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Federal State Budget Educational Institution
of Higher Education
Pacific State Medical University
of the Ministry of Health of the Russian Federation

APPROVED BY

Acting Head of the Department
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/ Karashchuk E.V./

“13th” of April 2026

COLLECTION OF ASSESSMENT TOOLS

B1.C.19 Public health and public healthcare, healthcare economics of the basic educational program of Higher Education

Specialty	31.05.01 General Medicine (English-language program) (code, name)
Degree	Specialist's degree
Profile	02 "Healthcare" (in the field of providing primary health care to the population in medical organizations: polyclinics, outpatient clinics, inpatient/outpatient facilities of the municipal health care system)
Mode of study	Full-time
Period of mastering the BEP	6 years (nominal length of study)
Institute	of Preventive Medicine

Vladivostok, 2026

1. INTRODUCTION

1.1. Collection of Assessment Tools is a document that regulates the format, content, and types of assessment tools for continuous assessment, interim examination and final (state final) examination, and graded criteria for each type of assessment tools.

1.2. Assessment tools allows to evaluate the development of universal, general professional, and professional competencies (UCs, GPCs and PCs respectively) outlined in Federal State Educational Standard of Higher Education and defined in the basic educational program of higher education for the specialty 31.05.01 General Medicine (English-language program), profile 02 "Healthcare" (in the field of providing primary health care to the population in medical organizations: polyclinics, outpatient clinics, inpatient/outpatient facilities of the municipal health care system).

([BEP HE for the 31.05.01 General Medicine \(English-language program\)](#)), section 3. Learning Outcomes Requirements of the Basic Educational Program of Higher Education)

2. DOCUMENT BODY

2.1. Types of Assessment, Formats of Assessment Tools

No.	Types of assessment	Assessment Tools Format
1	Continuous assessment	Tests
		Interview Questions
		Mini-Case Studies
2	Interim assessment	Tests

3. The contents of assessment tools for continuous and interim examination are prepared by the teacher of the course

Test questions

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.01	General Medicine (English-language program)
C	GPC-9	Able to implement the principles of quality management in the professional activity
C	GPC-11	Able to draft and use research, development, project, organizational, managerial and regulatory documentation of the health care system
C	PC-7	Ability and readiness to conduct an examination of temporary disability, participate in disability medical exam
C	PC-9	Ability and readiness to monitor fulfillment of job duties by subordinate medical personnel and use information and communication technologies in their professional activities
I		ANSWER LEVEL 1 TEST QUESTIONS (ONE CORRECT ANSWER)
		1. According to the Federal Law of 21.11.2011 No. 323-FZ, medical care is a)*a set of measures aimed at maintaining and (or) restoring health and including the provision of medical services b)a set of medical interventions aimed at the prevention, diagnosis and treatment of diseases c)a set of medical examinations and/or medical procedures

