "Center for Hygiene and Epidemiology" +
- C - to territorial health authorities
- D - all of the above is true

5. Indicate the main methods of studying the incidence.

- A - on appealability
- B - preventive examinations
- C - registration of causes of death
- D - all of the above +

6. When studying the overall incidence (according to data of outpatient clinics) is used

- A - outpatient medical record
- B - the ambulatory patient's balance +
- C - register of infectious and parasitic diseases in hospitals and in the "Center for Hygiene and Epidemiology"
- D - all of the above is true

7. Indicate the primary medical document for statistical records of hospital morbidity.

- A - there is no such document.
- B - statistical map of the retired from the hospital, f. No. 066 / y +
- C - list of accounting for the movement of patients and hospital inpatient facilities, F. No. 007 / y
- D - the consolidated statement of accounting for the movement of patients and hospital facilities in the hospital, department or profile of beds, F. No. 016 / y

8. In the study of infectious morbidity is used:

A - Journal of registration of infectious diseases of health facilities and "Centers for Hygiene and Epidemiology"

B - emergency notification of an infectious disease, food poisoning, occupational disease +

C - monthly and annual report on the number of infectious diseases

D - Report on active tuberculosis diseases

9. The structure of infectious morbidity is characterized by:

A-ratio indicator

B - intensive indicator

C - extensive indicator +

D - indicator visibility

10. Studying of incidence with VUT is based on:

A - analysis of sick leave +

B - selective study of persons temporarily lost their incapacity for work.

C - analysis of population circulation data

D - all of the above is true

Variant 4

1 Intensive indicators include:

A-distribution of patients by sex and age

B-indicators of morbidity and mortality +

C-structure of diseases by nosological forms

2. The diagram that most clearly characterizes the structure of the incidence is:

A-sector +

B-radial

C-bar

D-volume

3. Under the physical development understand:

A - the set of all anthropometric features and the results of functional measurements

B-stomatoskopic signs and indicators

body data

C- all of the above +

4. The greatest labor losses of the population in Russia in recent years are due to the causes of death from:

A - acute vascular conditions and injuries and poisoning

B - injuries and poisoning, neoplasms

C - acute vascular conditions and neoplasms

D - acute vascular conditions, external causes, neoplasms +

5. According to the appealability of the population in the clinic, the following types of incidence are distinguished:

A- overall morbidity by negotiability

B- primary morbidity by negotiability

C- morbidity with temporary disability

D - all of the above is true +

6. The study of morbidity with temporary disability is based on:

A- analysis of disability certificates and report on the form 16-BH +

B- selective study of persons temporarily disabled

C- analysis of data appealability

D - analysis of sick leave and turnover data

7. Indicators of the study of the incidence of temporary disability (ITD) are:

A - the number of days with VUT per 100 employees

B - the number of cases with VUT per 100 employees

C- average duration of 1 case of HLA

D- all of the above is true +

8. The total incidence is:

A- incidence rate according to the appealability

B- incidence recorded by a doctor and recorded in the medical records

C - a set of newly diagnosed and previously known diseases, about which patients applied for the first time in a calendar year +

D - the account of all diseases and the special account of diseases, including infectious morbidity, non-epidemic morbidity, morbidity with VUT, hospitalized morbidity

9. Under the primary morbidity by negotiability understand:

A - a set of acute diseases identified among the population

B-aggregate for the first time in the life of registered chronic diseases

In fact, both are true +

10. When studying the overall incidence (according to outpatient institutions) is used:

A- outpatient patient coupon +

B- log of registration of infectious diseases

C- personal card of the employee

D- Summary of the register of diseases

Situational tasks related to the topic of the lesson: “Public health and its determining factors. Medical demography, morbidity of the population, methods of study and analysis. Disability, social and medical aspects. Physical development, methods of study.

Task 1

In the city of F. in 2016, among the general population, the proportion of children aged 0–14 years old is 26%, those aged 15–19 years old are 50.5%, and those over 50 years old are 23.5%. The birth rate is 8.79, the total mortality rate is 10.2, and the infant mortality rate is 17.7.

To assess the demographic situation in the city of F.

Task 2

In 2016 In the city of L., 31966 children were born, 660 of them were stillborn. The average population size was 1,092,000, incl. women aged 15–49 were 357,002. Calculate birth rates, stillbirths and fecundity rates.

Task 3

In the city of R., children under the age of one year died 920, of which born this year were 804, and 116 born last year. In total, 39,217 were born alive this year, and 37,015 the previous year.

Calculate infant mortality in two ways.

Task 4

In a city with a population of 35 thousand people, of which 20 thousand are women, 870 children were born, including 522 girls. 870 people died this year, 180 of them women. Calculate the total birth and death rates, the number of girls among births and the number of women among the dead, the death rates of men and women.

Task 5

In Y-Krai in 2016, the following demographic indicators were shown:

Birth rate per 1000 population - 11.9

Mortality per 1000 population - 13.8%

Infant mortality per 1,000 live births - 10.8%

Life expectancy: both sexes - 64.9 years

men - 59.8 years,

women - 70.7 years.

Give an assessment of these indicators.

Task 6

In the area A of the N-region, there are 105,000 people, including women - 15-49 years old - 45700. In 2016, 1453 were born. 721 people died, including up to 1 year 50.

Causes of infant mortality: pneumonia-12, birth injuries - 3, congenital anomalies - 7, hemolytic diseases of newborns - 4, prematurity - 6, injuries - 1, intestinal infections - 8, ARD -9.

Based on the above data, calculate: birth rates, mortality rates, fecundity rates, natural increase rates, infant mortality rates, infant mortality structure.

Task 7

Calculate the perinatal and neonatal mortality rates in the city:

Born alive - 2900 people

Born Dead - 40 people

Died in the first 7 days of life - 30 people

85 people died in the first month of life.

Task 8

117528 people live in the area of A.N.

Born in 2016 - 2453. 826 died, incl. 1 year old children - 82.

Based on the above data, calculate: the birth rate, total mortality rate, infant mortality.

Task 9

In the N-district with a population of 46,000 people, of which women aged 15-49 are 18,000, 980 children were born (last year 1190), 780 people died. The number of children who died before the age of 1 year was 34 people. The number of deaths of children under 1 year of pneumonia in the previous year was 18.0 ± 2.0 per 1,000 births.

Calculate demographic indicators using Student's criterion, confirm the significance of differences in mortality from pneumonia in the first year of life in the N-rayon, compared with last year, analyze and draw a conclusion.

Task 10

In the city of M. with an average population of 35,000, 240 people died during the year, including 20 people from infectious diseases, 103 from diseases of the cardiovascular system, 42 from malignant neoplasms, 15 from pneumonia, 60 from other diseases.

Calculate the total and specific mortality rates, the structure of causes of death.

Task 11

The plant employs 950 people. During the year, they were given 900 sheets of temporary disability with a total number of days of disability - 12,600.

Calculate incidence rates with temporary disability:

- the number of cases of disability
- the number of days of disability
- The average duration of 1 case of disability.

Task 12

In 6 microdistricts of the city of N located at different distances from the industrial zone, the incidence of adult respiratory diseases was studied. As a control area, take microdistrict number 6, located at a minimum distance from the industrial zone

Morbidity in different parts of the city N. (per 1000 population)					
Area №1	Area №2	Area №3	Area №4	Area №5	Area №6
191,23±4,3	150,3±3,9	149,4±7,03	112,78±2,5	93,3±7,6	71,97±4,1

Determine the priority of measures to optimize the air balance in the microdistricts of the city according to rank, taking into account the coefficient of reliability of various incidence rates in the experimental and control microdistricts. What are the accounting forms used in the study of the overall incidence of the population in clinics, as well as the basic accounting signs.

Task 13

Calculate the incidence rates of children from the following data:

Age, total registered patients	Total morbidity	Including angina
Total children 10000	12000	600
Below 1 year 1200	960	-

Task 14

It is necessary to study the incidence of temporarily disability in relation to hypertensive disease in patients who are at the dispensary in order to identify ways to reduce it.

Formulate the main objectives of the study, determine the unit of observation, accounting signs, draw up a program of data collection.

When calculating the required number of observations, note that the probability of an accurate prediction is $P = 95\%$, $d = 1.5$ cases, the marginal error $D = 0.2$ cases. When drawing up a layout of the combinatorial table, consider the possibility of studying the dependence of the incidence of cases of temporarily disability on the stage of the disease and age.

Task 15

The incidence of temporarily disability in 2 workshops (No. 1 and No. 2) of the Artyomovsk garment factory with similar working conditions, but with different age structures was 136 and 115 cases per 100 employees. Standardized (by age) rates are respectively 120 and 128 cases per 100 employees.

Analyze and give a conclusion.

Task 16

According to the report on temporary disability (F. 16) at the Artyomovsk garment factory, 1080 cases of illness with temporarily disability were recorded. The number of days with temporarily disability was 8000. According to the development of personalized registration cards for the incidence of workers, the number of sick persons was 640 (in the previous year, 80_ + 2% per 100 year-round workers). Average number of employees in the factory - 800 (year-round - 740). It is necessary to calculate incidence rates with temporarily disability, to analyze them and draw a conclusion.

Task 17

Name of nosology	Absolute numbers		Extensive indices	Intensive indices
	2015	2016		
Heart attack	100	120		
Angina	1000	1000		
Others	5000	6000		
Totally	6100	7120		

Calculate all possible indicators, give the analysis.

Tests for the lesson: "Organization of medical care for the population, primary health care, modern forms of organization of medical care. Organization of outpatient polyclinic assistance to the population Organization of GP work (family doctor) "

Variant 1

1. Development of a polyclinics help to adults predicts :

A - strengthening and development of forms and methods of rehabilitation and preventive medicine

B - the development of general practical practices

C - development of therapeutic and diagnostic technologies

D - the development of new forms of ambulance and polyclinics help

E –all the above is true +

2. To the basic ways of improving primary health care, this is:

A - introduction of the general practical practice (family practice)

B - perfecting the cooperation with the between ambulance and hospital

C - the development of new organizational forms of outpatient care.

D - all of the above is true +

3. The activities of the ambulance and polyclinics are included:

A – medical, preventive work , medical examination +

B - establishment of quarantine

C - control over sanitary and epidemiological well-being of the population

4. The number of services on a rational survey on a plot of the total (family) practice should be to put:

A - less than 1200

B - 1200+

B - 1500

G - 1700

5. In the functions of the registry are all, except one is correct:

A - write to the patients to take to the doctor

B - issuance of an ambulatory card to the patient to see a doctor

C - provision of preservation of medical cards of medical cards of patients

E - direction of the parasites on the basis of the study +

6. During the service of the patient's rationes for the additional participant of the doctor of the of the doctor of the

A - to ensure the early detection of the illnesses

B - to rationally provide medical assistance to a large number of patients.

C - to attend to the patients on the day before the day you go out

D - all of the above is true +

7. The main aspects of the activities of the specialists are: right, all but one

A - medical and diagnostic work in the hospital and at home

B – advisory work in hospital

B - advisory work at home +

G – preventive profile work

8. Continuity in the work of the hospital and clinic provides: right, all but one

A-planned hospitalization

B - analysis of discrepancies in the clinics and hospitals diagnoses

B-analysis of the validity of referral to hospitalization

G - analysis of discrepancies in clinical and pathologo-anatomical diagnoses +

9. The number of the population served in the therapeutic area is:

A - less than 1700

B - 1700+

B - 1500

G - 2000

10. The polyclinic for the provision of primary health care to the adult population is an independent medical organization or a subdivision of the medical organization that provides

A-Primary Health Care

B-primary medical and specialized primary health care

V-palliative care

G - all of the above is true +

D- all of the above is true, except for palliative.

Option 2

1. Primary health care includes the following types:

A-Primary First Aid

B- primary medical and health care

B- primary specialized medical care

G-all of the above is true +

2. In the activities of the clinic includes: right, all but one

A-diagnostic work

B-preventive work

V-examination

G-examination of temporary disability

D- state control of the quality of care +

3. To the main ways of improving primary health care, they are:

A-introduction of general practice (family doctor)

B-improvement of continuity between the polyclinic, hospital and the NSR

B- improving the effectiveness of preventive work and FZOZH

G - the development of new organizational forms of outpatient care

D-all of the above is true +

4. Continuity in the work of the hospital and clinic provides:

A-planned hospitalization

B-analysis of discrepancies diagnoses polyclinic and hospital

V-analysis of the reasonableness of referral to hospitalization

G-all of the above is true +

5. Primary medical statistical documentation necessary for work.

GP therapist:

A-patient card

Outpatient b-coupon

In-emergency notice

G-medical death certificate

D-all of the above

6. The content of the work of the district doctor therapist includes: true, all but one

A-organizational and methodical work

B-diagnostic and preventive work

In-examination of the quality of care +

G-expertise of temporary disability

7. Primary pre-medical and primary medical and health care are organized by:

A-territorial principle

B-shop local principle

B is both right

8. The population is served at the primary health care sites: right, all but one

A-paramedic medical assistant or obstetric station;

B-therapist-local precinct, therapist-generalist in the precinct of the workshop medical site, the district nurse at the therapeutic site (including the workshop);

B-specialists and nurses

G-General practitioner (family doctor), assistant general practitioner, nurse general practitioner at the site of a general practitioner (family doctor).

9. In the structure of the adult clinic can be: right, all but one

A - office trust;

B-room crisis and medical and psychological relief;

B-box +

G- room for medical care in case of quitting smoking;

D- Department (office) of medical prevention;

E-health center

10. The main tasks of the clinic are to provide:

A-primary (pre-medical, medical, specialized) health care +

B-emergency

V-emergency room

G-all of the above is true

Situational tasks for the lesson: “Organization of medical care for the population, primary health care, modern forms of organization of medical care. Organization of outpatient polyclinic assistance to the population. Organization of work of GP (family doctor) ”.

Task 1

CRH serves 43152 people. There are 84 medical positions in the Central Regional Hospital, of which 47 are in the polyclinic. In fact, 74 of them work at the polyclinic 42. All full-time positions are occupied both in the polyclinic and in the in-patient department. Of the total number of doctors, they have work experience up to 5 years - 6 people, from 5 to 10 years - 10, from 10 to 15 - 35, from 15 and above - 23 people, of which have qualification categories: the highest - 1 person, the first - 3 people, the second - 5 people.

It is necessary to calculate the provision of the population with medical personnel, the indicator of staffing, the proportionality ratio, the distribution of doctors according to length of service, qualification categories and an assessment of medical personnel of the CDH.

Task 2

The general therapeutic department of the city hospital, which is part of the therapeutic department, has 60 beds, including 5 intensive care beds. During the year, 18,600 bed-days were spent by patients. The average length of stay of the patient in a therapeutic bed is 22 days. Deficiencies in the organization of hospitalization, movement and discharge of patients were revealed, bed capacity was used irrationally.

Which of the department's performance can be calculated?

Calculate it, estimate and specify additional factors affecting the level of the indicator.

Task 3

The polyclinic serves 25,000 residents, it has 13 district physicians. Over the past year, 156,000 open source softwares were completed, of which 150,000 cases were completed, 6,000 were incomplete.

Calculate the required indicators and give an estimate.

Task 4

After immunization of the population with a flu vaccine out of 500 people vaccinated, 241 (48.2%) fell ill. In the control group of 1300 people not immunized against the flu, 624 people (48%) became ill.

Determine the activity of the vaccine used by calculating the incidence rates and assessing the reliability of their differences using the confidence limits and Student's criteria.

Task 5

The clinic serves 22,000 people. During the past year, 126,000 ACTs, 268,000 visits and 37,000 cases of diseases were recorded.

Calculate the required indicators and give an estimate.

Task 6

The polyclinic serves 32,000 people. During the past year, 156,000 STRs were performed, 368,000 visits and 57,000 cases of diseases were registered.

Calculate the required indicators and give an estimate.

Task 7

It is necessary to study the effectiveness of clinical examination of hypertensive disease in patients with hypertensive disease, who are at the clinic in the clinic, in order to identify ways to reduce it.

Formulate the main indicators for evaluating the effectiveness of clinical examination, determine the unit of observation, the unit of accounting.

Task 8

In the city clinic, out of the total number of employees, 32 doctors have a qualification category, 16 of them have the second category, 10 have the first, 6 have the highest, and 28 have the certificates of a specialist.

What indicator can be used to present and describe the composition of the doctors of the polyclinic, calculate and present graphically, draw conclusions.

Task 9

As part of an additional examination of the working population in the city clinic, an analysis of the incidence of circulatory system diseases of people aged 40-55 years was carried out. Of the 40,000 attached individuals of this age, 80 patients had a history of acute myocardial infarction, of whom 6 people died of this disease during the year studied.

Determine the level of morbidity of the studied population of acute myocardial infarction, mortality from this cause, draw conclusions, outline the plan of measures.

Task 10

There are 25 doctors in the clinic, 11 of them are local therapists and 14 are specialist doctors, 12 have a second category, 7 have the first, 6 have the highest category, 23 have specialist certificates.

Calculate the possible indicators and make a conclusion.

Task 11

Over the past year, 340 patients with rheumatism were treated at the polyclinic, with which 530 ACTs were performed, of which 150 were primary and 2,778 visits were made.

It is necessary to calculate indicators and make a conclusion.

Task 12

Over the past year, 530 STRs were performed at the polyclinic for rheumatism, of which 150 were primary care cases. 2778 visits were made for rheumatism.

Indicate which indicators need to be calculated and determine the nature of each of them.

Test tasks for the lesson: “Organization of inpatient care and emergency medical care. Organization of medical and preventive care for the working and rural population ”

1. The tasks of providing inpatient care include everything, except one:

A- improving the quality of medical care

B- integration of preventive and therapeutic and diagnostic work

C- implementation of measures for primary (factor) prevention +

D - implementation of measures for secondary (medical) prevention

2. The function of the admission department of the city hospital is, all but one:

A-treatment of patients

B- registration of documents for admitted patients

C- first aid to those in need

D - record of the preliminary diagnosis in the medical card of the inpatient

E- primary disease prevention +

3. In order to determine the population's need for inpatient care, indicators are used, rightly all but one:

A - population

B-level of appealability (morbidity) per 1000 population +

C-percent of patients in need of hospitalization, of the number of registered (percentage of selection for bed)

D - the average length of stay of the patient on the bed

E - the number of procedures per hospitalized +

4. Specify a single accounting document for statistical development of hospital morbidity.

A-No such document exists.

B- international classification of diseases, injuries and causes of death

C- statistical map of the retired from the hospital, f. # 066 / y +

D- sheet of accounting for the movement of patients and hospital bed capacity, f. No. 007 / y

E- the consolidated statement of accounting for the movement of patients and hospital beds in the hospital, department or profile of beds, f. No. 016 / y

5. The organization of the hospital is characterized by the following indicators

A - the average number of days the bed

B - bed turnover

C-In - the average length of stay of the patient in the hospital

D - all of the above +

6. Primary medical statistical documentation is necessary for:

A - registration of the phenomenon under study (for example, the incidence of the disease diagnosed for the first time in life);

B - operational management of health facilities; +

C - elaboration of a concrete informed decision;

D - studying the characteristics and patterns of the state of public health;

E - all of the above.