	d)combined measures to eliminate or alleviate the manifestations of the disease 2. The effectiveness of medical care is defined as a)*the degree of achievement of specific results in the provision of medical care with corresponding resource costs b)improvement of the patient's body functioning after treatment c)the degree of savings in financial, material and labor resources in the provision of medical care d)strict adherence to standards of medical care 3. The classifier of costs of a medical organization includes a)*material costs b)depreciation charges c)payments for medical services rendered d) tax payments 4. The ratio of the number of all diseases identified in a given year to the average annual population, expressed in per mille, is called a)*general morbidity b)primary morbidity c)pathological lesion d)exhausted morbidity 5. Charging a patient for emergency medical care a)*is not allowed b)is permitted when providing emergency medical care to out-of-town patients c)is allowed when seeking emergency medical care for persons in a state of alcoholic intoxication 6. The sick leave certificate performs the _____ functions a)*legal, financial, and statistical b)state, financial, and diagnostic c)financial, statistical, and diagnostic d)state and legal 7. Without the consent of the patient or his representative, medical intervention is permitted in case of illness that is a)*dangerous to others b)severe somatic c)severe mental d) oncological 8. A sick leave certificate can be dated the previous date if a)*the fact of incapacity for work was confirmed the day before b)signs of disability persist c)the previous day is a day off d)the patient is on vacation 9. 8. A sick leave certificate can be dated the previous date if a)*the fact of incapacity for work was confirmed the day before b)signs of disability persist c)the previous day is a day off
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	d)the patient is on vacation 10. At what stage of pregnancy is a sick leave certificate issued? a) *From 30 weeks of pregnancy b) From 26 weeks of pregnancy c) From 32 weeks of pregnancy d) From 29 weeks of pregnancy 11. Who pays for mandatory and periodic examinations of persons working in hazardous occupational conditions? a) *employers of these institutions b) health insurance organizations c) local administration d) health care authority 12. A disabled person is a) *a person who has a health disorder with a persistent impairment of bodily functions caused by diseases, consequences of injuries or defects, leading to a limitation of life activities and causing the need for his social protection b) a person who finds himself in a difficult life situation, leading to a limitation of life activities and causing the need for his social protection c) a person who does not have health problems that lead to a limitation of life activities and necessitate his social protection d) a person who finds himself in a difficult life situation due to illness 13. Financing of expenditure obligations for providing disabled people with technical rehabilitation equipment, including the manufacture and repair of prosthetic and orthopedic products, is carried out at the expense of funds a) *federal budget and the Social Insurance Fund of the Russian Federation b) Pension Fund of the Russian Federation c) funds of a citizen recognized as disabled d) charitable funds 14. The regulation on the organization of primary health care for the adult population is made a) *at the federal level b) at the regional level c) at the level of the head of the institution d) at the municipal level 15. The main methodological approach for solving problems in the field of healthcare organization is a) * systematic management approach b) statistical analysis of the state of health of the population c) public opinion research d) resolving personnel issues e) resolving financial issues 16. Standards and procedures for providing medical care to citizens of the Russian Federation are established at the level a) *federal b) regional
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	c) regional d) district
	17. Professional medical associations are involved a) *in the development of quality standards for medical care b) in the formation of the list of experts c) in the work of the commission for licensing medical workers d) in the development of standards for the quantity of medical care
	18. "Medical service" is defined as a) *a medical intervention or a complex of medical interventions aimed at the prevention, diagnosis and treatment of diseases, medical rehabilitation and having an independent, complete meaning b) an intervention or set of interventions aimed at the prevention, diagnosis and treatment of diseases, medical rehabilitation and having an independent, complete meaning c) *medical intervention or complex of medical interventions aimed at the prevention, diagnosis and treatment of diseases, medical rehabilitation d) a medical intervention or a set of medical interventions aimed at the prevention, diagnosis and treatment of diseases, and having an independent, complete meaning
	19. "Patient" is defined as a) *an individual who is receiving medical care or who has applied for medical care, regardless of whether he has an illness or his condition b) an individual who receives medical care c) an individual who is receiving medical care or who has applied for medical care d) an individual who has sought medical care regardless of the presence of an illness or his condition
	20. "Medical activity" is defined as a) *professional activities in providing medical care, conducting medical examinations, medical examinations and medical examinations, sanitary and anti-epidemic (preventive) measures and professional activities related to the transplantation of organs and (or) tissues, handling of donor blood and (or) its components for medical purposes b) activities related to the provision of medical care, conducting medical examinations, medical examinations and medical examinations, sanitary and anti-epidemic (preventive) measures and professional activities related to organ transplantation c) professional activities in providing medical care, conducting medical examinations, medical examinations and medical examinations, sanitary and anti-epidemic (preventive) measures d) medical activity - professional activity in providing medical care
	21. "Medical organization" is defined as a) *a legal entity, regardless of its organizational and legal form, that carries out medical activities as its primary (statutory) activity on the basis of a license issued in the manner established by the legislation of the Russian Federation. b) a legal entity that carries out medical activities as its primary (statutory) activity on the basis of a license issued in the manner established by the legislation of the Russian Federation.