7. Medical assistance to the rural population is provided in the following stages: (everything is correct, except for one)

A - rural medical site

B - Central District Hospital

C-In - regional medical institutions

D - city polyclinic +

8. Under the socio-hygienic factors affecting the level health care of rural residents understand: (that's right, except one)

A - working conditions of rural residents

B - conditions of life of the rural population

C - distances and density of settlement

D - meteorological conditions +

9. Factors affecting the organization of medical care to the rural population: (everything is correct, except for one)

A - dispersion of settlements

B - small population in them.

C - features of agricultural production

D - religious affiliation of the population +

10. Rural medical site combines: (right, all but one)

A - district hospital (outpatient clinic)

B - obstetric points

C - collective maternity hospitals

D - kindergartens and nurseries +

Variant 2

1. The size of the territory of the VCA is determined depending on: (all is true, except for one)

A - population

B - radius of service

C - local conditions

D - material and technical equipment +

2. The main tasks of the rural district hospital: (everything is correct, except for one)

A - rendering the treatment-and-prophylactic help to rural population

- B - medical and preventive measures for the protection of maternal and child health
- C - organization of follow-up observation of rural residents
- D - implementation of medical and social expertise +

3. Functions of the feldsher – obstetric point: (all except one is true)

- A - provision of first aid to the population
- B - assessment of the quality of clinical examination of the population +
- C - carrying out activities to reduce morbidity and mortality of the population
- D - increase of sanitary-hygienic culture of the population.

4. The main functions of the central rural hospitals: (everything is correct, except for one)

- A - provision of qualified inpatient and polyclinic medical care to the population of the district and district center
- B - operational management of all medical and preventive treatment institutions of the district
- C - organization of work of medical expertise +
- D - implementation of excellence, innovation and marketing
- E - organization of quality control of treatment of patients

5. Sections of the work of the Organizational and Design Office of the Central Clinical Hospital: (everything is correct, except for one)

- A - a summary of statistical data on the state of health of the population and the activities of health facilities in the area
- B - development of organizational and methodological measures of medical services for the population of the district
- C - planning of sanitary epidemiological measures in the area +
- D - the organization of departure teams doctor

6. Functions of the head doctor of the central hospital for administrative and managerial

activities: (everything except one is true)

A- the organization of treatment-and-prophylactic, administrative, economic and financial activities

B - work with personnel

C - organization of work of medical expertise +

D - organization of work to provide the population with all types of medical care.

7. Objectives of the regional hospital: (everything is correct, except for one)

A - provision of the population of the region in full with highly specialized, qualified, advisory, outpatient and inpatient care

B - rendering organizational and methodical assistance to medical institutions of the region

C - provision of emergency and planned medical care.

D - the organization of sanitary and anti-epidemic measures in the area +

8. The structure of the regional hospital includes: (everything is correct, except for one)

A - hospital with specialized units

B - advisory clinic

C - emergency and scheduled emergency department

D - the regional department of medical and social expertise +

9. The functions of the emergency department and planning and advisory assistance: (all except one is true)

A - organization and conduct of field consultations of medical specialists

B - holding correspondence consultations

C - development of proposals on the procedure and indications for referral of patients for consultation.

D - transportation of corpses +

10. Consultative Polyclinic of the regional hospital: (all is true, except one)

- A - provides consultative, diagnostic and medical assistance in accordance with the licenses obtained and the certificate
- B - carries out consultations of experts of other MPI, including correspondence ones
- C - provides management of patients with severe forms of disease.
- D - the structure of the clinic varies depending on the population

Situational tasks for the lesson: “Organization of inpatient care and emergency medical care. Organization of medical and preventive care for the working and rural population ”

Task 1

The general therapeutic department of the city hospital, which is part of the therapeutic department, has 60 beds, including 5 intensive care beds. During the year, 18,600 bed-days were spent by patients. The average length of stay of the patient in a therapeutic bed is 22 days. Deficiencies in the organization of hospitalization, movement and discharge of patients were revealed, bed capacity was used irrationally.

1. Which branch performance can be calculated?
2. Calculate it, evaluate and indicate additional factors affecting the level of the indicator.

Task 2

The general therapeutic department of the city hospital, which is part of the therapeutic department, has 60 beds, including 5 intensive care beds. During the year, 18,600 bed-days were spent by patients. The average length of stay of the patient in a therapeutic bed is 22 days. Deficiencies in the organization of hospitalization, movement and discharge of patients were revealed, bed capacity was used irrationally.

1. Which branch performance can be calculated?
2. calculate it, estimate and indicate additional factors affecting the level of the indicator.

Task 3

The population of the district is 60,000 people. The population of the area is served by 150 doctors. There are 500 beds in medical institutions.

Based on the absolute numbers presented in the problem, it is necessary:

Calculate indicators of provision of the population of the district with doctors.

Calculate indicators of the provision of the population of the area with beds.

Task 4

Calculate and evaluate the performance indicators of the hospital, having the following data: in the reporting year there were 150 beds in the hospital, 2,800 people were admitted, 2,700 were discharged, 20 patients died, and all patients had 45,200 bed-days per year.

Task 5

In an infectious diseases hospital with 100 beds, the average bed occupancy per year was 320 days. Hospital expenses are 145,000 rubles.

Determine the economic losses from idle beds, if it is known that the planned indicator of average annual bed occupancy is 340 days.

Task 6

In hospital A, out of the total number of deaths per year, 1,265 were revealed, cases of coincidence of clinical and pathoanatomical diagnoses 1205. In hospital B, 1,540 dead were revealed, cases of coincidence of clinical and pathoanatomical diagnoses 1240.

Determine% coincidence of clinical and autopsy diagnoses in two hospitals. Assess the degree of confidence by student's criterion.

Task 7

In the children's hospital "A" out of 1600 operated 20 patients died. Out of 1,800 operated patients, 36 patients died in the children's hospital "B" (the distribution of patients by type of intervention in these hospitals is about the same).

Is there a real difference in the lethality of the operated?

Task 8.

Last year, 1842 patients were admitted to the CRH for 75 beds, 1834 were discharged, and 8 died. All the dead were opened, the diagnosis was clinical and the pathoanatomical coincided in 6 cases.

Calculate all the necessary indicators and evaluate the work of the hospital.

Task 9.

In the central hospital for 150 beds during the year, 2,800 patients were admitted, 2,700 were discharged, and 20 died. There were 45,200 hospital days spent by patients.

Calculate bed capacity and mortality rates. Specify what determines the value of the average length of stay of the patient on the bed. What is necessary to analyze and take into account the indicator of the average length of stay of the patient on the bed and the average duration of treatment of the patient from a particular disease. What are the differences between these two indicators.

Task 10

This year, 5,600 patients were admitted to the hospital for 300 beds, 5400 were discharged, 35 died, and 90400 patient days were spent. Among the admitted patients with coronary heart disease was 540, 511 were discharged, 2 died.

Calculate the indicator of hospital activity, conduct an analysis and evaluate its activity. Indicate the indicators characterizing the quality and efficiency of the hospital.

Task 11

City clinical hospital serves 43152 people. There are 84 medical positions in the State Clinical Hospital, in fact 74 are employed, while all the staff positions are occupied. Of the total number of doctors, 6 people have work experience up to 5 years, 10 people from 5 to 10 years, 10 to 15, 35, from 15 and above 23 people, of which have qualification categories: the highest is 1 person, the first is 3 person, the second - 5 people. It is necessary to calculate the provision of the population with medical personnel, the indicator of staffing, the proportionality ratio, the distribution of doctors by experience, qualification categories and to assess the medical staff of the City Clinical Hospital.

Instruction: “Establish a correspondence between the positions represented in the indicated columns. For each left column item indicated, select the digital

component of the right column. Each digital component of the right speaker can be selected once, more than once or not at all. ”

1. Establish a correspondence between letters and ciphers

1. Qualifying need for medical personnel in various types of hospitals:

Types of hospitals Qualification assessment of medical personnel

A. central rural hospitals

1. general practitioners

B. City

2. Specialists for the treatment of planned patients

B. Regional

3. Specialists for the treatment of emergency patients

G. Republican

4. Medical and Social Professionals

2. Specify the predominant type of multidisciplinary hospital for the area, taking into account the medical and demographic indicators

1. Type of hospital Medical-demographic indicators

2. young age structure, age large proportion of children and adolescents

A. central rural hospital

B. City Hospital

B. Regional Hospital

2. Predominant share of individuals

G. Republican Hospital able-bodied and elderly

3. high population density

4. population density is low

4. Establish the differences of hospitals depending on their type:

Types of hospitals: Characteristics of hospitals:

A. CRH

1. volume -300-400 beds

B. city

2. volume - 600-800 beds

V. regional

3. profile - multi-profile

G. Republican

4. profile –specialized

5. combined with outpatient polyclinic help

6. without association

5. The main tasks of health care institutions in rural areas:

Health institutions Tasks

in the countryside

- | | |
|--|---|
| A. district hospital, medical
ambulatory, obstetrician medical care | 1. rendering the first qualified |
| B. Regional Hospital | 2. The provision of specialized
main types of assistance |
| B. central rural hospital | 3. rendering specialities help |

Tests for the lesson: "Protection of motherhood and childhood in the Russian Federation. Organization of obstetric and gynecological care for women. The procedure for rendering assistance in the conditions of women's consultation and maternity hospital. Organization of medical and preventive care for children "

Variant 1

1. The number of people served in the pediatric area should be:

A - less than 1000

B - 800+

C - 700

D - 600

2. The registry functions of the children's clinic and antenatal clinic include, right, all but one:

A - record visitors to the doctor

B - issuance of an ambulatory card to the patient to see a doctor

C-In-receiving calls to visit patients at home

D - ensuring the safety of medical records of outpatients

Referral of patients to research +

3. When serving patients at home, the local pediatrician of the polyclinic must:

A - to ensure early detection of diseases

B - provide timely medical care to the patient

C - visit patients at home on the day of the call

D - all of the above is true +

4. Continuity in the work of the hospital and clinic provides: right, all but one

A - planned hospitalization

B - analysis of discrepancies in the clinics and inpatient diagnoses

C - analysis of the reasonableness of referral to hospitalization

D - analysis of discrepancies in clinical and pathologo-anatomical diagnoses +

5. The content of the medical work of the district pediatrician is (truly everything except)

A - providing all types of specialized care +

B - provision of medical assistance for admission to the clinic and at home

C - examination of temporary disability

D - earlier detection and isolation of children with infectious diseases

6. Indicators of the children's clinic are (true except for)

A - coverage of pregnant women with antenatal

B - the proportion of children of the first year of life with rickets of grade 2

C - the incidence of children

D - mortality +

7. The pediatric department includes cabinets (all except one is true)

A - offices of district pediatricians

B - doctor's offices of a narrow profile +

C - prophylactic vaccination room

D - the office of a healthy child

8. The treatment and diagnostic department includes offices (all is true, except)

A - radiological room

B - physiotherapy room

C - physiotherapy room

D - the office of a healthy child

9. One post of pediatrician is allocated precinct posts.

nurses

A - 1

B - 1.25

C - 1.5 +

D - 2

10. In the first month of a healthy child's life, the district pediatrician should do:

A - 1 visit

B - 2 visits

C - 3 visits +

D. - 4 visits

Variant 2

1. Diseases occupying a leading place in the structure of the gynecological incidence of adolescent girls are:

A - inflammatory diseases

B - violation of menstrual function +

C - violation of puberty

D - genital anomalies

E - tumors

2. At the beginning of pregnancy to the category of healthy women include:

A - 5 - 8% of pregnant women

B - 12 - 15% of pregnant women +

C - 16 - 18% of pregnant women

D - 19 - 20% of pregnant women

E - 20 - 25% of pregnant women

3. The dynamics of artificial abortions in Russia in recent years is characterized by the dynamics of the indicator:

A - decrease +

B - downward trend

C-In - growth

D - upward trend

E-stability

4. The level of total mortality is characterized as low if its rate is per 1000 population:

A - 10 and below +

B - 11-15

C - 16-20

D - 21-25

E - 26-30

5. Health information may be provided to a person who has reached the age of:

A - 14 years;

B - 15 years; +

C - 16 years old;

D - 18 years old;

E - over 18 years

6. An artificial termination of pregnancy is carried out for social reasons with a gestational age up to:

A - 22 weeks; +

B - 12 weeks;

C - 20 weeks;

D - up to 28 weeks;

E - regardless of the gestational age

7. The standard of the position of a doctor of a hospital is expressed in the ratio:

A - the number of beds per post. +

B - the number of bed-days for one position.

C - the number of net working time per year for one position

D - the number of patients in one position

E - the number of patients per position, taking into account the severity of the condition

8. The weekly working time of the pediatrician is

A - 32 hours

B - 36 hours

C - 38 hours

D - 39 hours +

E - 42 hours

9. The dismissal, on the initiative of the administration, of pregnant women and women with children under the age of 3 years, as well as single mothers with a child under the age of 14, or a disabled child under the age of 16 is permitted with:

A - repeated violations of functional duties

- B - complete liquidation of the enterprise +
 - C-In - reduction of staff institutions
 - D - repeated violations of labor discipline
 - E - the commission at the place of work of petty theft
10. Maternity leave is available for:
- A - only mothers
 - B - father
 - C - close relative
 - D - adopter
 - E-Someone who will actually take care of the child. +

Variant 3

1. Reproductive age for women is considered age ...
- A - 15–49 years +
 - B - 25-35 years
 - C - 30-40 years
 - D - 35-45 years
2. Factors regulating fertility include
- A - population migration +
 - B - indicators of physical development
 - C - population coverage with contraception +
 - D - age of marriage +
 - E - temporary disability
3. With extended reproduction of the population, the total fertility rate is ...
- A - 1.75

B - 2.0

C - 2.5+

D - 2.75

4. With a narrowed reproduction of the population, the total fertility rate is ...

A - 1.0

B - 1.5+

C - 1.75

D - 2.0

5. The high mortality rate of the population of Russia shows, above all, about / about

A - pronounced process of aging population

B - unfavorable demographic trends +

C - creating an unfavorable habitat +

D - progressive type of population

E - lack of social orientation of state and public institutions to ensure public health

6. The highest risk of perinatal infant mortality is observed in mothers at the age of

A - up to 15 and over 30 years old

B - up to 18 and over 40 years +

C - up to 20 and over 35 years old

D - over 30 years old

E - over 40 years old

7. The greatest influence on the average life expectancy is mortality at the age

A - early childhood +

B - preschool

C - In - school

D - able-bodied

E - pension

8. Maternal mortality will be considered the death of a woman, caused by a cause related to pregnancy or its maintenance ... days after its termination.

A - during the entire period of pregnancy and the first 42+

B - the period after 22 full weeks of pregnancy and the first 28

C - the period after 22 full weeks of pregnancy and the first 42

D - the period after 28 weeks of pregnancy and the first 42

E - the period after 28 weeks of pregnancy and the first 28

9. Maternal mortality is calculated on ...

A - 100 genera

B - 1000 live births.

C - In -100,000 live births +

D - 1000 women

E - 1000 women of fertile age

10. The leading cause in the structure of maternal mortality in the Russian Federation are:

A - cardiovascular diseases

B - birth injuries

C - obstetric bleeding +

D - respiratory diseases

Variant 4

1. Advantage in the work of the hospital and children's clinic implies

A - planned hospitalization

B - an analysis of the substantiation of the justification of the direction to the state ration

C - all of the above is true +

2. Primary medical statistical documentation necessary for the work of the local pediatrician doctor:

A - outpatient patient record

B - outpatient patient coupon

C - emergency notice

D - all of the above is true +

3. The content of the work of the district pediatrician includes: true, all but one

A - organizational and methodical work

B - medical diagnostic and prophylactic work

C - examination of the quality of care +

4. In the first year of a healthy child's life, the district doctor must provide patronage.

A - once a month +

B - 2 times a month

C - 1 time per quarter

D - 2 times a quarter

5. At one district pediatrician should be

A - 800 children +

B - 1000 children

C - 1200 children

D - 1500 children

6. Indicators of the activities of the children's clinic for the care of children of the first year of life are:

A - the percentage of children of the 1st year of life who are breastfed

B - coverage of children with vaccines against poliomyelitis, whooping cough, tetanus, hepatitis

C - distribution of children by health groups

D - the incidence of children under the 1st year of life

E - mortality of children under the 1st year of life.

F - perinatal mortality

1 - A, B, C, D, D, E

2 - A, B, C, D, D +

3 - A, B, C, D

4 - C, D, D, E

7. The effectiveness of preventive work in the children's clinic is determined by:

A - completeness and timeliness of preventive measures

B - the dynamics of children's health indicators +

C - child immunization coverage rate

D - indicator of the coverage of children by laboratory examinations.

8. The central figure in assessing the health of a child during clinical examination is:

A - specialist doctor

B - district pediatrician +

C - doctor of the department of organization of medical care for children in educational institutions (DSO)

D - Head of the Pediatric Department

E - Deputy Chief Medical Officer

9. The integrated indicator of children's health is:

A - primary morbidity

B - the prevalence of chronic diseases

C - indicator of coverage by dispensary observation.

D - health group +

E - pathological infestation

10. The maximum level of overall morbidity in children of the Russian Federation is recorded at the age of:

A - up to a year

B - 1-3 years +

C - 4-6 years

D - 7-9 years

E - 10-11 years old

Situational tasks for the lesson: "Protection of motherhood and childhood in the Russian Federation.

Organization of obstetric and gynecological care for women. Order

Assistance in the conditions of female consultation and maternity hospital.

Organization of medical and preventive care for children "

Task 1

In the city of Arsenyev in the reporting year, the population was 75,100 people, including 18,500 children from 0 to 14 years old, and 38,320 people of working age. 900 children were born, 1,200 people died, including 18 years old. (14 of them are under 1 month old, and 11 in the first week of life). 8 children were born stillborn.

The number of deaths under the age of 1 year was distributed as follows by cause of death: 11 children died due to certain conditions of the perinatal period, 4 children had congenital anomalies, 2 respiratory diseases, and other causes -1.

Demographic indicators of the previous year in the city of V.

Indices	Level	Indices	Level
Number of borned	850 people	Perinatal mortality	16‰
Birth rate	11‰	Early neonatal mortality	10‰
Mortality	13‰	Neonatal mortality	12,3‰
Natural in-growth	-2‰	Mortality birth rate	6,6‰
Baby mortality	17‰		

Calculate the possible indicators, draw conclusions about the demographic prospects of the area. Add the necessary information to assess the situation.

Task 2

In the city of Spassk, in the reporting year, the population was 420,000 people, including 96450 children from 0 to 14 years old, and 218400 people of working age. 3,700 children were born, 5,900 people died, including 49 years old. (of these, under the age of 1 month 38, and in the first week of life - 33), 17 stillborn were born stillborn.

The number of deaths under the age of 1 year was distributed as follows by causes of death: in connection with certain conditions of the perinatal period, 27 children died, 9 congenital anomalies, 7 respiratory diseases, and 6 other causes.

Demographic indicators of the previous year in the city of S.

Indices	Level	Indices	Level
Number of borned	3450 people	Perinatal mortality	12,5‰
Birth rate	9,2‰	Early neonatal mortality	6,3‰
Mortality	15‰	Neonatal mortality	8,5‰
Natural in-growth	-6,8‰	Mortality birth rate	6,2‰
Baby mortality	11,7‰		

Calculate the possible indicators, draw conclusions about the demographic prospects of the area. Add the necessary information to assess the situation.

Task 3

Calculate the main medical and demographic indicators and give an estimate in the city "A" in 2016:

population size 100,000 people.

including women 15-49 years old 30,000

was born alive in 2015 1800,

in 2016 2100

stillborn..... 21

just died 660

died children under the age of 1 year	50
including children who died before 1 month	35
including within 0-6 days25
the number of induced abortions was	1050

Calculate general vital signs: total fertility rate, total mortality rate, natural increase rate, fertility rate (fertility rate), maternal mortality rate, infant mortality rate, early neonatal mortality rate, late neonatal mortality rate, post-neonatal mortality rate, perinatal mortality rate, stillbirth rate, rate of induced abortions.

Task 4

In 2016, the number 3 hospital for 150 beds received 3,190 patients in the hospital, 3145 patients dropped out, which carried out 50,850 bed-days. In 2016, the number 4 hospital for 100 beds in 2016 enrolled 1880 patients, 1815 patients dropped out, which carried out 32610 bed-days.

It is necessary to calculate indicators for two hospitals and evaluate their work. How do the indices of the average length of stay of the patient on the bed and the average duration of treatment of the patient on the bed differ?

Task 5

In 2016, the hospital of the city hospital for 480 beds received 13,350 patients, 13,270 were discharged, of whom 2,930 children under 1 year old. All patients received 162,340 bed-days. 25 children died, of them under 1 year old - 20 children. From among the dead - on the first day, 6 children died. All the dead were opened, the diagnosis of clinical and pathological coincided in 23 cases.

Calculate all the necessary indicators and evaluate the work of the hospital.

Task 6

The health department of the subject of the Russian Federation received a statement from

citizen M. to a gynecologist at a private clinic about the violation

standard of treatment and order of management of the pregnant woman. According to the citizen,

these disorders are associated with birth defects of the newborn,
which could have been avoided.

Who should carry out state quality control and safety of medical activities in this situation?

Task 7

A woman with a fast-growing myoma was admitted to the gynecology department. The gynecologist told in detail the patient and her husband, who during the entire period of treatment showed tender care for his wife, about the seriousness of the disease, about the need for surgery to remove the uterus. Six months later, the former patient sued a civil lawsuit against the doctor for disclosing medical secrets, as her husband filed for divorce, arguing that he could not overcome his feelings of dislike for his wife after he received health information from the doctor .

Is it legal to bring a doctor to civil liability?

Task 8

The father of two children, ages 1.5 and 3, has an active form of pulmonary tuberculosis; he refused stationary and outpatient treatment. The head physician of the children's clinic has sent a written statement to the head of the Rospotrebnadzor department on the resolution of this issue in connection with the risk of infecting children.

Is there a legislative basis for action in taking measures for the compulsory hospitalization of a patient with active tuberculosis?

Is it right in this situation to provide medical care without the consent of the citizen?

Task 9

In kindergarten, which was attended by the child V., 4 years old, quarantine was announced

about measles.

List the organizational measures for the elimination and control of measles and

Required medical records. How is the issue with Disability parents of the child.

Task 10

City clinical hospital serves 43152 people. The State Clinical Hospital provides 84 medical positions, in fact, work 74, while all full-time posts. Of the total number of doctors have work experience up to 5 years - 6 people, from 5 to 10 years - 10, from 10 to 15 - 35, from 15 and above - 23 people, of whom have qualification categories: the highest - 1 person, the first - 3 people, the second is 5 people. It is necessary to calculate the provision of the population with medical personnel Staffing ratio, part-time ratio, distribution of doctors according to length of service, qualification categories and assess medical staff city clinical hospital.

Tests for the lesson: "Medical examination. Expertise

Temporary disability "

Variant 1.

1. A condition caused by illness, injury or other causes, when the performance of professional work in whole or in part, for a limited time or constant A condition caused by a disease, injury or other causes, when performing professional work in whole or in part, for a limited time or permanently impossible, is called

A- incidence

B-soreness

C- disability +

D - pathological incidence

E-complication

1. When addressing issues of ability to work have a meaning for the concept, closely related to each other:

A - clinical and labor prognosis +

B- the presence of adverse working conditions and occupational risk factors

C-characteristic physical and neuro-psychological stress

D - frequency and rhythm of work

E - the degree of functional impairment and work experience

2. The condition of the human body caused by a disease or injury in which the dysfunction is accompanied by the impossibility of performing professional work and are reversible is called

A-resistant disability

B- temporary disability +

C-incidence

D-disability

E-malaise

3. The impossibility of performing any work for a certain period is called:

A - partial disability

B- total disability +

C-favorable disability

D-pain

E- incidence

4. Temporary disability is established with a favorable prognosis:

A- until revealing of permanent disability

B- to hospitalization

C- for the entire period of the disease +

D- to the direction for sanatorium treatment

E- before referral to the rehabilitation center

6. Temporary disability in relation to their usual professional work while maintaining the ability to perform other work is called:

A - total disability

B-resistant disability

C- social disability

D - partial disability +

E-incidence

7. Temporary disability is established with an unfavorable prognosis:

A- until revealing of permanent disability +

B- for the entire period of the disease

C- before hospitalization

D- to the direction to the sanatorium

E- before sending to ITU

8. The establishment of the fact of temporary disability due to illness or injury provides for:

A - for social reasons

B- for medical reasons +

C- with the preventive purpose

D - for the purpose of rehabilitation

E- for everyday reasons

9. For temporary disability with the preventive purpose refers disability due to:

A - quarantine +

B trauma

C-disease

D- patient care

E - sanatorium treatment +

10. To the testimony of a social nature in establishing the fact

Disabilities include:

A- care for a sick family member +

B-carrier of pathogen +

C-injury

D-disease

E- pregnancy

Variant 2

1. Doctors working in state (municipal) health care institutions, engaged in the examination of disability on the basis of:

A- license issued by the institution +

B-license, issued by him personally

C- diploma of higher education

D-certificate specialist

E- document certifying the identity of the doctor

2. To persons whose illness or injury occurred within 30 calendar days from the date of termination of work under an employment contract:

A disability certificate is not issued

B- disability certificate is issued +

C- issued reference standard

D - issued an unidentified sample

No document is issued.

3. Women who are recognized as unemployed and registered with the territorial offices of the Federal Employment Service in the event of pregnancy and childbirth:

A- disability certificate is issued regardless of the reason for dismissal +

Disability certificate is not issued.

B- is issued a disability certificate, if the reason for dismissal is valid

C - issued a certificate of the established sample.

D-No document is issued.

4. Doctors of hospitals of prosthetic and orthopedic enterprises:

A- have the right to issue sick leave +

B- do not have the right to issue sick leave

C- have the right to issue sick leave certificates only by special order.

D- have the right to issue sick leave in exceptional cases

E-All answers are correct.

5. The principle of social protection of citizens in the event of their loss of ability to work reflects:

A- in 323-Federal Law “On the protection of the health of citizens in the Russian Federation) +

B- in the constitution of the Russian Federation

C- in the Labor Code

D- in the Civil Code

E- in the collective labor contract

5. Doctors of ambulance stations (departments):

A- have the right to issue sick leave

B- do not have the right to issue sick leave +

C- have the right to issue sick leave certificates in exceptional cases.

D- have the right to issue sick leave with the permission of the head of the institution

E- issue a disability certificate at the request of the patient

6. A document certifying temporary disability:

A- issued and closed, as a rule, in one health care facility +

B- is issued in one health care facility, and when testimony can be extended in another health care facility +

C- always issued in one and closed in another health care facility.

D- always and issued and closed in one L

6. A document certifying temporary disability:

A- issued and closed, as a rule, in one health care facility +

B- is issued in one health care facility, and when testimony can be extended in another health care facility +

C- always issued in one and closed in another health care facility.

D- always and issued and closed in one medical institution

E-All answers are correct.

8. With the adoption of a child (children) under the age of 3 months, the allowance for Maternity is paid:

A - from the date of adoption and until the expiration of 70 working days from the date of birth of the child

B- from the day of birth until the expiration of 70 days from the day of his adoption

C- from the date of his adoption and until the expiration of 70 calendar days from the date of birth of the child +

D - from the day of birth until the expiration of 70 calendar days from the date of birth of the child

E- from the date of adoption until the expiration of 70 days from the date of adoption of the child

9. The disability certificate is not issued:

A - for the care of adults in inpatient treatment

B- care for the chronically ill

C- disabled citizen who is on leave without pay

D - care for a healthy child older than 3 years in case of illness of the mother

E- all answers are correct +

10. Citizens working in organizations of public catering, water supply, child care facilities, if they have helminthiasis:

A disability certificate is not issued under any circumstances.

B- Help is issued only.

C-In the list of disability issued for the entire period of deworming +

D-The disability certificate is issued if the examination and treatment is carried out on an outpatient basis.

E-All answers are correct.

Situational tasks for the lesson: "Medical examination. Organization examination of temporary and permanent disability "

Task 1

Worker of a confectionery factory, 34 years old, contacted with a patient

Flexner's dysentery son of 6 years.

1. Does the woman have the right to start work in production immediately after the child is hospitalized?
2. Is the woman in contact quarantined?
3. Does a woman have the right to a document certifying her disability?
4. If it does, then for what period is a sick leave certificate issued?

Task 2

In the somatic unit of the children's hospital, a rotavirus infection was diagnosed. A survey of 3 employees revealed rotavirus.

1. What is the tactic of the epidemiologist doctor regarding the admission of somatic department employees to work?
2. What document governs the release of employees from work?
3. If a disability certificate is issued, for how long?

4. Who controls the examination and treatment of rotavirus-isolated patients?

Task 3

A 32-year-old patient who had a disability certificate in connection with an injury appeared at the next visit to the doctor while intoxicated.

1. Does the patient have the right to extend the disability certificate?
2. If it does, then how to properly issue a disability certificate?
3. Does the doctor have the right to close the disability certificate and discharge the patient to work?
4. Does the doctor have the right to close the list of inactivity and check it with a certificate exempting the patient from his professional activity?

Task 4

A child under the age of 7 attending a preschool institution was quarantined due to his contact with an infectious disease patient.

1. How to get childcare disability?
2. What document, to whom and for how long should be issued?

Task 5

A 39-year-old citizen working in a kindergarten, being a carrier of bacteria, has been suspended from work.

1. Is the carrier carrier susceptible to suspension?
2. How do I get her disability?
3. Does she qualify for a disability certificate?
4. For what period and in connection with which the carrier is suspended from work?
5. For how long should a proof of incapacity certificate be issued?

Task 6

A 29-year-old citizen working on the secondary school secondary kitchen, being in contact with an intestinal infection patient, was suspended from work.

1. Is the employee subject to suspension from work?

- 2.If yes, then how to get her disability and is she entitled to a disability certificate?
4. For what period and in connection with which the citizen is suspended from work?
5. For how long should a proof of incapacity certificate be issued?

Task 7

A 42-year-old citizen, a cook at the city hospital's nutrition unit, underwent a E. coli during a routine examination. The management suspended the cook from work.

1. Is the employee subject to suspension from work?
- 2.If yes, how to get her disability?
3. Does she qualify for a disability certificate?
4. For what period and in connection with which the citizen is suspended from work?
5. What document governs the release of employees from work?
6. Who supervises the examination and treatment of staff that have given E. coli?

Task 8

Conscript, 19, mechanic repairing radio equipment, while undergoing a military-medical commission, was suspected of having a rheumatic heart disease and was hospitalized in the cardiology department of a regional hospital for examination. As a result of the survey, the diagnosis was made: "Rheumatism, inactive phase, insufficiency of the bicuspid valve without signs of impaired blood circulation".

1. Does the recruit have the right to a document exempting him from work, if he has, then which document?
3. Does the diagnosed phase of the disease matter in the disability registration of a conscript, if so, what is the difference in disability registration?

Task 9

A 25-year-old woman received leave for the prenatal and postnatal periods (140 calendar days) from June 23 to November 8, then took partly paid leave to care for a child before November 2, 2016. She was ill, she was diagnosed with purulent mastitis of the left breast, about which she was operated . Temporary disability continued after the end of postpartum leave. How to get a disability?

1. Does a woman have the right to receive a document certifying her disability?
2. If it has, what document is it?
3. How long is it entitled to receive the document and for how long?
4. Does she have the right to extend postpartum leave?

Task 10

A citizen of 34 years old, being on leave without pay (from 10.10.2016 to 10.30.2016), was hospitalized on 10.25.2016 with a diagnosis of exacerbation of chronic otitis. She was treated in the hospital for 10 days.

1. Does she have the right to disability registration?
2. On what document proving disability, she has the right?
3. From what date should this document be issued?
4. For how long, if appropriate, should be issued a document confirming the patient's incapacity for work?

Tests on the topic: "Social and medical insurance. The organization of medical insurance: the subjects and participants of the medical insurance, their rights and obligations, interaction "

1. Federal Law N 326-Federal Law determines the legal status and regulates the activities of the subjects and participants of the medical insurance: (specify accordingly)

- OMS subjects:

A - the insured persons, the insured; FFOMS +;

B - FFOMS; TFOMS;

C - insured persons, policyholders;

D - all of the above is true

- OMS participants:

A - TFOMS;

C - SMO; medical organizations;

D - TFOMS, SMO, medical organizations +;

E - FFOMS, TFOMS, SMO, medical organizations

2. Directly insurance relationships add up between:

A - only by the subjects of the MLA on the basis of the contract;

B - the subjects of the MLA while the contract is not concluded, legal relations arise by virtue of the law +;

C - subjects and participants of the MLA on the basis of contracts;

D - subjects and participants of the MLA in the event of an insured event.

3. Citizens of the Russian Federation, foreign citizens permanently or temporarily living in the Russian Federation, stateless persons are referred to the insured in the insurance system: (true, all but one)

A - working under an employment contract or a civil law contract, self-supporting themselves (IP, etc.);

B - non-working citizens, non-working pensioners; children;

C - full-time students in educational institutions of primary vocational, secondary and higher vocational education;

D - unemployed citizens registered in accordance with the legislation on employment;

E - military +

4. Insurers are: (indicate accordingly)

for working citizens:

A - persons who make payments and other remuneration to individuals (including legal entities and individuals, regardless of their recognition as individual entrepreneurs), individual entrepreneurs engaged in private practice notaries, lawyers;

B - legal and physical persons, individual entrepreneurs

C - both are true +

for non-working citizens:

A - executive authorities of the subjects of the Russian Federation, authorized by the highest executive bodies of state power of the subjects of the Russian Federation;

B - executive authorities of the constituent entities of the Russian Federation and local self-government;

C - and the other is true +;

5. The insurer in the CHI system are:

A - FFOMS +;

B - TFOMS;

C - SMO;

D - all of the above is true.

6. The right to issue OMS policies is determined for:

A - FFOMS;

B - TFOMS;

C - SMO +;

D - all of the above is true.

7. Insurance medical organizations must publish the following information on their own official websites on the Internet, in the media or in any other way: (true, all but one)

A - on its activities, on the composition of the founders, on financial performance;

B - on work experience, on the number of insured persons, on the number of medical organizations;

B - about the types, quality and conditions of the provision of medical care,

C - on the violations identified by appeals from insured persons in the provision of medical care, on the rights of citizens in the field of compulsory health insurance;

D - on the procedure for obtaining the OMS policy, on the obligations of the insured persons in accordance with Federal Law-326;

E - determine the medical organization for the insured +

8. Medical organization is included in the register of organizations operating in the field of CHI:

A - on the basis of the notification sent by her to the TFOMS before September 1 of the year preceding the year in which she intends to carry out activities in the field of CHI +

B - if you have a license issued by Roszdravnadzor;

C- In - and the one and the other is true.

9. Medical organizations in the field of CHI include:

A - organizations of any legal form provided for by the legislation of the Russian Federation;

B - individual entrepreneurs engaged in private medical practice;

C - both are true. +

10. Quality control of the provision of services by medical organizations is initiated by:

A - FFOMS;

B - TFOMS;

C - SMO;

D - all of the above is true +.

Variant 2

1. The register of medical organizations with mandatory placement on the official website on the Internet and by other means is maintained:

A - TFOMS +;

B - MHIF;

C-In - and the one and the other is true.

2. The contract for the financial security of the MLA is between:

A - TFOMS and SMO if it has a list of insured persons +;

B - FFOMS, TFOMS and SMO if she has a list of insured persons;

C - TFOMS, SMO and medical organizations;

D - SMO and medical organizations.

3. The contract for the provision and payment of medical assistance for CHI is between:

A - TFOMS and SMO if it has a list of insured persons;

B - FFOMS, TFOMS and SMO;

C - TFOMS, SMO and medical organizations;

D - SMO and medical organizations +.

4. Under the contract for the provision and payment of medical assistance for the CHI:

A - the medical organization undertakes to provide medical assistance to the insured person within the framework of the territorial CHI program;

B - the insurance medical organization undertakes to pay for it in accordance with the established tariffs;

C - both are true +.

5. The quality control of the provision of services by medical organizations and insurance medical organizations in the field of CHI is carried out:

A - medical experts who have experience in medical specialist

6. The quality control of the provision of services by medical organizations is initiated:

A - FFOMS;

B - TFOMS;

C - SMO;

D - all of the above is true +.

7. Control over insurance medical organizations is initiated by:

A - territorial fund +;

B - FFOMS;

C-In - and the one and the other is true.

8. According to the results of the control measures and examinations of the medical organization:

A - may be fined

B - or other sanctions may be applied in accordance with the concluded agreement on the provision and payment of medical assistance for CHI.

C - both are true +.

9. Acts of the QS adopted on the basis of the results of control measures and examinations regarding the activities of medical organizations may be appealed:

A - in the territorial fund by drawing up a claim within 15 working days from the receipt of the specified act +;

B - to the FFOMS by drawing up a claim within 30 working days from the moment of receipt of the said act;

C - in a court of law, if you disagree with the decision of the territorial fund; +

D - all of the above is true.

10. The policy of compulsory medical insurance is:

A - a document certifying the right of the insured person to free medical care throughout the territory of the Russian Federation in the amount stipulated by the basic program of compulsory medical insurance +;

B - a document certifying the right of the insured person to free medical care throughout the territory of the Russian Federation in the amount stipulated by the territorial program of compulsory medical insurance;

C-In - and the one and the other is true.

CASE TECHNOLOGY to the topic of the lesson: “Social insurance. The organization of medical insurance: the subjects and participants of the MLA, their rights and obligations, the interaction of the subjects and participants of medical insurance.

one)

Citizen O. lived in the district No. 1 of the city of T., where medical services were provided by a physician of the branch of the polyclinic No. 5. The workplace of citizen

O. was located in district No. 2 of the city of M., in accordance with the OMS policy, medical care was carried out in the polyclinic No. 15 of this district for a number of years.

Is there a legal basis for this case of medical care, taking into account the requirements of the old and new N 326-Φ3 OMC?