	c) a legal entity, regardless of its organizational and legal form, that carries out medical activities as its main (statutory) activity d) a legal entity carrying out medical activities on the basis of a license issued in the manner established by the legislation of the Russian Federation. 22. "Attending physician" is defined as a) *a physician who is responsible for organizing and directly providing medical care to a patient during the period of observation and treatment b) a physician who is responsible for directly providing medical care to a patient during the period of observation and treatment c) a person with higher education who is responsible for organizing and directly providing medical care to a patient during the period of observation and treatment d) a physician who is responsible for providing medical care to a patient during the period of observation and treatment 23. The organization of health care is based on the functioning and development of a) *public, private healthcare systems b) private health care system c) state health care system d) municipal and private healthcare systems 24. The standard of medical care includes average indicators of the frequency of provision and the frequency of use of a) *a complex of medical interventions, maintaining the patient's ability to work and his social integration into society b) medicines not registered in the Russian Federation c) medical interventions d) types of food 25. A council of doctors is a meeting of a) * several doctors of one or more specialties, necessary to establish the patient's health status, diagnosis, determination of the prognosis and tactics of medical examination and treatment, the advisability of referral to specialized departments of a medical organization b) several doctors of several specialties necessary to establish a patient's diagnosis, determine the prognosis and tactics of medical examination and treatment, and the advisability of referral to specialized departments of a medical organization c) several doctors of the same specialty, necessary to establish the patient's health status, diagnosis, determination of the prognosis and tactics of medical examination and treatment, the advisability of referral to specialized departments of a medical organization d) two or more physicians directly involved in the treatment of the patient, necessary to establish the patient's health status, diagnosis, determination of the prognosis and tactics of medical examination and treatment, the advisability of referral to specialized departments of a medical organization 26. Financial support for the provision of services to citizens at the expense of compulsory medical insurance is provided by
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	a) *primary health care (PHC); specialized, emergency medical care (EMC) b) Primary health care; specialized, emergency medical care, palliative care c) Primary health care, emergency medical care, palliative care d) Primary health care and specialized medical care 27. The economic efficiency of the healthcare system is determined by a) *the ratio of prevented damage to costs b) the ratio of economic effect to the costs of achieving it c) economic results obtained as a result of improved population health indicators d) the rate of growth of wages for healthcare workers 28. The main task of healthcare at the stage of crisis development of economy is a) * use of financial and other resources in priority areas b) reduction in the volume of medical and pharmaceutical care c) preserving the private healthcare sector d) increasing human resource potential 29. The purpose of the social and hygienic study of population health in various regions of the world is a) *development of strategic management decisions in the field of healthcare organization b) dynamic monitoring of the health status of the population c) statistical analysis of the health status of various population groups d) economic equalization of financial flows in different regions 30. Health economics belongs to _____ sciences a) *sectoral economic b) economic theory c) applied economics d) special economic 31. Cost minimization analysis is applied a) *to confirm preference for a cheaper treatment method b) to determine the effectiveness of the measures taken c) when calculating the minimum required number of personnel d) when calculating the minimum necessary volumes of activity to achieve the goal 32. Demand for basic types of medical services depending on changes in their prices is characterized by a) * low elasticity b) complete inelasticity c) unit elasticity d) high elasticity 33. The procedure for organizing and implementing licensing control is regulated by federal laws a) *99-FZ; 294-FZ b) 99-FZ; 323-FZ c) 99-FZ; 52-FZ
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	d) 294-FZ; 52-FZ 34. Concealment by officials of facts and circumstances that pose a threat to the life and health of people entails liability in accordance with a) *Criminal Code of the Russian Federation b) Code of the Russian Federation on Administrative Offenses c) Civil Code of the Russian Federation d) Civil Procedure Code of the Russian Federation e) Arbitration Procedure Code of the Russian Federation 35. Subject to management is a) *resources, the process of providing health services and all types of activities that ensure this process b) relationships between employees c) the process of providing health services, resources, relationships between workers d) the process of providing medical services, relationships between employees 36. An indicator of rational use of hospital beds is a) *average annual bed occupancy, bed turnover, average length of stay on a bed b) average duration of a patient's examination in a hospital c) volume of medical services performed in the hospital d) repeat hospitalization e) two-day simple bed 37. Responsibility for ensuring the safe operation of medical equipment in a medical organization lies with a) *head of the institution operating this medical equipment b) service organization providing technical maintenance and repairs c) medical equipment d) safety engineer e) designated person responsible for the operation of medical equipment in a medical organization f) Deputy Head of the Medical Organization for Technical Maintenance 38. Health as an object of management in the conditions of market relations allows a) *change the nature of funding for medical organizations b) determine the population's needs for medicines and products c) medical purposes d) optimize the activities of a medical organization and the forms of meeting the population's needs for medical services e) stimulate an increase in the volume and quality of medical care 39. Marketing is a) *activities that include analysis, planning, implementation and control, as well as the conscious exchange of values between market participants to achieve the goals of the organization b) activities in the sales market c) exchange activities d) activities in the field of trade
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40. The essence and characteristics of marketing in healthcare include

- a) *analysis of health care needs
- b) study of demand for medical services
- c) determination of the cost of medical services
- d) meeting demand

41. In strategic planning, the initial phase is

- a) *long-term planning
- b) financial planning
- c) planning taking into account external factors
- d) planning taking into account internal resources
- e) planning taking into account administrative resources