2) In September 2010, citizen O. became seriously ill and after 4 months the question arose of preparing documents for the establishment of a disability group. During these 4 months the patient after the periods of hospitalization is observed by the therapist of polyclinic No. 15, which is located 30 minutes away from the place of residence. In this regard, the therapist constantly speaks with her relatives, since the patient herself cannot walk, that it is necessary to transfer her under the policy to Polyclinic No. 5 at the place of residence. Given the serious condition of the patient, relatives cannot quickly reissue everything on a monthly basis in the hospital and the beginning of the New Year holidays. Deadlines for submission of documents to MSEC are already critical (4 months). The management of polyclinic №15 is connected to this situation, which also explains to the relatives that it is necessary to transfer the patient to the place of residence, a conflict is brewing.

Who is right in this situation? How to resolve this situation from the position of the legislation on CHI?

3) A non-transportable patient is sent to MSEC, which is located in the city of Moscow at a distance of 40 km, where she loses consciousness and then, without a turn, conduct an examination with the establishment of Group 11 disability.

Is there a legal framework to conduct MSEC at home?

If yes, then why, in your opinion, the patient was not proposed and organized by Polyclinic №15.

4) Currently, the patient is served by a physician of the branch of the polyclinic №5. At home, the necessary studies and fences for analysis, as well as maintenance by narrow specialists from Polyclinic No. 5, which is located 20 minutes away from the place of residence of the patient, are carried out.

1. According to N 326-Federal Law, can a patient change a policy to another clinic?
2. Are the rights of the insured violated in this situation from the point of view of legislation in the field of health care and medical care?

Tests on the topic: "Health planning, planning the activities of a medical organization, Health financing, Pricing in health care."

Variant 1

1. The program of state guarantees of providing free medical care to citizens of the Russian Federation for 201_ is approved:

A-Resolution of the Government of the Russian Federation +

B-Decree of the President of the Russian Federation

C is both right

2. The program of state guarantees (PSG) for rendering citizens of the Russian Federation determines:

A-types and conditions of care

B-standards of medical care

C- standards of financial costs per unit volume of medical care and per capita standards of financial support

D - the formation and structure of tariffs for medical care

E- provides criteria for the quality and availability of medical care provided to citizens in the Russian Federation for free

F- all of the above

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F- all of the above is true +

3. Under the SGBP, the following types and conditions of provision are provided:

A-primary health care;

B-ambulance, including specialized (sanitary-aviation), medical care;

C-specialized, including high-tech, medical care

D - all of the above is true +

4. Primary health care includes:

A- treatment of the most common diseases, injuries, poisoning and other conditions requiring emergency medical care

B-Medical Disease Prevention

C- carrying out preventive vaccinations and preventive examinations

D-dispensary observation of women during pregnancy, healthy children and persons with chronic diseases, prevention of abortions, sanitary and hygienic education of citizens

E- all of the above is true +

5. The territorial program includes:

A-list of diseases and types of medical care provided to citizens free of charge, conditions for providing medical care in accordance with the legislation of the Russian Federation

B- lists of essential medicines and medical products necessary for the provision of inpatient medical care

C-procedure for the implementation of the right of extraordinary medical care to certain categories of citizens established by the legislation of the Russian Federation

D-state task to medical institutions and other medical organizations involved in the implementation of the territorial program

E-methods of payment for medical care provided to insured persons for compulsory medical insurance and the structure of the tariff for payment of medical care;

F-target values for the criteria of accessibility and quality of care

G-- all of the above is true +

6. The structure of the program of state guarantees includes:

A-. General provisions

B-Types and conditions of providing medical care under the Program for free

C- Sources of financial support for the provision of medical care

D - Standards of the volume of medical care and Standards of financial costs per unit volume of medical care

E- Criteria for the availability and quality of medical care

F- all of the above is true +

7. Medical assistance on the territory of the Russian Federation is: true, all but one

A- due to the budget allocations of the federal budget

B-budget of the subject of the Russian Federation, local budgets

C-funds of the budgets of state mandatory health insurance funds

D-funds of voluntary medical insurance +

8. Standards of the volume of medical care by type in general

under the program of state guarantees are calculated in units of

A- per person per year

B- on 1 insured person +

C is both right

9. Per capita financial support standards stipulated by the Program of the State Standards Guarantee are established in the calculation

A- for 1 person per year at the expense of the relevant budgets

B-1 of the insured person at the expense of the mandatory medical insurance +

C- is both right

10. Program of the State Standards Guarantee establishes the criteria for the availability and quality of medical care:

A - satisfaction of the population with medical care;

B-number of persons suffering from socially significant diseases, with the first established diagnosis in life; the number of persons aged 18 years and older who were first recognized as disabled;

C-Mortality of the population at working age; from cardiovascular diseases; from cancer; from external causes; as a result of traffic accidents; for tuberculosis; maternal mortality;

D-infant mortality;

E-coverage of the population preventive examinations conducted in order to identify tuberculosis; oncological diseases;

F-availability of medical care on the basis of an assessment of the implementation of standards of volumes of medical care by type in accordance with the SGBP and TPGG

G-efficiency of use of health care resources (human, material, technical, financial and others), including provision of the population with doctors, average honey. staff as well as hospital beds

F- all of the above is true +

Variant 2

1. The main task of planning the activities of state (municipal) medical institutions is

A - the task of planning is to find the optimal relationship between the need for medical and social assistance and the possibility of its satisfaction at the expense of the state +

B - the task of planning is the rational use of the resources of the medical institution in order to provide the population with quality medical care.

C - the task of planning is the proper organization of the work of the medical institution to provide the population with medical and social assistance.

2. Which of the above principles are used when planning health care for the population? (everything except one is true)

A - scientific planning

B - communication of perspective and current planning

C - continuity in planning at different levels of government

D - planning for the final result

E - correspondence between demand and supply of medical services.

F - the principle of the leading link

G - prophylactic orientation +

3. When planning the activities of medical institutions, the following methods are used (correctly, all but one)

A - analytical

B - comparative

C - balance sheet

D - normative

E - economic and mathematical

F - expert assessments

G - experimental

H - sociological +

4. The most effective type of health planning is currently

- 1) individual planning
- 2) state order
- 3) target programs
- 4) economic standards and limits
- 5) business plan of healthcare institutions

A is true 2), 3), and 4)

B - true 1), 3), and 4)

B - true 2), 3), and 5) +

5. What is the medical staff position?

A - type of work

B - the amount of work corresponding to the functional responsibilities +

C - a summary of the main tasks that require certain skills.

6. The volume of the outpatient doctor's work can be expressed by the following indicators.

- 1) population served
- 2) the total number of visits to the clinic and at home
- 3) the number of preventive examinations
- 4) the number of visits in equivalent units

A - all of the above is true

B - true 2), 3), 4) +

C - right 1)

7. Established standards are

A - the workload of the staff of the institution

B - labor costs for a certain amount of work.

C - standards of the number of staff +

D - estimated time norms

E - calculated norms of load (maintenance)

8. Necessary materials for drawing up the staffing table of a health care institution.

1) staff standards

2) the data of certificates of planned indicators (control figures)

3) the number of serviced contingent

4) organizational forms of the institution

5) the prospects of morbidity of the served contingent

A - all of the above is true

B - true 1), 2), 3) +

C - true 1), 2), 3), 4)

9. The calculation of the annual budget of the working time of the post is based on

A - the cost of labor of medical personnel

B - legislation on the mode of work and rest

C - calculated load norms (service +)

D - the number of the population served.

10. Financial regulations are

A - cost standards per unit of medical care

B –the marginal cost of medical care units used as accounting units in the standards of quality of medical care and used in the planning of state guarantees

C - cost standards for one medical service

D - all of the above is true +

Variant 3

1. Health economics is:

A – sectoral economic science, the subject - the study of the relationship of health with other sectors of the economy;

B – scientific discipline that studies the forms of manifestation and features of the action of general economic laws in specific health conditions;

C - both are true; +

D – economics, studying the features of economic interrelations in the health care industry.

2. The goal of health economics is:

A - theoretical rationale for the development of health care;

B - development of practical recommendations for the improvement and organization of medical care for patients and the organization of labor honey. staff;

C - both are true; +

D - the development and economic rationale TPGG.

3. The objectives of health economics are:

A - the study of the influence of objective economic laws prevailing in society and health care;

B - the study of the impact of health on the reproduction of the population, the production of total products;

C - research and implementation of modern forms of work organization in health care practice, material incentives, satisfaction of their high-quality work results;

D - all of the above. +

5. Methods used in health economics (everything is correct except):

A - analytical;

B - comparative;

C - balance sheet;

D – economic and mathematical;

E – normative;

F – experimental;

G – Medical Statistical. +

6. The subject of health economics is:

A – the relationship of health care with the general system of development and planning of the national economy; +

B - the study of the economic patterns of health development;

C - the study of health practices in the new economic conditions;

D - all of the above is true.

7. Gross national product:

A - the joint value of the final product and services, created both domestically and abroad; +

B - the cost of the final product and services created outside the country;

C - the cost indicator of all types of products and services created for a certain period (year);

D - all of the above is true.

8. Financial regulations are:

A – marginal cost of medical care (c / d , visits, call the SMP, etc.), used as accounting units in the standards of the volumes of honey. assistance and used in the planning of state guarantees; +

B – average cost of units of medical care;

C - current cost of 1 f / d , 1 visit, etc. in a specific territory;

D – All of the above is true.

9. The main indicators of the use of fixed assets are (truly everything except):

A – the capital-labor ratio;

- B – capital productivity and capital intensity;
- C-capital equipment and the capital-labor ratio honey. staff;
- D-productivity per honey. employee (in rubles);
- E – the cost of fixed assets. +

10. Economic analysis of health facilities activities includes:

- A - the use of fixed assets;
- B - the use of medical equipment, instruments, devices;
- C - analysis of financial expenses and the cost of types of medical care;
- D - the use of medical and other personnel;
- E - all of the above +.

Variant 4

1. The economic analysis of fixed assets of medical institutions consists of the main areas:

- A - analysis of the structure of movements and the state of fixed assets;
- B - analysis of the security of fixed assets;
- C-In - analysis of the effectiveness of the use of fixed assets
- D - all of the above is true. +

2. The fund-labor ratio of personnel is:

- A- And - the ratio of the cost of the active part of fixed assets for the year to the average annual number of employees;
- B - the ratio of the value of fixed assets to the average annual number of employees; +
- C - both;
- D - neither one nor the other.

3. The coefficient of renewal of fixed assets is:

A- is the ratio of the value of the fixed assets introduced for the year to the value of fixed assets at the end of the year; +

B- is the ratio of the value of the introduced fixed assets for the year to the value of fixed assets at the beginning of the year;

C-This is both;

D - neither one nor the other.

4. To indicators of medical equipment include (all is true, except):

A- is the coefficient of the calendar service;

B – shift coefficient;

C is the retirement rate. +

5. Analysis of financial assets in the cost of medical care includes indicators (true except for):

A – labor productivity; +

B – structure of financial expenses;

C – cost of inpatient treatment;

D – cost of medical services in the clinic.

6. Analysis of the use of medical personnel of outpatient clinics is as follows:

A - the number of medical workers of the polyclinic per 1000 assigned residents;

B-indicator of the ratio of the number of doctors and nursing staff;

C- and others; +

D-Mr. neither one nor the other.

7. Analysis of the use of medical personnel in hospitals is carried out by:

A — the number of all hospital health workers per 100 beds;

B – number of inpatient doctors per 100 beds;

C – number of average health workers per 100 beds;

D - all of the above. +

8. Sources of health financing are currently:

A – state budget;

B – medical insurance funds;

C – income from paid services;

D – All of the above +

9. The price of medical services should be:

A is equal to the cost;

B – more cost;

C – more or less cost depending on the demand for the service

D is equal to the amount of money for which the consumer is ready to purchase, and the manufacturer to sell the service (goods). +

10. The cost of medical services does not include:

A – cost of staff;

B – wages;

C – payment of additional (over the statutory) vacations. +

Methods for reading text labeled by the insert method

I - interactive N - noting S - system E - effective R - reading and T – thinking	Self-activating mark system for effective reading and considering	" V " – had known " + " - new " - " – not agree " ? " – not understand, questions
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While reading the text, students make notes in the fields, and after reading the text, fill in the table, where the icons will become the headings of the table columns. The table summarizes the information from the text.

We formulate some rules: "How to read the text, keeping the interest to the topic?"

Take notes. We offer you several options for marking: 2 icons "+" and "V", 3 icons "+", "V", "?", or 4 badges "+", "V", "-", "?". Put icons in the course of reading the text in the margins. After reading once, go back to your initial assumptions, remember what you knew or assumed on the subject earlier, perhaps the number of icons will increase. The next step is to fill in a table ("Insert"), the number of columns of which corresponds to the number of marking icons.

Insert table

" V " insert "v" (yes) in the margins, if what you read corresponds to what you know, or think you know	" + " put a "+" (plus) in the margin, if what you read is new to you;	" - " put a "-" (minus) in the margin, if what you are reading, contrary to what you already knew, or thought you know;	" ? " put the "?" in the margins, if what you are reading is not clear, or you would like to get more detailed information on this issue.
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This technique works at the stage of reflection. To fill in the table, you will need to return to the text again, so thoughtful, attentive reading is provided. Technological reception "Insert" and the table "Insert" will make visible the process of accumulation of information, the path from the "old" knowledge to the "new". An important stage of the work will be the discussion of the records made in the table, or labeling the text.

Test task for the lesson: "Medical prevention, scientific, methodological and organizational basis for the formation of healthy lifestyles. The system of measures to ensure the sanitary and epidemiological welfare of the population. Basics of the interaction of medical organizations with the Rospotrebnadzor system".

Choose the correct answer:

1. Health is

A-health is a state of complete physical, mental and social well-being, and not only the absence of disease or physical defects.

B-health is not the absence of the disease itself or of physical defects, but a state of complete physical, mental and social well-being +

2. Forming a healthy lifestyle is

A-the formation of a healthy lifestyle involves the activities of a person, a group of people, a society, aimed at preserving and promoting health +.

B-shaping a healthy lifestyle is a process that allows people to increase control over their health and improve it.

3. Disease prevention is

A-disease prevention - a system of medical and non-medical measures aimed at preventing the risk of developing diseases and deviations in health, preventing or slowing their progression, reducing their adverse effects +

B-prevention of diseases - a system of medical measures aimed at preventing the risk of developing diseases and deviations in health, preventing or slowing their progression, reducing their adverse effects

4. “The concept of development of the health care system in the Russian Federation until 2020” is aimed at

A-Accessibility and quality of medical care and health life style concept +

B-Health life style

5. When Healthy life style concept is the object of exposure

A- individual consciousness +

B- public consciousness

Instruction: “Establish a correspondence between the positions represented in the indicated columns. For each letter labeled element, select one digital component.

6. Choose one digital component

A. The standard of living of the population

B. Quality of life -

C. Lifestyle -

1 - a certain historically conditioned type of vital activity.

2.- a category that includes a combination of conditions of life support and health, allowing to achieve physical, mental and social well-being of a person

3.- a set of living conditions of the population, which correspond to the achieved level of economic development and are characterized by the size and structure of per capita income, the value of consumer spending, the size of the subsistence minimum

A-3, B-2, C-1

7. Choose one digital component

A - primary prevention -

B- secondary prevention -

C-tertiary prevention -

1- a complex of medical and non-medical measures aimed at preventing the development of deviations in health status and diseases common to the entire population of certain regional, social, age, occupational and other groups and individuals

2.- a set of measures of medical, psychological, pedagogical, social measures aimed at eliminating or compensating for disability, lost functions, in order to restore social and professional status as completely as possible.

3.- a complex of medical, social, sanitary and hygienic, psychological and other measures aimed at the early detection and prevention of exacerbations, complications and chronic diseases, disability, causing disadaptation of patients in society, disability, including disability and premature mortality.

Tertiary prevention - 2complex measures of medical, psychological, pedagogical, social measures aimed at eliminating or compensating for disability, lost functions, in order to restore social and professional status as completely as possible.

A-1, B-3, C-2

8. Choose one digital component

A-Center Health evaluates

B-Center for Medical Prevention assesses

1- Individual health

2- Population health A-1, B-2

Variant 2

Instructions: choose one correct answer

1. For the commission of sanitary offenses, officials and citizens of the Russian Federation may be brought to justice:

- A. disciplinary and criminal
- B. administrative and criminal
- C. disciplinary and administrative
- D. disciplinary, administrative and criminal
- E. criminal

Instructions: select the correct answer according to the scheme:

- A) - if the answers are 1,2 and 3;
- B) - if the answers are 1,2, 3 and 4;
- C) - if the answers are correct 3, 4 and 5;
- D) - if the answers are 2 and 3;
- E) - if the answers are 1,2,3,4 and 5

2. The powers of Ropotrebnadzor include:

- A. Supervision and control over the implementation of the mandatory requirements of the legislation of the Russian Federation in the field of ensuring the sanitary and epidemiological well-being of the population, protecting consumer rights in the consumer market
- B. licensing of certain types of activities
- C. registration of certain types of products representing potential

danger to humans

D. introduction and cancellation of restrictive measures on the territory of the Russian Federation

(quarantine)

E. That's right +

3. The Federal Service Rospotrebnadzor in order to exercise authority in the established field of activity has the right to:

A. organize the necessary research, tests, examinations, analyzes, assessments

B. provide legal and physical persons with explanations on issues related to the competence of the Service

C. request and receive information necessary for making decisions on related to the competence of the Service

D. to stop the facts of violation of the legislation of the Russian Federation in the established area activities

E. Everything stated is correct +

4. The activities in order to ensure state sanitary and epidemiological supervision are carried out by institutions:

A. anti-plague stations

B. disinfection stations

C. Centers for the fight against HIV infection

D. federal state institutions of science of hygienic and epidemiological profile +

5. To the officials authorized to exercise the state sanitary and epidemiological control in accordance with the legislation of the Russian Federation include:

A. heads of departments and their deputies, advisors, consultants, chief specialists, leading specialists, specialists the first and second categories of federal executive bodies,

Gossanepidnadzor; +

- B. heads (heads) of departments, departments, other structural subdivisions, their deputies, doctors of a medical-prophylactic profile, assistants of doctors of federal executive bodies,
 - C. performing state sanitary and epidemiological surveillance;
 - D. managers (chief physicians) of organizations carrying out activities for the purpose of ensuring state sanitary and epidemiological surveillance;
 - E. chief state sanitary inspectors of subjects of the Russian Federation and their deputies.
6. State sanitary and epidemiological rules (sanitary rules, sanitary rules and norms, sanitary norms, hygienic standards) contain:
- A. hygienic and anti-epidemic requirements;
 - B. optimal and maximum allowable levels of influence on the human body of environmental factors
 - C. the maximum and minimum permissible quantitative and (or) qualitative value of an indicator that, from the standpoint of safety or safety for human health, this or that factor of its environment
 - D. Requirements for the professional training of specialists authorized to carry out state sanitary and epidemiological supervision
7. State sanitary and epidemiological regulation includes:
- A. the development of uniform requirements for the research work on the justification of sanitary rules
 - B. control over the conduct of research work on
state sanitary and epidemiological regulation
 - C. development (revision), examination, approval, enactment and
publication of health regulations
 - D. control over the implementation of sanitary rules, the study and synthesis of the practice of their application

8. The state sanitary and epidemiological supervision of compliance with the sanitary legislation of the Russian Federation includes:

- A. control over the implementation of anti-epidemic measures
- B. control over the implementation of sanitary rules, norms and hygienic standards
- C. issuance of the results of the control of sanitary-epidemiological conclusion
- D. preparation of information to state authorities and issues of sanitary and epidemiological welfare of the population

9. Sanitary protection of the territory of the Russian Federation is aimed at:

- A. implementation of measures to prevent epidemics and eliminate them environmental impacts
- B. prevention of the introduction into the Russian Federation of infectious diseases, representing a danger to the public
- C. prevention of the spread of infectious diseases on the territory of the Russian Federation diseases that are dangerous to the population
- D. creation of conditions for obtaining and analyzing information on sanitary epidemiological situation in the territory of neighboring states

10. The administrative measures applied to officials for sanitary offenses are:

- A. transfer of materials for review by prosecutors
- B. fine
- C. issuing a warning;
- D. termination or suspension of operation +

Tests for the topic of the lesson “Analysis of the activities of medical institutions”

1. Specify the correct sequence of methods for analyzing the activities of the hospital in terms of budget-insurance medicine

- 1) General information about the hospital
- 2) the continuity of the work of the hospital and clinic
- 3) the organization of the hospital
- 4) quality of medical diagnosis
- 5) the quality of treatment of patients

A) 1), 2), 3), 4), 5)

B) 1), 3), 4), 5), 2) +.