42. In the process of formulating a strategy, the first step is

- a) *definition of the purpose of economic activity
- b) study of external factors (external analysis)
- c) critical self-analysis (internal analysis)
- d) information management
- e) definition of administrative frameworks

43. For the effective operation of medical organizations, from the point of view of a market economy, it is necessary to strive for

- a) *reduction of the overhead cost ratio
- b) increase the overhead ratio
- c) maintaining the overhead ratio at an optimal level for the institution
- d) dynamic change of overhead coefficient

44. _____ is best suited for work in market conditions

- a) *private municipal institutions
- b) municipal autonomous institutions
- c) state budgetary non-profit organizations
- d) state autonomous institutions
- e) municipal budgetary institutions

45. State and budgetary institutions may carry out income-generating activities if

- a) *a state (municipal) order has been formed for them
- b) this is written in their founding documents
- c) have the founder's permission
- d) cannot under any circumstances
- e) the decision was made by the team at a general meeting

46. The efficiency of using fixed assets is characterized by

- a) * capital-labor ratio
- b) return on assets
- c) capital equipment
- d) capital intensity
- e) accumulation of funds

47. The absolute efficiency of the financial activities of a medical organization is characterized by such an indicator as

- a) *profit
- b) revenue
- c) income

	d) profitability e) capital intensity 48. The price of medical services should be a) *equal to the amount of money for which the consumer is willing to purchase and the producer is willing to sell a service (goods) b) equal to the cost c) more than cost d) more or less cost depending on the demand for services 49. Profitability is understood as a) *the ratio of profit received from providing a service to its full cost b) the amount of costs included in the cost price c) the portion of an institution's cash proceeds remaining after reimbursement of material costs d) net cash income of an institution remaining after reimbursement of material costs and funds for wages 50. Which of the funds formed from profits is mandatory in a medical organization operating on a commercial basis? a) *production development fund b) reserve fund c) social development fund d) material incentive fund 51. The staffing standards are a) *standards outlining the number of personnel b) volume of work of the institution's staff c) labor costs for a given volume of work d) estimated time standards e) calculated load (service) standards 52. The calculation of the annual budget of working hours of a position is based on a) *based on legislation on work and rest regimes b) on the labor costs of medical personnel c) at the calculated load (service) rates d) based on the number of population served 53. Paid medical services are not provided at the expense of a) *compulsory health insurance funds b) personal funds of citizens c) employers' funds d) voluntary health insurance funds 54. Fixed assets include a) *tomograph b) medicines c) wage fund d) patient care products e) fuel 55. What costs are considered fixed? a) *costs that an organization bears regardless of the volume of products
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- (services) produced
- b) costs that change directly proportionally to production volumes
- c) costs associated with the production of an additional service
- d) costs that vary inversely with production volumes
- e) sum of all costs

56. Statistics is

- a) *an independent social science that studies the quantitative side of mass phenomena in inextricable connection with their qualitative side
- b) a collection, processing and storage of information characterizing quantitative patterns of social phenomena
- c) an analysis of mass quantitative data using statistical and mathematical methods
- d) statistical and mathematical methods in collecting, processing and storing information

57. Medical statistics is

- a) *a branch of statistics that studies issues related to medicine, hygiene, sanitation, and public health
- b) a branch of statistics that studies the health of the population
- c) a set of statistical methods necessary for analyzing the activities of medical organizations
- d) a branch of statistics that studies issues related to hygiene, planning and forecasting of the activities of medical organizations

58. Statistical method for studying health

- a) *is a unified system of accounting and reporting in healthcare
- b) based on the creation of experimental models of individual types of activities or healthcare institutions
- c) ensures the study of the phenomenon taking into account time, place, and historical conditions
- d) involves the study of any processes, phenomena, organizational structures as systems consisting of subsystems and at the same time being subsystems of larger systems

59. The statistical population as an object of statistical research includes

- a) * a group or set of relatively homogeneous elements that have features of similarity and difference
- b) a group or set of relatively homogeneous elements that have distinctive features
- c) a group or set of relatively homogeneous elements that have similar characteristics
- d) a group or set of relatively homogeneous elements that have no similarities or differences

60. The unit of observation is

- a) *the primary element of a population that is the bearer of characteristics subject to registration
- b) array of units that are carriers of features
- c) observation confined to one particular moment
- d) volume of observations