2. The following indicators can characterize the quality assessment of the hospital.

A- the structure of the operations (composition of operations)

B - an indicator of the frequency of complications during operations

C - an indicator of the frequency of use of various types of anesthesia.

D - an indicator of postoperative mortality

E - terms before and postoperative treatment of patients

F - all of the above +

3. The average number of days the patient is in the hospital is determined as follows.

A - (number of actual bed-days spent by patients) / annual average number of beds

C - (number of patient days spent by patients) / (number of patients retired) +

D - (number of patient days spent by patients) / (number of days per year)

4. Bunk rotation is determined by the following relationship

A - (number of patients) / (annual average number of beds) +

B - (number of hospitalized patients) / (number of days of work per bed per year)

C - (number of hospitalized patients) / (average time of stay of the patient in bed)

D - (number of hospitalized patients) / (average duration of treatment of the patient in the hospital)

5. The average number of days of employment of beds is calculated as follows.

A - (Number of bed-days spent by patients during the year) / (annual average number of beds) +

B - (sum of all average monthly beds) / (bed turnover)

C - (amount of all average monthly beds) / (number of days of bed working per year)

6. The average bed idle time per year is calculated as follows.

A - (average number of days the bed is in a year - the calendar number of days per year) / (bed turnover)

B - (calendar number of days per year - the average number of days the bed is operated per year) / (bed turnover) +

C - (number of bed-days actually spent by patients) / (number of calendar days per year)

D - (number of bed-days of closing for repair X 100) / (number of calendar days per year)

7. The average duration of treatment of the patient in the hospital is calculated as follows:

A - the occupancy of the bed by patients is divided by the turnover of these beds;

B - (number of bed-days spent by discharged patients with a definite diagnosis) / (number of discharged patients with this diagnosis) +;

C - the number of bed-days spent in the hospital by discharged patients with myocardial infarction, the number of patients with myocardial infarction discharged from the hospital.

8. The average length of hospital stay is calculated as follows:

A - the occupancy of the bed by patients is divided by the turnover of these beds;

B - (the number of hospital days spent by patients in the hospital) / 1/2 (admitted + discharged + dead) patients +;

C - the number of bed-days spent in the hospital by discharged patients with myocardial infarction, the number of patients with myocardial infarction discharged from the hospital.

9. The primary medical statistical documentation is necessary for:

A - registration of the phenomenon under study (for example, the incidence of diagnosed disease);

B - operational management of health facilities; +

C - elaboration of a concrete informed decision;

D - studying the characteristics and patterns of the state of public health;

E - all of the above.

10. The refusal of hospitalization is calculated:

A- $(\text{number of refusals in hospitalization}) \times 100\% / (\text{number of admitted} + \text{number of refusals in hospitalization}) +$

B- $(\text{number of refusals in hospitalization}) \times 100\% / (\text{number of applicants})$

C-In - all of the above is true

11. Advantage in the work of the patient and laboratory and the practitioner:

A - planned hospitalization

B - an analysis of the costs of the \neg diagnies of the \neg diagnostic of the \neg and \neg s

C - an analysis of the substantiation of the justification of the direction to the state \neg tion

D - all of the above is true +

Variant 2

1. Primary medical statistical documentation is necessary for:

A - registration of the studied phenomenon (incidence)

B - operational management of health facilities

C - study of public health

D - all of the above is true +

2. The provision of population with inpatient care (in beds) is:

A - the number of beds per 10,000 inhabitants +

B - the number of patients used

C - number of beds in total

D - the number of hospitalized patients

3. Indicators of the use of hospital bed capacity are:

A - the average number of days the work of the bed and bed turnover

B - bed turnover and lethality

C - In the average periods of stay of the patient in the hospital

D - the average number of days the bed, bed turnover, the average duration of stay of the patient in hospital +

4. What type of indicators is the "number of beds in the hospital"?

A - resource +

B - quality

C - integral

5. The quality of medical care - a set of characteristics that reflect:

A - timeliness of medical care, the correctness of the choice of methods of prevention, diagnosis, treatment

B - timeliness of full medical care.

C - the timeliness of providing medical care in full and the degree of achievement of the planned result

D - timeliness of medical care, the correctness of the choice of methods of prevention, diagnosis, treatment and rehabilitation in the provision of medical care, the degree of achievement of the planned result +

6. To the indicators characterizing the continuity between the polyclinic and emergency medical care are (true except for):

- A - the proportion of SMP calls to patients for chronic diseases and their exacerbations
- B - the proportion of calls to patients undergoing active treatment in the clinic
- C - indicator of calls to the SMP by persons of retirement age for "managed" polyclinic reasons
- D - the frequency of calls made by specialized teams

7. The provision of population with inpatient care (in beds) is:

- A - the number of beds per 10,000 inhabitants +
- B - the number of patients used
- C - number of beds in total
- D - the number of hospitalized patients

8. Indicators of the use of hospital bed capacity are:

- A - the average number of days the work of the bed and bed turnover
- B - bed turnover and lethality
- C - In - the average length of stay of the patient in the hospital
- D - the average number of days the bed, bed turnover, the average duration of stay of the patient in the hospital +

9. The following indicators may characterize the qualitative assessment of hospital work.

- A - the structure of the operations (composition of operations)
- B - an indicator of the frequency of complications during operations
- C - an indicator of the frequency of use of various types of anesthesia.
- D - an indicator of postoperative mortality
- E - terms before and postoperative treatment of patients

F - all of the above +

10. The scheme of analysis of the activities of medical organizations has the main sections (all is true, except one):

A - the general characteristic of the help, load of medical personnel

B - specific performance indicators

C - quality and efficiency indicators

D - indicators of continuity

E - indicators of preventive activity +

Situational tasks to the topic of the lesson "Analysis of the activities of preventive institutions "

Task 1

Over the past year, 530 STRs were performed at the polyclinic for rheumatism, of which 150 were primary cases of care. 2778 visits were made for rheumatism.

Indicate which indicators need to be calculated and determine the nature of each of them.

Task 2

Central rural hospital serves 43152 people. There are 84 medical positions in the Central Regional Hospital, of which 47 are in the polyclinic. In fact, 74 of them work at the polyclinic 42. All full-time positions are occupied both in the polyclinic and in the in-patient department. Of the total number of doctors, they have work experience up to 5 years - 6 people, from 5 to 10 years - 10, from 10 to 15 - 35, from 15 and above - 23 people, of which have qualification categories: the highest - 1 person, the first - 3 people, the second - 5 people.

It is necessary to calculate the provision of the population with medical personnel, the indicator of staffing, the proportionality ratio, the distribution of doctors according to length of service, qualification categories and an assessment of medical personnel of the central rural hospital.

Task 3

The general therapeutic department of the city hospital, which is part of the therapeutic department, has 60 beds, including 5 intensive care beds. During the year, 18,600 bed-days were spent by patients. The average length of stay of the patient in a therapeutic bed is 22 days. Deficiencies in the organization of hospitalization, movement and discharge of patients were revealed, bed capacity was used irrationally.

Which of the department's performance can be calculated?

Calculate it, estimate and specify additional factors affecting the level of the indicator.

Task 4.

The polyclinic serves 25,000 residents, it has 13 district physicians. Over the past year, 156,000 STRs were completed, of which 150,000 cases were completed, 6000 were incomplete.

Calculate the required indicators and give an estimate.

Task 5

In the central hospital for 150 beds during the year, 2,800 patients were admitted, 2,700 were discharged, and 20 patients died. In total, 45,200 bed-days were given to patients.

Calculate bed capacity and mortality rates.

Task 6

Polyclinic serves 32000public, it employs 17 district physicians therapists. Over the past year, 156,000 SPOs were performed, including 64,000 primary ones, of which 21,000 were used for follow-up, 43,000 were preventive check-ups, 92,000 were repeated, and 32,000 of them were sent for follow-up clinics. inspections - 60,000.

Indicate which indicators need to be calculated and determine the nature of each of them.

Task 6

In the past year, 1842 patients were admitted to the hospital of the district hospital for 75 beds, 1834 were discharged, and 8 died. Of those who died, they died on the first day - 3. All the dead were opened, the diagnosis was clinical and pathological in 6 cases.

Calculate all the necessary indicators and evaluate the work of the hospital.

Task 7

Over the past year, 340 patients with rheumatism were performed in the clinic, which carried out 530 ACTs, of which 150 were primary cases. 2,778 visits were made to rheumatism. 328 thousand rubles were spent on treatment, the amount of invoices submitted to the QS amounted to 410 thousand rubles.

Indicate which indicators need to be calculated and determine the nature of each of them.

Task 8

In 2016, the number 3 hospital for 150 beds received 3,190 patients in the hospital, 3145 patients dropped out, which carried out 50,850 bed-days. In 2016, the number 4 hospital for 100 beds in 2016 enrolled 1880 patients, 1815 patients dropped out, which carried out 32610 bed-days.

It is necessary to calculate indicators for two hospitals and evaluate their work. How do the indices of the average length of stay of the patient on the bed and the average duration of treatment of the patient on the bed differ?

Task 9

In the hospital of the city hospital for 480 beds in 2016, 13,550 patients were admitted, 13,270 were discharged, of whom 2,930 children under 1 year old. Total

Patients received 162340 bed-days. 25 children died, of them under 1 year old - 20 children. From among the dead - on the first day, 6 children died. All the dead were opened, the diagnosis of clinical and pathological coincided in 23 cases.

Calculate all the necessary indicators and evaluate the work of the hospital.

Task 10

In the central hospital for 150 beds during the year, 2,800 patients were admitted, 2,700 were discharged, and 20 died. There were 45,200 hospital days spent by patients.

Calculate bed capacity and mortality rates. Specify what determines the value of the average length of stay of the patient on the bed. What is necessary to analyze and take into account the indicator of the average length of stay of the patient on the bed and the average duration of treatment of the patient from a particular disease. What are the differences between these two indicators.

Task 11

This year, 5,600 patients were admitted to the hospital for 300 beds, 5400 were discharged, 35 died, and 90400 patient days were spent. Among the admitted patients with coronary heart disease was 540, 511 were discharged, 2 died.

Calculate the indicator of hospital activity, conduct an analysis and evaluate its activity.

Indicate the indicators characterizing the quality and efficiency of the hospital.

Tests on the topic "Marketing in Healthcare":

1. The most accurate definition of healthcare marketing is:

A - marketing analysis, planning, implementation and monitoring of carefully formulated programs;

B - marketing analysis of the medical services market

C - the marketing process of planning and implementing the plan

D - marketing - a type of human activity aimed at meeting the needs of consumers in medical care through the exchange of more effective than that of a competitor +

E - marketing-system of organization and management of the enterprise, aimed at ensuring maximum sales of products.

2. The medical services market is defined as:

A - seller's market

B - buyer's market

C - goods market

D - the market of ideas

E - set of existing and potential consumers +

3. The concept of socio-ethical marketing of medical services includes:

A - study of the needs of doctors

B - study of the needs of consumers of medical servants.

C - meeting the need for medical services

D - satisfaction of the need, provided the consumer welfare and the society as a whole are strengthened +

3. What kind of demand among the population from a marketing perspective for preventive medical examinations?

A - lack of demand

B - full demand

C - irregular demand

D - hidden demand +

4. The main types of demand are everything except

A - hidden

B - irregular

C - full

D - insufficient +

5. Segmentation of the consumer market according to a behavioral trait is carried out on all the listed variables, except:

A - occupation

B - relationship to the product

C - In - Market +

D - sought benefits

E - sex

6. Segmentation of the consumer market on a geographical basis is carried out on all the listed variables, except:

A - family size +

B - countries

6. Segmentation of the consumer market on a geographical basis is carried out on all the listed variables, except:

A - family size +

B - countries

In - district

G - region

D - cities

6. The segmentation of the consumer market according to the psychographic basis is carried out according to all the listed variables, except:

A - personality type +

B - user status

B - incidence

G - the desired benefits

D - nationality

7. Segmentation of the consumer market on a physiological basis is carried out on all the listed variables, except:

A - the desired benefits

B - nosology +

B - family size

G - lifestyle

D - income level

8. Consumer questioning is necessary when positioning medical services for:

A - statistical analysis

B - establish the target market segment +

B - calculation of parametric indexes

G - situation assessment

D - construction of a ranked series

9. The illusion of free medical services created:

A - private healthcare system

B - municipal health care system

B - state health care system +

G - none of them

10. Marketing management of health care facilities consists of:

A - marketing research, development of new types of services

B - identifying new markets, expanding market boundaries

C - identification of target market segments

D - analysis of the medical services market, selection of target markets, development of a set of marketing activities for health care facilities, implementation of marketing activities and marketing control +

E - the study of goods and services

Situational tasks on the topic of the lesson: "Marketing in healthcare"

Task 1

The medical institution provides paid medical services. In February, 250 consultations were provided by an oculist at a cost of 500 rubles. In March, the head physician decided to raise the cost of consultations to 560 rubles. The volume of consultations rendered in March amounted to 249 units.

What is the demand for medical services?

Task 2

In the market of medical services there are two competing medical institutions using marketing technologies. The first one focuses on the implementation of medical and diagnostic services to the population, taking into account all the needs and needs for medical care. The second - focuses on preventive measures. Also meeting the needs and needs of the population for health.

Indicate which marketing management concepts each medical institution pursues and their differences.

Task 3

In order to work effectively with their patients, the private medical institution divided them into small groups according to two principles: by sex (men and women) and by income level (high and low). For each of the 4 groups obtained, the marketing department developed its own range of medical services, pricing method and method of promotion.

What marketing mechanism did the medical facility use? Define this process and describe its main stages.

Task 4

The treatment-and-prophylactic institution decided to provide paid medical services to the population. As a result of a marketing research, the public's need for dental care was identified. Given the lack of competitors in the area, it was decided to set high prices for the services offered.

What information is not enough for a complete analysis of the situation and effective pricing?

Task 5

A private medical practitioner has been providing the same medical service to patients for two years. After a year of intensive growth in the volume of services provided, a certain consistency was established, and then within 6 months a gradual decline in sales was observed. All the events held, including the advertising campaign, led to a further increase in costs and lower profits.

Identify the causes of the situation and suggest ways to solve them.

Task 6

The medical institution provides some list of paid medical services. There were no special marketing activities for working with staff. The volume of paid medical services is extremely low.

What activities need to be held in the institution to increase the volume of services provided.

Task 7

You conduct marketing research when creating a new paid medical service.

Suggest a marketing research method.

Task 8

You work as a manager in self-supporting clinic. In recent months, there has been a decrease in profits from operating activities. An analysis of the situation has shown that a new clinic has opened in your service area with a wider range of medical services at lower prices.

Your actions?

Task 9

You conduct marketing research when creating a family planning clinic.

Suggest a market segmentation method for these studies.

Task 10

In the city clinic, the question of opening a commercial reception office for one of the proposed types of care is being resolved: cardiology, gerontology, narcology, sexopathology, psychotherapy. The polyclinic serves 25,780 people, the population of working age prevails in the population structure, in industry and commerce, the private sector is developed.

Task 11

You are planning to open an ENT clinic in a residential area. Suggest a typology of consumers by socio-economic and psychological-graphic characteristics. Select the target market segment. Offer positioning services for your clinic.

Task 12

There is a negative demand for preventive medical services in society. What should be done by the management of the medical institution to overcome this situation, if the introduction of preventive services is necessary for the institution? List the factors affecting the demand for medicine.

Task 13

The city polyclinic serves a population of 51,997 people (according to census data), of which 25,318 are insured by the MHI.

The structure of the population served: M - 39.8%, F- 60.2%, the working population - 48.5%, persons over 50 years old - 47.03%.

To make a management decision on the opening of 1 office of self-supporting admission, the choice of specialty of the proposed:

- narcology
- psychotherapy
- cardiology
- sexopathology
- gerontology

Develop criteria for choosing a solution.

Task 14

The city dental clinic provides several types of paid medical services. The volume of these medical services is extremely low. The marketing department has recommended to use such methods of promotion as advertising and sales promotion to increase sales.

List the positive and negative aspects of these types of promotion.

Situational tasks on the topic of the lesson: “Legal aspects of medical practice, legal protection of medical workers”

Task 1

The senior nurse quit on 08/20/2016, on her own will, and was hired at Medical Center 000 "Zabota" on 12.09.2016, where she was offered to undergo advanced training for personal funds, since certificate validity period ended 09/30/2016

Are the management requirements valid?

Task 2

A 17-year-old nurse approached the head physician of the polyclinic with a request to transfer her to another job in connection with the reaction to disinfectants. The chief doctor refused, citing the lack of medical records about her state of health.

Are the actions of the head doctor valid?

Task 3

An outbreak of an intestinal infection in the city hospital was unrelated to the water factor, as a result of which 5 patients were injured. The outbreak was the result of violations of the sanitary and anti-epidemic regime (refrigerators inoperative, there was storage of food for patients in bedside tables, etc.).

Specify the state authorities exercising state sanitary and epidemiological surveillance, guided by the number 323-FZ?

Task 4

Working in the form of a brigade contract, a medical worker was convicted of the addition of work. He declined to give explanatory information, arguing that he was not the only one to do this. The administration, coordinated its actions with the trade union committee, conducted an internal investigation and, following its results, announced a reprimand to the employee, obliging him to compensate for the damage by drawing up a statement from the salary. The employee appealed to the labor dispute commission (hereinafter referred to as the CCC), which agreed with the actions of the administration. After that, the employee issued a statement and repaid the damage. On the expiration of six months from the date of the misdemeanor, the employee appealed to the CTS with a statement that he did not agree with the administration, which deprived him of the prize, arguing that he was not twice punished for one offense.

1. What decision should make the CTS?
2. Specify the procedure for removal of disciplinary action.

Task 5

The nurse of the sanatorium worked according to the schedule of night duty. Due to the lack of rest, the need for them has disappeared. The administration offered her to resign voluntarily.

1. Is the administration right to force the employee to quit?

Task 6

During the routine inspection of the city hospital A., an official of the territorial department of Roszdravnadzor revealed the fact of admission of patients by a private

urologist, who does not have a license and the relevant legal documents for placement for medical activities. This type of medical activity is not declared and not licensed by the hospital.

Is there a legal basis for taking appropriate measures by Roszdravnadzor to:

- a) the chief doctor of the city hospital?
- b) a private practitioner?

Task 7

After graduating from the residency, the urologist for 6 years worked as a sales representative for a pharmaceutical company. Then he wanted to return to work in the city hospital in the main medical specialty.

What control measures should he take to recover to work?

Task 8

A 4-year student at the medical and preventive faculty during the period of study worked as a paramedic of an ambulance brigade.

Is his employment in this position valid?

Task 9

The father of two children, ages 1.5 and 3, has an active form of pulmonary tuberculosis; he refused stationary and outpatient treatment. The head physician of the children's clinic addressed a written statement to the head of the Office of Rospotrebnadzor on the resolution of this issue in connection with the risk of infecting children.

1. Is there a legislative basis for action in taking measures for the forced hospitalization of a patient with active tuberculosis?
2. Is it legal in this situation to provide medical care without the consent of a citizen?

Task 10

The attending physician, urgently called to the intensive care unit, asked a neurologist, who was directly involved in the examination and treatment of a 87-year-old patient, to give relatives the necessary information about the patient's health status.

Did a neurologist have the right to inform relatives about the patient's condition?

Task 11

A boy of 9 years old with a fracture of the lower leg was admitted to the casualty department of the hospital, his father wished to be in the hospital with him. However, the head of the department categorically forbade it, noting that it can resolve the mother, and then only for the time of the child's serious condition.

What does this law say?

Control tests are designed for students studying the course

"Public Health and Health Care, Health Economics".

Tests are necessary both for the control of knowledge in the process of the current intermediate certification, and for the assessment of knowledge, the result of which can be the setting of credit.

When working with tests, the student is invited to choose one answer from three to four proposed. At the same time, tests are unequal in complexity. Among the proposed there are tests that contain several options for correct answers. The student must specify all the correct answers.

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

The results of the test tasks are assessed by the teacher on a five-point scale for issuing attestation or according to the "test" system - "no test". The mark "excellent" is set with the correct answer to more than 90% of the tests proposed by the teacher. A rating of "good" - with the correct answer to more than 70% of tests. A rating of "satisfactory" - with the correct answer to 50% of the tests proposed by the student.

TESTS

for carrying out the mid-term control of students of the 3rd course in the discipline: "public health and health care, health economics"

1. Health definition given in the WHO charter:

a) the state of optimal functioning of the organism, allowing it to best perform its specific social functions

a condition of the body in which it functions optimally without signs of disease or any violation

+ b) a state of complete physical, mental and social well-being, and not just the absence of disease or physical defects

c) the state of optimal physical, mental and social well-being, and not just the absence of the disease and dysfunction

g) the body's ability to maintain balance in accordance with age and social needs

2. The main areas in the field of health protection in the light of the "Concept of development of the health care system in the Russian Federation until 2020" are:

+ a) availability, quality of medical care and the formation of a healthy lifestyle

b) a guarantee of equity in the field of health

c) achieving health for all

d) preventive health care

e) primary health care.

3. Specify the correct definition of public health and health care as a science:

+ a) is the science of strategy and tactics of the health care system, aimed at improving the public health of the population

b) it is a science that studies the influence of environmental factors on a person and develops optimal requirements for the conditions of human life

c) it is a system of measures to protect public health.

4. Public health and health care is:

- a) hygienic science
- b) clinical science
- + c) integrative science
- d) social science

5. Research methods of public health and public health include

- a) statistical
- b) experimental
- c) economic
- d) sociological
- + e) all of the above is true

6. The subject of public health study is

- a) individual health
- + b) public health and factors affecting it
- c) epidemiology of diseases
- d) public health

7. The most resource-intensive type of medical care is currently the help:

- + a) stationary
- b) outpatient
- c) social
- d) ambulance

8. The main method of studying lifestyle is:

- a) statistical
- b) testing
- + c) sociological

d) experimental

9. Factors affecting health: (right, all but one)

a) conditions and lifestyle

b) hereditary genetic

c) natural-ecological

d) medical and organizational

+ e) population

10. The basic principles of protecting the health of the population of Russia include:

a) observance of the rights of a person and a citizen in the field of health protection

b) availability and quality of medical care

c) the priority of prevention

d) the responsibility of public authorities and management for ensuring the rights of citizens in the field of health protection

+ e) all of the above is true

11. The attending physician is

a) a doctor who has a diploma of graduation from a medical school and a certificate of specialist

b) a doctor working in a medical institution

+ c) a doctor, who is entrusted with the function of organizing and directly providing the patient with medical care during the period of observation and treatment

d) a doctor providing medical care.

12. When conducting social and hygienic studies, the following methods are used, everything is correct, except:

a) historical

b) statistical

c) experimental

d) economic

+ e) test

13. Medical statistics are:

a) social medical science, the content of which is a quantitative study of the processes of health and health care activities

b) statistical science used in the study of issues related to medicine

+ c) social medical science, the content of which is a quantitative study of health processes

14. The subject of study of medical statistics are:

a) public health information

b) information on the effect of environmental factors on human health

c) information on personnel, network and activities of health facilities and services

d) information on the results of clinical and experimental studies in medicine

+ e) all of the above

15. Statistical population as an object of statistical research includes:

a) a group or set of relatively homogeneous elements with signs of similarity

b) a group or a set of relatively homogeneous elements with signs of differences

+ c) a group or set of relatively homogeneous elements with signs of similarities and differences

16. The unit of observation is:

+ a) the primary element of the observation, which is the carrier of the signs to be registered

b) an array of units that are carriers of signs

observation of one moment

17. One-time observation is

- a) observation, covering a part of aggregate units to characterize the whole
- + b) observation timed to one moment
- c) observation in time

18. Of the examples below, characteristic of a one-time observation is

- a) fertility
- b) incidence
- + c) routine inspection
- d) mortality

19. Selective observation is

- + a) observation, covering part of the aggregate units to characterize the whole
- b) observation, dedicated to one moment only
- c) observation in the order of current registration
- d) survey of all units of the studied population without exception

20. Full observation is

- a) observation, covering a part of aggregate units to characterize the whole
- b) observation, dedicated to one moment only
- c) observation in the order of current registration
- + d) survey of all the units of the studied population

21. Current observation is

- a) observation, covering a part of aggregate units to characterize the whole
- b) observation, dedicated to one moment only
- + c) observation in the order of current registration
- d) survey of all units of the studied population without exception

22. Indicate the types of observations by volume.

- a) random

b) current and one-time

+ c) solid and selective

23. Specify the types of observations in time.

a) random

+ b) current and one-time

c) solid and selective

24. Variation number is

a) a series of numbers

b) a set of options

+ c) options arranged in a specific sequence.

25. The average value is:

a) the frequency of the phenomenon

b) the structure of the phenomenon

+ c) generalizing characteristic of a varying sign

26. Option is

+ a) sign size

b) the frequency of the symptom

c) the number of observations

27. Correlation analysis uses coefficients.

a) variations

b) regression

+ c) correlations

d) ratio

28. Under which conditions, the arithmetic average most accurately describes the average level of the varying characteristic

a) under the condition of symmetry of the aggregate, full representation in the selective aggregate of the specific features of the general aggregate

b) under condition of symmetry of the aggregate, the number of observations in it is not less than 100

c) only in the general population

+ d) in the normal distribution with a sufficiently large number of observations and homogeneity of the phenomenon under study

29. Specify the minimum number of observations with a small sample.

a) 20 observations

+ b) 30 observations

c) 50 observations

d) when using different statistical methods, the maximum number of observations varies

30. To what extent can the value of the correlation coefficient vary?

A) from 0 to 1

b) from 0 to 2

c) from 0.5 to 1

+ d) -1 to +1

31. Standardized indicators apply.

a) to characterize the primary material

b) for comparison with each other

+ c) for comparison between heterogeneous aggregates

d) all of the above

32. Specify the criteria characterizing the degree of diversity of the varying characteristic.

- a) coefficient of variation, fashion, median
- b) coefficient of variation, standard deviation
- + c) limits, amplitude, standard deviation, coefficient of variation
- d) limits, coefficient of variation

33. The median of the series (M_e) is

- a) the largest in terms of value
- b) the most common variant
- + c) the central option, dividing the series in half

34. Fashion is

- a) central option
- + b) a variant that occurs more often than others
- c) the variant with the lowest value of the feature

35. Typical average arithmetic values characterize

- + a) standard deviation and coefficient of variation
- b) fashion and median
- c) there is no right answer

36. Which variant of the variation series is most often taken as the conditional average?

- + a) fashion
- b) median
- c) V_{\max}
- d) V_{\min}

37. With an increase in the number of observations, the value of the average error

- a) increases
- b) does not change
- + c) decreases

38. The difference between two relative indicators is considered reliable if it exceeds its error.

+ a) 2 or more times

b) less than 2 times

c) 3 or more times

39. What degree of probability corresponds to the confidence interval $P \pm 2m$?

A) probability 68.3%

+ b) 95.5% probability

c) probability of 99.7%

40. What degree of probability corresponds to the confidence interval $M \pm 3t$?

A) probability 68.3%

b) 95.5% probability

+ c) probability of 99.7%

41. The smaller the fluctuation of the sign, the magnitude of the average error

+ a) less

b) more

c) does not affect

42. To reduce sampling error, the number of observations needed

+ a) increase

b) reduce

c) the number of observations does not affect the error

43. The difference between averages is considered reliable if

a) $t = 1$

+ b) $t = 2$ and more

c) $t = 3$ and more

44. Not considered reliable for scientific research.

+ a) probability of 68.3%

b) the probability of 95.5%

c) probability of 99.7

45. Types of relative values:

a) intensive and extensive indicators

b) extensive indicators

c) indicators of clarity

d) ratio indicators

+ e) intensive, extensive, visibility indicators, ratio indicators

46. Extensive indicators characterize:

+ a) the structure of the composition of phenomena

b) the frequency of occurrences in their environment

c) the ratio of two dissimilar media

48. Intensive indicators include:

a) the distribution of patients by sex and age

+ b) morbidity and mortality indicators

c) the structure of diseases by nosological forms

49. The frequency (prevalence) of the phenomenon is characterized by indicators, all except:

a) total mortality

b) infant mortality

c) the overall incidence of negotiability

+ g) morbidity patterns

50. In what indicators should be presented the results of the study in the study of the composition in hospitalized patients in the departments of the hospital?

- + a) extensive
- b) intense
- c) ratios
- d) visibility

51. Specify the indicators in which the results of the study should be presented when studying the prevalence of hypertension in people of different ages.

- + a) intense
- b) extensive
- c) ratios
- d) visibility

52. The ratio indicator characterizes:

- a) structure, composition of the phenomenon
- b) the frequency of the phenomenon in its environment
- + c) the ratio of two dissimilar sets
- d) distribution of the whole into parts

53. The diagram that most clearly describes the structure of the incidence is:

- + a) sectoral
- b) radial
- c) columnar
- d) volumetric

54. The diagram that most clearly describes the frequency (prevalence)

- a) incidence, is:
- b) sectoral

- c) vnutripolbikovaya
- + d) columnar
- e) volumetric

55. Statistical measures of the public health of the population are (true to all but one)

- a) demographic indicators
- b) incidence
- c) disability
- d) physical development
- + e) temporary disability

56. The characteristics of the potential of public health does not include the indicator:

- a) incidence
- + b) mortality
- c) disability
- d) mortality
- e) physical development

57. Medical demography examines all of the above, (all is true except)

- a) “static” of the population (size, resettlement, density, etc.)
- b) mechanical movement of the population
- c) natural movement of population
- + g) incidence with temporary disability

58. The main indicators of the natural movement of the population are:

- + a) fertility and mortality
- b) mortality
- c) disability
- d) incidence

59. A summary indicator of natural population movement is

- a) fertility
- b) mortality
- + c) natural increase

60. The general indicators of the natural movement of the population does not apply.

- a) fertility
- b) mortality
- c) natural growth
- + d) average life expectancy

61. General indicators do not include:

- a) fertility
- b) total mortality
- c) natural growth
- + d) reproduction rate

62. The birth rate is calculated by

- + a) the ratio of the number of births in a given year to the average annual population
- b) the ratio of the number of dead, to the number of births
- c) subtract the number of deaths from births
- d) the ratio of the number of births in a given year to the average annual number of women of fertile age

63. To calculate the fertility index it is necessary to have

- a) the number of live births and the female population
- + b) the number of live births and the number of women of fertile age

c) the number of live births and the average annual population

64. To calculate the birth rate indicator, you must have

a) the number of live births and the number of women who are not married

+ b) the number of live births and the number of women
fertile age unmarried

c) the number of live births and the total number of women

65. Special indicators of fertility include:

+ a) fertility rate

b) total fertility rate

c) reproduction rate

d) all of the above is true

66. The birth rate (per 1000) of the population in our country is currently in the aisles.

+ a) from 10 to 15

b) up to 10

c) from 15 to 20

d) above 20

67. The overall mortality rate is

+ a) the ratio of the number of deaths to the average annual population

b) the ratio of the number of deaths to the population as of 01.01 of a given year

c) the total number of deaths during the intercensal period

d) the ratio of the number of deaths to the average annual population of the
corresponding age.

68. The total mortality rate (per 1000) of the population in our country is currently
within

- a) from 5 to 10
- + b) from 11 to 15
- c) from 16 to 20
- d) above 20

69. The maternal mortality rate is calculated by the formula

+ a) $(\text{number of deceased pregnant women, parturient women, puerperas within 42 weeks after termination of pregnancy} \times 100,000 \text{ live births}) / \text{number of live births}$

b) $(\text{number of dead pregnant} \times 1000 \text{ live births}) / \text{total number of pregnancies}$

c) $(\text{number of deaths after 28 weeks gestation} \times 100,000 \text{ live births}) / \text{total number of pregnancies}$

d) $(\text{number of dead pregnant} \times 100,000 \text{ live and stillborn}) / \text{total number of pregnant women after 28 weeks}$

70. The maternal mortality rate (per 100,000 live births) in Russia in recent years is within

- a) 20-30
- b) 30-40
- + c) 4-10

71. The region's maternal mortality rate has the least impact

- a) the index of health of the birth contingent
- b) the level of health development
- + c) the proportion of those giving birth in the structure of giving birth

72. The leading cause in the structure of maternal mortality in regions with a low level of this indicator is

- a) obstetric bleeding
- + b) extragenital pathology
- c) sepsis

73. What is the relationship between the infant mortality rate and the age of the mother at the time of delivery

a) exists

+ b) exists, it is higher in the group of women younger than 18 years and older than 35 years

c) there is, the lower the age, the higher the rate

74. What is the relationship between the infant mortality rate and the interval between births?

a) does not exist

b) exists, it is lower when the intergenetic interval is less than 2 years

+ c) exists, it is higher with an intergenetic interval of less than 2 years

75. Age-specific mortality rates are calculated by

+ a) the ratio of the number of deaths in each age group to the number of this age group

b) subtraction of births and deaths in each five-year age group

c) the ratio of the number of deaths in each age group to the average annual population of the territory

76. In the structure of mortality of the population of economically developed countries, the leading places are occupied by

a) infectious and parasitic diseases; diseases of the digestive system; mental illness

+ b) circulatory system diseases; neoplasms; injuries and poisoning

c) neoplasms; injuries and poisoning; respiratory diseases

d) injuries and poisoning; neoplasms, circulatory system diseases

77. According to WHO experts, interventions to combat an increase in cardiovascular morbidity should focus on measures:

+ a) primary prevention

b) secondary and tertiary prevention

c) an increase in investment in scientific research on this subject, the approximation of science to practice

g) improve medical care for patients with cardiovascular diseases

78. Indicate the country where there is the greatest difference in the life expectancy of men and women.

+ a) Russia

b) Japan

in USA

d) France

d) Germany

79. Life expectancy is

+ a) the number of years to be lived for this generation of births, provided that throughout life, age-specific mortality rates remain unchanged

b) the number of years to be lived for this generation of living, provided that throughout their lives, age-specific fertility rates remain unchanged

c) the number of years that this generation of born lives

80. In the structure of total mortality, injuries take place.

+ a) third

b) the first

c) the second

81. In the structure of the general mortality of the population, malignant neoplasms take the place of

+ a) the second

b) the first

c) third

82. In the structure of general mortality of the population, cardiovascular diseases take the place of

- + a) first
- b) the second
- c) third

83. The special indicators of infant mortality are all but

- a) postnatal mortality
- b) late neonatal mortality
- c) early neonatal mortality
- + d) stillbirth

84. The infant mortality rate is calculated by the formula

a) $(\text{number of children who died before the age of 1 month}) \times 1000 / \text{number of people born alive and dead}$

b) $(\text{the number of children who died before the age of 1 year} + \text{the number of children born dead}) \times 1000 / \text{number of all born (dead and alive)}$

c) $(\text{number of children who died before the age of 1} \times 1000) / \text{average population}$

+ d) $(\text{number of children who died before 1 year in a given calendar year} \times 1000) / (2/3 \text{ born in a given year} + 1/3 \text{ born in a previous year})$

85. What are the main causes of infant mortality, taking into account their place

+ a) the causes of the perinatal period and congenital anomalies, respiratory diseases, intestinal infections

b) other diseases, birth injuries and malformations, gastrointestinal diseases

c) birth injuries and malformations, pneumonia, other diseases

d) pneumonia, gastrointestinal diseases, birth injuries and malformations

86. The rate of natural increase is the ratio

a) $\text{annual number of births} / \text{annual number of deaths}$

b) the annual number of deaths / annual number of births

+ c) $(\text{annual number of births} - \text{annual number of deaths}) \times 1000 / \text{average annual population}$

87. The average number of girls born by one woman in her entire life and living to the age of the woman who gave birth is called

+ a) net coefficient

b) gross coefficient

c) the Pokrovsky index

d) total fertility rate

88. Total fertility rate means

+ a) the average number of children in one woman

b) the average number of girls in one woman

c) the average number of girls in one woman

given the likelihood of her death

89. Reproduction in Russia in recent years is

a) simple

+ b) constricted

c) advanced

90. What is the relationship between birth rates and infant mortality?

a) no connection

+ b) straight

c) reverse

91. What are the types of reproduction of the population.

a) progressive, regressive

+ b) narrowed, simple, extended

c) stationary

d) constricted, advanced

92. What are the types of age structure of the population.

a) narrowed, stationary, advanced

+ b) progressive, stationary, regressive

c) progressive, regressive

93. The main sources of information on public health are the following, except

a) official mortality information

+ b) data of insurance companies

c) epidemiological information

d) environmental and health monitoring data

94. Demographic load is:

+ a) the ratio of persons with disabilities (old people and children) per 1000 able-bodied

b) the difference between able-bodied and disabled

c) the ratio of the disabled to each age group of the population

95. Fetoinfantylnye loss is:

+ a) the stillbirth and mortality of children aged 0 to 365 days

b) stillbirths and dead children in the first week of life

c) the dead in the first week plus the dead in the first month of life

d) there is no right answer

96. The methodology for calculating the life expectancy is based on:

+ a) on the construction of mortality tables (survival)

b) simple calculation of age-specific death indicators

c) on the analysis and forecasting of data over several years

97. Under the physical development understand

a) a set of all anthropological features and the results of functional measurements

b) somatoscopic signs and indicators

c) data about physique

+ g) all of the above

98. The main methods of studying the incidence of everything except

a) by cause of death

b) on appealability

+ c) according to census data

d) according to medical examinations

99. Indicate the main types of diseases subject to special accounting.

a) acute infectious morbidity

b) the most important non-epidemic

c) hospitalized

d) incidence with VUT

+ e) all of the above is true

100. The total incidence is

a) incidence rate according to negotiability

b) the incidence recorded by the doctor and recorded in the medical records

+ c) the totality of all the diseases among the population, first identified in a given year and previously known, about which patients first applied in a calendar year

d) accounting of all diseases and special accounting of diseases, including infectious morbidity, non-epidemic morbidity, morbidity with HH, hospital morbidity

101. In the study of the overall incidence (according to outpatient institutions) is used:

- + a) ambulatory voucher
- b) log of registration of infectious diseases
- c) personal card of the employee
- d) summary list of registration of diseases

102. According to the appealability of the population in the clinic, the following types of incidence are distinguished:

- a) general morbidity
- b) primary morbidity
- c) morbidity with temporary disability
- d) infectious
- d) hospitalized
- + e) all of the above is true

103. The morbidity of the population according to the appealability is formed on the basis of the diagnosis:

- a) the main
- b) concomitant
- + c) of both

104. The indicators for studying morbidity with temporary disability (HLT) are, everything is true, except:

- a) the number of days with VUT per 100 employees
- b) the number of cases with HLA per 100 employees
- c) the average duration of 1 case of HLA
- + g) average duration of 1 hospitalization case

105 Accounting for infectious morbidity is carried out:

- a) "Emergency notice of an infectious disease, food, o. professional poisoning, an unusual reaction to the vaccine "(f.058 / y)
- b) "Journal of Infectious Diseases" (f.060 / u)
- c) "Information on infectious and parasitic diseases" (report f.1)
- d) "Map of the epidemiological survey of the focus of infectious diseases" (F. 357 / y)
- + e) all of the above

106. In which institution is sent a notification of an infectious disease

- a) to the infectious diseases hospital
- + b) in the "Center for Hygiene and Epidemiology"
- c) to territorial health authorities
- d) to the AIDS center

107. Specify a single regulatory document for statistical development of hospitalized morbidity.

- a) there is no such document
- b) international classification of diseases, injuries and causes of death
- + c) statistical card of the retired from the hospital, f. № 066 / y-02
- g) a sheet of accounting of the movement of patients and hospital bed fund, f.№ 007 / y
- e) consolidated statement of the registration of the movement of patients and hospital beds in the hospital, department or profile of beds, f. No. 016 / y

108. Accounting for the incidence according to the results of medical examinations is carried out, that's right. Besides:

- + a) follow-up control card
- b) a map to be periodically inspected (f.046)
- c) outpatient coupon

109. The study of morbidity is necessary for (true, all but one)

- a) assessment of the health status of the population

b) assessing the quality and effectiveness of the activities of health authorities and institutions

c) determining the needs of the population in various types of health care

+ d) mandatory and unified statistical registration

e) development of measures to reduce the incidence

110. Exhaustive (true) morbidity

+ a) the amount of diseases identified when applying for medical assistance in health care facilities, according to medical examinations, according to data on causes of death;

b) a contingent of patients identified with prof. inspections

c) the sum of acute and chronic diseases in one patient over several years (3-5)

111. The disease, which the patient has been suffering for a number of years, and every year see a doctor at the polyclinic (first treatment) will be included in the statistics.

a) primary morbidity

+ b) total morbidity

c) pathological infestation

112. Indicate the main types of diseases subject to primary accounting.

a) acute infectious morbidity

b) the most important non-epidemic

c) hospitalized

d) incidence with VUT

+ e) all of the above

e) there is no right answer

113. Indicate the main types of recorded morbidity according to appealability.

a) general morbidity

b) the most important non-epidemic

- c) acute infectious morbidity
- d) hospitalized
- e) incidence with VUT
- + e) all of the above

114. The development of hospital morbidity includes:

- + a) cases of diseases detected in the hospital for which no appeals to the outpatient clinic were recorded
- b) the number of patients treated for the year in the hospital with a definite diagnosis

115. In city "A", cardiovascular diseases make up 20%, and in city "B" - 30% among all diseases. Is it possible to assert that in the "B" level the disease is more common?

Can i; the percentage of diseases in the city "B" is clearly higher

- b) it is possible; These indicators characterize the level of cardiovascular diseases.
- c) it is possible; These indicators characterize the prevalence of the disease, and in city "B" it is higher
- d) not; we do not know the error of these indicators
- + e) it is impossible; as the proportion can not judge the prevalence of diseases

116. Health status is assessed by indicators, everything is correct, except for:

- a) medical demographic
- b) physical development
- c) disability
- d) incidence
- + e) provision of population with inpatient care.

117. Physical development is understood as:

- + a) a set of all anthropometric, stomatoscopic features and the results of b) functional measurements
- c) stomatologic signs and indicators

d) data about the physique

e) incidence

118. Types of medical care include:

+ a) primary health care; specialized, including high-tech, emergency medical care; palliative care

b) primary health care; specialized, including high-tech, emergency medical care

c) primary health care; specialized

d) all of the above is true

119. Medical care may be provided in the following conditions:

+ a) outside the medical organization; outpatient; in day hospital; permanently

b) on an outpatient basis; in day hospital; permanently

c) outpatient and inpatient

120. Forms of medical care are: (right, all except)

a) emergency, planned, emergency; primary health care

+ b) emergency, planned, emergency

c) planned, emergency; primary health care

d) emergency, planned, emergency, preventive

121. Primary health care (PHC) is the basis of the system of medical care and includes measures for:

+ a) prevention, diagnosis, treatment of diseases and conditions, medical rehabilitation, observation of the course of pregnancy, the formation of a healthy lifestyle and public health education.

b) diagnosis, treatment of diseases and conditions, medical rehabilitation, monitoring of pregnancy, the formation of a healthy lifestyle and health education of the population

c) prevention, diagnosis, treatment of diseases and conditions, medical rehabilitation, monitoring of pregnancy

d) all of the above is true

122. Primary health care, including specialized, is provided by:

- a) general practitioners, general practitioners, pediatricians, local pediatricians and general practitioners (family doctors)
- b) medical specialists, including medical specialists from medical organizations that provide specialized, including high-tech, medical care
- + c) both are true

123. Medical examination is a complex of interventions aimed at

- a) detection of pathological conditions and diseases
- + b) identification of pathological conditions, diseases and risk factors for their development
- c) diseases and risk factors of their development
- g) identification of pathological conditions and risk factors for their development

124. The organization of the clinic is characterized by the following data

- a) structure of visits by specialties
- b) the dynamics of visits; distribution of visits by type of appeal; by months, days of the week, hours of the day
- c) the amount of home care; the structure of home visits; home caregiver activity
- d) the ratio of primary and return home visits
- + e) all of the above

125. The main ways of developing polyclinic care for the adult population in the new economic conditions are everything except

- a) strengthening and development of forms and methods of rehabilitation treatment and rehabilitation
- b) ensuring the possibility of choosing a district or family doctor
- c) the development of general practitioners
- d) creation on the basis of polyclinics of the advisory and rehabilitation centers

e) the development of modern technology and new organizational forms of outpatient care

+ e) an increase in the number of district doctors and disaggregation of areas

126. In Russia, the following model of organization of work of general medical practice (family doctor) mainly functions.

a) group medical practice

b) GP, family doctor, working individually

+ c) GP, family doctor, working in outpatient clinic

d) unification of group medical practices based on health centers

127. GPs (family doctor) accepts and treats patients

a) with any nosological forms of diseases

+ b) with the most common and accessible diseases for diagnosis.

c) with acute infectious diseases

128. Patients of a general practitioner (family doctor) should be

a) all adults

b) adults, except for pregnant women

+ c) all age and sex groups

d) adults and teenagers

129. The number of general practitioners (family doctor) of the population should be

a) 800-1000 people

b) 1001-1500 people

+ c) 1501-2000 people

d) 2000 or more people

130. Outpatient care is organized by the following

principles except

- a) territorially-district
- b) brigadier
- c) departmental
- + g) private

131. It is not included in the functions of the polyclinic registry.

- a) record visitors to the doctor
- b) receiving calls to visit patients at home
- c) ensuring the optimal flow of visitors to the study
- + d) mass referral of visitors for research

132. When serving patients at home, the district doctor should not

- a) ensure early detection of the disease
- b) provide timely assistance to those in need
- c) visit patients at home on the day of the call
- + d) visit patients daily at home without testimony

133. The main sections of the activities of the medical specialist are all

Besides

- a) medical and diagnostic work in the clinic and at home
- b) advisory work in the clinic and at home
- c) carrying out preventive measures according to their profile
- + g) monitoring the activities of the district therapist

134. In accordance with the nomenclature, stationary institutions do not apply

- a) republican hospital for adults
- b) regional, regional hospitals for adults
- c) the central district hospital

+ d) central city pharmacy

135. The main directions of improvement of inpatient care are

a) the shift of emphasis to an increase in the volume of outpatient care

b) the development of hospital-substituting technologies

c) phasing in the provision of medical care

+ g) all of the above

g) there is no right answer

136. Does not apply to specialized departments of the hospital

a) cardiological

b) neurosurgical

c) phthisiological

+ d) abortion

137. Reception office does not carry out

a) round-the-clock hospitalization of patients by disease profiles

b) first aid to those in need

c) analysis of discrepancies between the diagnoses of the ambulance and the emergency department

+ d) issuance of documents certifying temporary disability

138. The main sections of therapeutic and preventive care

are

a) prevention, coordination, treatment

+ b) prevention, diagnosis, treatment, rehabilitation

c) diagnosis and treatment

139. Continuity in the work of the hospital and clinic does not provide

a) preparing the patient for hospitalization

- b) analysis of the coincidence of diagnoses of clinics and hospitals
- c) analysis of the reasonableness of referral to hospitalization
- + d) centralization of planned hospitalization

140. Hospitalization channels are

- a) the direction of the clinic
- b) the direction of "emergency"
- c) "gravity"
- + g) all of the above

141. Ways to improve the quality of inpatient treatment are all but

- a) quality control of inpatient care
- b) compliance with the stages of the therapeutic and diagnostic process
- c) the reasonableness of sending the patient to the hospital
- g) referral of the patient to the specialized department of the hospital
- + e) total hospitalization of patients.

142. Medical assistance to the rural population is provided in the following stages, except for

- a) FAP (OP)
- b) medical ambulatory
- c) central district hospital
- g) regional (regional) medical institutions
- + e) city polyclinic

143. The principles of building medical care for the rural population and the urban population are the same, but in rural areas, the following factors, except for

- a) dispersion of settlements
- b) a small population in them

c) features of agricultural production

+ d) religious affiliation of the population

144. The composition of the rural medical site is not included

a) obstetric points

b) district hospital

+ c) a sanatorium located in the territory of a rural settlement

145. The functions of the rural medical site are as follows, with the exception of

a) providing medical and preventive care to the population

b) sanitary measures

c) obstetric aid

d) child and adolescent health

+ e) providing advice to patients.

146. The main tasks and functions of the rural medical district hospital are all but

a) the provision of therapeutic and preventive care to the rural population

b) medical and preventive measures to protect the health of the mother and child

c) organization of follow-up observation of rural residents

+ g) the implementation of medical - labor expertise

147. The functions of a rural medical ambulatory do not include

a) the provision of outpatient treatment and preventive care to the population of the assigned site

b) referral for inpatient treatment of patients with appropriate indications

+ c) consultative receptions of patients

g) the organization of follow-up

148. The functions of the feldsher – midwife station include everything except

a) providing the population with pre-medical care

- + b) assessment of the quality of clinical examination of the population
- c) measures to reduce morbidity and mortality to the population
- d) increasing the sanitary hygienic culture of the population

149. The main functions of the CRH are all of the above, except

- a) providing qualified inpatient and polyclinic medical care to the population of the district and district center
- b) operational management of all medical and preventive treatment institutions of the district
- + c) organization of work of ITU
- d) introducing best practices, innovation and marketing
- e) organization of quality control of treatment of patients

150. The task of the regional (regional) hospital is not:

- a) providing the population of the region with a full amount of highly specialized, qualified, advisory, outpatient and inpatient care
- b) the provision of organizational and methodological assistance to medical institutions of the region
- c) the provision of emergency and routine medical care.
- + g) organization of sanitary and epidemiological measures in the region

151. The structure of regional hospitals includes all of the above, except:

- a) hospital with specialized departments
- b) advisory clinic
- c) emergency and scheduled care
- + g) Regional (Regional) Bureau of Medical and Social Expertise
- e) organizational and methodical department

152. The emergency and planning-advisory department does not perform the following functions.

- a) organizes and conducts on-site consultations of doctors-specialists
- b) conducts correspondence consultations
- c) develops proposals for the procedure and indications for referral of patients for consultation
- + d) organizes medical assistance to the rural population.

153. The capacity of the hospital is determined by:

- a) the population served
- + b) number of beds
- c) the volume of medical services provided
- d) the number of working doctors
- d) the amount of diagnostic equipment

154. The following indicators refer to the hospital use indicators:

- a) average number of days the bed is working
- b) bed turnover
- c) the average length of stay of the patient in the hospital
- + g) all of the above

155. An indicator of the rational use of bed capacity is:

- a) the average duration of the examination of the patient in the hospital
- b) the amount of medical services performed in the hospital
- + c) the average annual employment of the bed
- d) repeated hospitalization
- e) two-night simple bunk

156. A qualitative assessment of hospital performance can be characterized by the following indicators, except:

- a) the structure of the operations (composition of operations)

- b) an indicator of the frequency of complications during operations
- c) an indicator of the frequency of use of various types of anesthesia
- + d) indicator of the provision of population with inpatient care

157. An intensive indicator of daily mortality is determined by

- + a) the ratio of the number of deaths on the first day to the number admitted to hospital
- b) the ratio of the number admitted to hospital to the number of deaths on the first day
- c) the ratio of the number of departures from the hospital to the number of deaths on the first day
- d) the ratio of the number of deaths in the first day to the number of those who left the hospital

158. Specify the main account of the clinic

- a) control card dispensary observation
- b) outpatient card
- c) history of the disease
- d) disability certificate
- + e) outpatient patient coupon

159. The first stage of the organization of gynecological care for children and adolescents.

- + a) children's clinic
- b) female consultation
- c) adult clinic

160. The third stage of the organization of gynecological care for children and adolescents.

- a) gynecological hospital
- + b) Department on the basis of a multidisciplinary children's hospital
- c) gynecological department of a multidisciplinary hospital

161. The objectives of the emergency and emergency medical service are

- a) assistance in life-threatening conditions
- b) assistance in the shortest possible time
- + c) the above

162. The tasks of the ambulance and emergency services are all except

- a) constant mobilization readiness
- b) highly qualified personnel of the field crews
- c) appropriate medical equipment
- d) availability of special transport
- + e) analysis of the incidence in the region

163. The functions of the emergency and emergency services are

- + a) receiving calls on "03", departure of the brigade, medical care on the spot and patient delivery to hospital
- b) a statement of the fact of death and the issuance of a certificate of death of the victim

164. The work of the ambulance and emergency stations includes everything except

- a) round-the-clock duty of dispatchers receiving calls
- b) round-the-clock duty of the personnel of the visiting brigades
- c) round-the-clock assistance to the victims and the sick
- d) delivery of the patient to the hospital
- + e) transportation of corpses

165. Emergency medical records do not apply.

- a) call receiving card for "03"
- b) call cards
- c) call recording
- + g) list of consumed medications

d) signaling ticket to the clinic

166. The visiting team doctor is not entitled

- a) participate in the management of the station, using meetings, meetings, conferences
- b) make suggestions for improving the provision of assistance
- c) to solve issues of diagnosis and treatment at the pre-hospital stage
- + d) refuse assistance to those in need along the way.

167. Specialized team performs departure

- a) as directed by a dispatcher
- + b) at the direction of the senior doctor of the shift or on call of the linear brigade
- c) all of the above is true

168. In the treatment and diagnostic departments of the Emergency Hospital (BSMP) is not carried out.

- a) assisting the most severely ill
- b) targeted hospitalization of severe patients "on themselves"
- c) transfer of patients to other hospitals by profile
- + d) field work in the region

169. First aid in rural areas is provided

- a) emergency department at CRH
- b) station SMP
- c) ambulance substation of the CRH at the local hospital
- + g) all of the above

170. The need to develop primary prevention of diseases is due to:

- a) high incidence among the working population
- b) a high level of morbidity in children, adolescents and youth
- c) a high level of appealability to inpatient institutions

d) dynamics of morbidity structure in children and adolescents

+ e) high mortality rate from preventable cases of diseases among the able-bodied population.

171. The effectiveness of measures of primary and secondary prevention is determined primarily by:

+ a) a decrease in morbidity and mortality in people of working age

b) a decrease in morbidity and mortality in children and adolescents

c) a decrease in morbidity and mortality in the elderly

d) the rationality of financial investments in the health care system

e) rational distribution of human resources in the health care system

172. The main figure in the system of prevention are

a) doctors of the center of medical prevention

b) specialists of sanitary and epidemiological surveillance centers

+ c) local doctors of the polyclinic

d) doctors of the psycho-neurological dispensary

173. Secondary prevention is

a) prevention of exposure to risk factors for disease development

+ b) prevention of exacerbations of the disease

c) prevention of disability

d) all of the above

d) there is no right answer

174. In which case the polyclinic is organized by the department (office) prevention

a) if there are at least 25 outpatient medical posts in the clinic

b) if the clinic serves 30 thousand or more people

c) if the polyclinic serves at least 50 thousand inhabitants

+ d) in any clinic

175. Indicators of the effectiveness and quality of the examination can be

+ a) an indicator of the frequency of exacerbations, systematic observation

b) an indicator of the frequency of treatment and preventive measures

c) transfer of patients on the nam from one observation group to another

d) average number of days of hospitalization

176. For a worker undergoing a preliminary or periodic examination, the medical organization shall issue:

a) medical card of the outpatient (accounting form No. 025 / y-04)

b) health passport

+ c) both are true

177. At the end of the passage of the employee prior or periodic inspection of the medical organization are issued:

a) medical certificate in 2 copies, which are attached to the medical card and health passport

b) the conclusion of the preliminary (periodic) medical examination

+ c) both are true

178. Periodic inspections are carried out on the basis of lists of employees who are subject to periodic inspection, which are compiled and approved no later than 2 months before the start of the inspection:

a) center of hygiene and epidemiology

b) body of Rospotrebnadzor

+ c) employer

d) all of the above is true

179. The right to establish the diagnosis of chronic occupational disease for the first time has:

- + a) specialized medical organizations that have the right to conduct an examination of the connection of the disease with the profession and centers of occupational pathology
- b) medical units
- c) clinics of scientific organizations of clinical profile
- g) Department of occupational diseases of universities and postgraduate medical education

180. Periodic inspections are carried out at least:

- a) than in the terms specified in the List of Harmful and (or) Hazardous Production Factors, in the presence of which mandatory preliminary and periodic medical examinations are conducted
- b) than in the terms specified in the List of Works, during which mandatory preliminary and periodic medical examinations of employees are carried out
- c) once a year for employees under the age of 21
- + d) all of the above is true

181. Indicate the main types of diseases subject to special accounting in the Rospotrebnadzor system:

- + a) acute infectious, the most important non-epidemic, nosocomial, occupational and morbidity with VUT
- b) acute infectious and major non-epidemic morbidity
- c) hospitalized and incidence with VUT
- g) infectious, occupational and incidence with VUT

182. The main areas of preventive work of bodies and institutions of the Rospotrebnadzor system include

- a) conducting preventive examinations, clinical examination of the population
- + b) vaccination, sanitary and hygienic education and training, promotion of a healthy lifestyle
- c) conducting preventive examinations, clinical examination of the population

d) sanitary and hygienic education and training, promotion of a healthy lifestyle

183. The priority type of prophylaxis for the Rospotrebnadzor system is

+ a) primary (factor)

b) secondary (medical)

c) tertiary (medical and social)

d) primary (factor), secondary (medical), tertiary (medical social)

184. Primary prevention aims to

a) the preservation and development of conditions conducive to health, the formation of a healthy lifestyle of the population

b) prevention of adverse effects of environmental factors and living conditions on an individual, a group of individuals and the population as a whole, early detection of diseases and prevention of disability is possible

+ c) both are true

185. The main criteria for a healthy lifestyle include

a) elimination of bad habits

+ b) a balanced diet, the elimination of bad habits, physical activity

c) a high level of solvency of the population

d) physical activity

186. The principles of hygienic education and training of the population include

a) accessibility and relevance

b) scientific, accessible, relevant

+ c) optimism, scientificness, accessibility, relevance

d) optimistic, scientific

187. How does the vaccination calendar in Russia differ from foreign analogues?

a) radically

b) nothing

+ c) has an insignificant difference

188. As a criterion for assessing the health of the population should be used

a) national indicators and similar indicators of neighboring territories

b) indicators for previous years or over a number of years

+ c) both are true

189. The subjects of the study of social hygiene and state sanitary and epidemiological services include

+ a) public health and the factors that determine it, the activities of the bodies and institutions of the Rospotrebnadzor system

b) the activities of bodies and institutions of the health system and Rospotrebnadzor

c) management processes in health care; processes reflecting sanitary and epidemiological well-being of the population

190. Sanitary legislation is

a) sanitary rules, norms and hygienic standards that establish safety criteria for human factors of its environment

+ b) the system of legal acts regulating social relations in the field of sanitary and epidemiological welfare of the population

c) a set of laws, regulations and other acts of state authorities and administration on the protection of flora and fauna

191. Sanitary regulations are regulations.

+ a) the establishment of hygienic and anti-epidemic requirements for ensuring favorable living conditions, working life, recreation, education, training and nutrition, preservation and promotion of health and prevention of diseases of the population

b) establishing the optimal and maximum permissible levels of influence on the human body of a complex of factors of its environment

c) establishing the hygienic criteria of harmlessness to human health and its future generations of individual environmental factors

192. Hygienic standards are regulations.

- a) the establishment of anti-epidemic requirements for providing favorable living conditions, maintaining health and preventing diseases
- b) the establishment of hygienic requirements for the provision of living conditions, labor, life, recreation, education, training and nutrition of the population
- + c) establishing the hygienic criteria of harmlessness for human health and its future generations of certain factors of its environment

193. The State Sanitary and Epidemiological Service is:

- + a) a unified system of bodies, enterprises and institutions operating in order to ensure the sanitary and epidemiological well-being of the population and the prevention of human diseases
- b) a unified system of bodies, enterprises and institutions, carrying out state epidemiological surveillance
- c) a unified system of bodies, enterprises and institutions, regardless of their subordination, carrying out activities for the preservation and strengthening of human health and the prevention of human diseases

194. The main task of the State Sanitary and Epidemiological Service of the Russian Federation is

- a) implementation of a complex of social, economic, medical and preventive measures aimed at preserving the health of a person and his future generations
- + b) provision of sanitary and epidemiological well-being of the population, prevention, detection and elimination of the dangerous and harmful influence of the human environment on his health
- c) implementation of state sanitary and epidemiological supervision of the implementation of sanitary, hygienic and anti-epidemic rules and norms by enterprises, organizations and citizens

195. The powers of Ropotrebнадзор include:

- a) supervision and control over the implementation of the mandatory requirements of the legislation of the Russian Federation in the field of ensuring sanitary and epidemiological welfare of the population, protecting consumer rights in the field of the consumer market

b). licensing of certain types of activities

196. Sanitary protection of the territory of the Russian Federation is aimed at:

+ a) implementation of measures to prevent epidemics and eliminate them
environmental impacts

b) preventing the introduction into the territory of the Russian Federation of infectious diseases that pose a danger to the population

c) prevention of the spread of infectious
diseases that are dangerous to the population

d) creation of conditions for obtaining and analyzing information on sanitary
epidemiological situation in the territory of neighboring states

197. For violation of the sanitary legislation of the enterprise and the organization bear the following economic responsibility.

a) payment of a fine

b) reimbursement of additional costs of treatment-and-prophylactic and sanitary
institutions

+ c) both are true

198. With the refusal of the prosecution authorities to institute criminal proceedings, the chief state sanitary inspectors and their deputies

+ a) may bring perpetrators to other types of liability.

b) can not bring the perpetrators to other types of liability

c) close the case

199. The basis for the consideration of cases of sanitary offenses is

a) sanitary inspection report

+ b) protocol on sanitary offense

c) all of the above

200. Socio-hygienic monitoring is

a) the activities of state sanitary and epidemiological service institutions in organizing and implementing monitoring of the state of public health in connection with the state of public health and in connection with the state of habitat

+ b) the state system of monitoring, analyzing and assessing the health status of the population and the environment, as well as determining the cause-and-effect relationships of health indicators with the effects of environmental factors

c) the activities of public health agencies and institutions to monitor the state of public health, to develop and ensure the implementation of measures aimed at eliminating the influence of harmful environmental factors on health

Questions for the course exam to control the level of competence in the discipline "public health and health care, health economics"

1. Public health and health care as a science and subject of teaching. Relationship with other scientific disciplines.
2. The impact of social conditions and lifestyle factors on public health. Social aspects of prevention, diagnosis, treatment, rehabilitation.
3. The history of the development of the scientific discipline "public health and health care".
4. Methods used by public health and healthcare, their characteristics.
5. The definition of the concepts of individual health, group health, public health. Approaches to their assessment.
6. Risk factors affecting public health. Public Health Program.
7. Public health, methods of its study and evaluation. The value of population health data for solving health problems.
8. Statistical aggregate and its properties. Types of statistical aggregates.
9. The unit of observation in the statistical population, the main and accounting signs, types of distribution of signs.
10. Selective set, ways of its formation and methods of selection of individual elements.

11. The law of large numbers, as the theoretical basis of the selective method of research. Requirements for the sample method.
12. Relative and absolute numbers. Types of relative values, their use in the activities of health facilities.
13. Variational series, the stages of its construction. Graphic image of a varying feature.
14. The average level of a sign, types of average sizes. Methods for calculating arithmetic averages. Application in the scientific and practical activities of the doctor.
15. The concept of diversity feature of the statistical population. The main criteria for the diversity of the trait. Their calculation. The value of the diversity criteria for assessing the statistical population.
16. Determination of the reliability of averages and relative values. The use of confidence limits confidence.
17. Stages of statistical research. Content of the program and plan of statistical research. Types of statistical tables. Requirements for their construction.
18. Collection, development and analysis of materials of statistical research. The use of a statistical method in clinical studies.
19. Interrelation (correlation dependence) between groups of signs of statistical aggregate. Methods for calculating correlation and regression. Application in research and practice.
20. Method of standardization. The method of calculating the direct method of standardization, application in research and practice.
21. Dynamic series and their analysis. Their essence, application in research and practice.
22. Graphical methods of image data. Types of diagrams, requirements for their construction.
23. The subject and content of demography. Methods of studying the population. The value of demographic data in health care practice.
24. Statics of the population. Methods of studying the size and composition of the population. Population census. Organization and methods of conducting.

25. Migration of the population. Medical and social problems of migration. Accounting for migration flows in the planning of medical and social assistance to the population. Communication demographic situation with the living conditions of the population.
26. The main laws of the natural movement of the population.
27. Fertility, as an indicator of the sanitary state of the population. The dynamics of fertility in the country. Its importance in the planning of health care for the population.
28. Total and age mortality, its causes, structure. Rules of registration of a medical certificate of death.
29. Infant and child mortality, levels, dynamics, structure of causes of death of children. Measures to combat infant mortality.
30. Perinatal mortality, levels, causes and structure. Socio-medical aspects of antenatal protection of the fetus.
31. Life expectancy (LE), as an indicator of public health, LE dynamics in the country and abroad. The aging of the population, (longevity - as a socio-medical problem)
32. Incidence of the population. Types of morbidity, study methods, sources of information on morbidity.
33. Age and sex characteristics of morbidity and mortality of the population, their socio-medical characteristics. Tasks of doctors in studying the causes of morbidity of the population.
34. The study of morbidity according to the data of appealability to outpatient clinics. Accounting for primary and overall morbidity. The role of doctors in studying the incidence of the population.
35. ICD-10, its significance and application in health care practice.
36. The coupon of an outpatient patient, its role in the study of the incidence of the population on the appeal for medical care. Filling rules.
37. Hospitalized morbidity, methods of study and analysis. Socio-medical aspects of hospital morbidity.
38. Infectious morbidity, methods of study and analysis. Organization of accounting and reporting of infectious and parasitic diseases in medical institutions.

39. The most important non-epidemic diseases, methods of their study and analysis. Registration of the most important non-epidemic diseases in medical institutions.
40. Morbidity with temporary disability, its indicators and methods of study.
41. The physical development of the population, as an indicator of public health. Methods for studying it. The influence of lifestyle on physical development.
42. Fundamentals of legislation on the protection of the health of citizens of the Russian Federation, the principles of protecting the health of citizens, their characteristics.
43. Competence in the field of health protection of citizens of the Russian Federation, republics in its composition, territories, regions, local governments.
44. The state of health care at the present stage, the principles of constructing health care. Health systems, their organizational and legal regulation.
45. The rights of citizens and certain groups of the population in the field of health protection and the provision of medical and social assistance.
46. Socio-preventive focus of health development. The strategy of public health of the Russian Federation.
 - 46 a. The legal status of the patient, his characteristic.
 - 46 b. The legal status of medical professionals, its characteristics.
47. Medical and social assistance, the definition of the concept. The organization of medical and social assistance to the population.
48. The nomenclature of medical institutions, its characteristics. Licensing of medical institutions.
49. The organization of stationary assistance to the population in the conditions of the modern city. Standards needs of the population in inpatient care.
50. City hospital, structure and management. Hospital hospital. Organization of work of specialized departments and clinical diagnostic services.
51. Hospital admission department, appointment. Requirements for the organization of the reception.
52. The organization of labor of doctors and nursing staff in the hospital. Evaluation criteria.

53. Organization of work of the surgical department of the hospital of medical institutions. Surgical unit.
54. Analysis of the activities of the hospital city hospital. Criteria for the quality and efficiency of the hospital. Measures for the effective use of bed capacity.
55. The priority development of primary medical and social (PHC) assistance to the population. PHC models, their characteristics.
56. Outpatient clinics: nomenclature, structure,
56. Outpatient clinics: nomenclature, structure, staff, activities.
57. The organization of labor of doctors in the clinic. New forms of organization of medical care to the population in primary health care facilities.
58. The organization of primary health care to the population according to the principle of a general practitioner (GP) or family doctor. Rights and obligations of GPs and family doctor.
59. Organization of the activity of the department of general practice and the center general medical (family) practice in the provision of primary health care to the population.
60. Priority development of primary health care in the context of the implementation of the PPP "Health"
61. Medical records in the clinic. The organization of operational control activities of structural units and specialists.
62. Accounting medical records of the hospital hospital. The organization of operational control activities of structural units and specialists.
63. Analysis of the activities of the clinic according to the data of the outpatient patient's coupon and the materials of the annual report.
64. Preventive medical examinations, purpose, objectives. Types of preventive medical examinations. Forms of the organization and conduct of preventive medical examinations. Carrying out additional medical examinations in the conditions of PNP "Health".

65. Dispensary method in the work of medical institutions. Types of clinical examination, the content of the plan for regular follow-up of patients and people with risk factors. Indicators of the effectiveness of clinical examination.
66. Types of specialized clinics, their structure and organization of work. Criteria of quality and efficiency of the work of clinics.
67. The organization of emergency medical care in the city and in the countryside. The functions of the emergency doctor.
68. The state system of DOM in the country. The rights of the family, pregnant women, mothers and minor children in the field of health.
69. The organization of therapeutic and preventive care for children. Children's clinic, the main tasks, methods and forms of outpatient care.
70. Features of the organization of therapeutic and preventive care for mothers and children in the countryside. The role of medical and obstetric points, district hospitals, Central Regional Hospital, regional medical institutions.
71. Inpatient care for children. Tasks, structure, functions, methods of work. The performance of the hospital children's hospital.
72. Organization of obstetric and gynecological care in the country. Female consultation, its structure, staff, forms and methods of work. The tasks of female counseling in the fight to reduce maternal, perinatal and infant mortality.
73. ATP - complexes, their structure, activities. Place ATP - complexes in the system of measures for the protection of motherhood and childhood.
74. Maternity hospital, structure, states. Organization, forms and methods of work. Measures to reduce stillbirth and early neonatal mortality. The role of birth certificates in improving the quality of care for pregnant women and puerperas.
75. Perinatal centers, their structure, functions. The role of perinatal centers in reducing maternal, perinatal and infant mortality.
76. Medical expertise, its varieties, their characteristics. Place in the system of providing medical and social assistance to the population.
77. Examination of temporary disability, the duties of the attending physician, head. department, deputy. chief physician for disability expertise.

78. The procedure for issuing disability certificates for treatment in a hospital, clinic, at home.
79. The procedure for issuing sick leave certificates for diseases and injuries, when sending citizens for medical and social expertise and sanatorium-resort treatment.
80. Procedure for issuing disability certificates for pregnancy and childbirth, during an abortion operation. Organization of work VC in medical institutions.
81. Examination of permanent disability. Types MSEC, activities.
82. Theoretical foundations and organizational principles of rehabilitation. Types of rehabilitation. Their characteristic.
83. The organization of medical care to the rural population. Rural medical site, its structure. Organization of work, duties of doctors of the local hospital.
84. Central district hospital, its structure, states. Organization of work to provide medical care to the rural population. District specialist doctors.
83. Regional (regional) hospital. Structure, staff, tasks, hospital management. Organization of activities of the main structural units,
85. Department of emergency and planning advice of the regional (regional) hospital. Center for disaster medicine. The work of the department in the mode of daily activities and in emergency situations.
86. Service for the formation of a healthy lifestyle. Centers for medical prevention, their structure, functions, methods of work.
87. Modern bases of prophylaxis. Her views and directions. Their characteristic. The concept of healthy health in the Russian Federation.
88. Methods of form and means of honey. prophylaxis. Organization of work of health centers.
89. Sanitary-epidemiological service, its structure and functions. Forms of interaction with medical institutions. The role of bodies and institutions of Rospotrebnadzor in ensuring the sanitary and epidemiological well-being of the population.
90. AIDS as the most important medical and social problem. The factors causing the growth of injury and death from it.

91. Injury as a socio-medical problem. The factors causing the growth of injury and death from it. Organization of specialized trauma and orthopedic care.
92. Neuropsychiatric diseases as a socio-medical problem. Features of clinical examination.
93. Organization of medical and social care for persons with risk factors for cardiovascular diseases. Features of clinical examination.
94. Malignant neoplasms as a socio-medical problem. The factors causing the growth of malignant tumors. Organization of work of oncological service.
95. Tuberculosis as a socio-medical problem. The system of measures to combat tuberculosis. TB Dispensary.
96. Abortion, as a socio-medical problem. The role of maternal and child welfare institutions in reducing the number of abortions.
97. Medical insurance is a form of social protection of the population in the field of health protection. The purpose, objectives and ways of implementing health insurance in the country. Types of health insurance. Subjects of health insurance, their characteristics.
98. The organization of compulsory medical insurance. Technology OMS, organization of the medical institution in the conditions of OMS.
99. Quality of medical care, methodology, methods, approaches to assessing the quality of medical care.
100. Organization of departmental quality control of medical care. Subjects of departmental control.
101. The organization of internal quality control of medical care. Technology medical expertise. The role of internal quality control of medical care in the management of the medical institution.
102. Organization of non-departmental quality control of medical care. Subjects of private control of the quality of medical care, the characteristics of activities.
103. Standards of medical care, types of standards, requirements for the development and application.

104. Forms of public participation and public organizations in the protection of public health.
105. Health manpower. The system of training medical personnel in the country, development prospects.
106. Principles and approaches to creating health information support.
107. Principles and approaches to creating health information support. Information technology in the clinic, their characteristics and application.
108. Information technology in the hospital, their characteristics and application.
109. Automated workplace (AWP), polyclinic statistics. Sources, tasks, directions of implementation.
110. Basics of telemedicine in health care.
111. Health planning. The program of state guarantees of providing the population with free medical care, planning methodology.
112. Types of plans, application in health care, their characteristics.
113. Planning of outpatient clinics on the basis of volume indicators and staff labor costs.
114. Planning staff specialized and auxiliary departments of the hospital on the basis of indicators and labor costs of staff.
115. Health authorities, their structure. Differentiation of functions in the context of decentralized control.
116. Fundamentals of medical ethics, deontology and bioethics.
117. Methods of remuneration of medical personnel in the implementation of the program of state guarantees for the provision of medical care to the population, their characteristics.
118. Health management, goal, objectives, principles and mechanisms of management. Management functions at various levels of the control system.
119. School of Management. System approach in the management of the organization.
120. Health care financing, sources of financing, their purpose.

121. MHI financing, sources of financing, formation of a basic (territorial) MHI program.
122. Pricing in health care, cost, tariff, price for medical services
123. Ways of financing medical institutions.
124. Stages of the management process, its resource and product. Characteristics of management styles and the factors that determine them.
125. Market relations in health care. Types of markets, their characteristics.
126. Marketing in healthcare, definition of the concept, purpose, objectives. Marketing management concepts.
127. Marketing environments in health care, their characteristics. The role of factors macro - and microenvironment in the management of medical institutions in the conditions of formation of market relations.
128. International cooperation in the field of health. Russia's participation in the work of international medical organizations.
129. The World Health Organization, structure, management and activities.
130. Tactics of public health. The main directions of the implementation of the concept of health care reform and medical science in the Russian Federation.