61. The diagram that most clearly characterizes the structure of incidence rate is

- a) *sectoral
- b) radial
- c) columnar
- d) volumetric

62. The minimum sufficient probability for medical statistical research is the probability of an error-free prediction

- a) *95.5%
- b) 68.9%
- c) 90.5%
- d) 50.9%

63. To establish the strength and nature of the relationship between features, one needs to find

- a) * correlation coefficient
- b) standard deviation correlation coefficient
- c) reliability criterion
- d) regression coefficient

64. The sample population in relation to the general population should be

- a) *representative
- b) average
- c) group
- d) typical

65. The structure of the phenomenon under study is characterized by indicators

- a) *extensive
- b) intensive
- c) ratios
- d) clarity

66. The intensive indicator characterizes

- a) *level, frequency, dynamics of the phenomenon in the environment
- b) representativeness
- c) reliability
- d) relationship of features

67. When assessing the reliability of the difference in the obtained research results, the difference is reliable (significant) if, for $n > 30$, the value of t is equal to

- a) *2.0
- b) 1.8
- c) 3.0
- d) 1.0

68. The assessment of the reliability of the obtained value of the Student's criterion (t) for small samples is carried out

- a) *using the table
- b) using the formula
- c) according to the principle: if $t > 2$, then $P > 95\%$
- d) according to the principle: if $t < 2$, then $P > 95\%$

69. The ratio indicator characterizes

- a) *the relationship between two unrelated populations
- b) level, frequency, dynamics of the phenomenon in the environment
- c) distribution of a population into its constituent parts
- d) relationship of features

70. The change in the indicator over a period of time is characterized by

- a) *rate of increase
- b) standardized indicator
- c) reliability coefficient
- d) intensive indicator

71. The frequency, level and prevalence of processes and phenomena in the environment are characterized by _____ indicator

- a) *intensive
- b) extensive
- c) ratios
- d) clarity

72. The size of the sample population depends on

- a) *the magnitude of the marginal error and the degree of homogeneity of the phenomenon being studied
- b) the accepted probability of an error-free forecast and the degree of homogeneity of the phenomenon under study
- c) the accepted probability of an error-free forecast and the magnitude of the marginal error
- d) a sufficient number of units in the population

73. Two district physicians compiled an age grouping for the population they serve. Which physician did this correctly?

- a) *up to 20 years old, 20-39 years old, 40-59 years old, 60 years old and older; up to 20 years old, 20-40 years old, 40-60 years old, older than 60 years old
- b) up to 25 years old, 25-35 years old, 35-45 years old, 45-50 years old, 50 years old and older
- c) 18-20 years old, 21-30 years old, 31-40 years old, 41-50 years old, 51-60 years old, 61 years and older

74. In city N, in the structure of infant mortality in 2018, respiratory tract infections accounted for 42%, and intestinal infections - 35 %, in 2017 - 38% and 30%, respectively.

Is the conclusion about the reduction in infant mortality caused by these types of pathology correct?

- a) *incorrect, the frequency of the phenomenon cannot be judged by its structure
- b) correct, the numbers really did go down
- c) incorrect, the reliability of the difference in indicators is not indicated
- d) correct, the apparent reliability of the difference in amplitude is determined

75. What is the infant mortality rate if it is known that stillbirth is 10 ‰, early neonatal mortality is 8‰, late neonatal mortality is 2‰, post-neonatal mortality is 3‰, and perinatal mortality is 18‰?

- a) *13‰

- b) 18‰
- c) 20‰
- d) 10‰

76. What is the perinatal mortality rate if it is known that stillbirth rate was 10 ‰, early neonatal mortality was 8‰, late neonatal mortality was 2‰, postneonatal mortality was 3‰

- a) *18‰
- b) 12‰
- c) 10‰
- d) 20 ‰

77. _____ method is used when conducting medical and social research

- a) *statistical
- b) mathematical
- c) financial
- d) sociometric

78. Among the quantitative criteria for the level of public health of the population, the main indicator of the health of the nation is

- a) *life expectancy
- b) infant mortality rate
- c) infant mortality
- d) perinatal mortality

79. The highest life expectancy in the 21st century is observed in

- a) *France
- b) Finland
- c) USA
- d) China

80. The infant mortality rate is calculated

- a) *per 1000 births
- b) in percent
- c) per 10,000 births
- d) per 500 births

81. Within what limits can the value of the correlation coefficient fluctuate?

- a) *from -1 to +1
- b) from 0 to 1
- c) from 0 to 2
- d) from 0.5 to 1

82. Methods for determining the correlation coefficient include

- a) *method of squares (Pearson's method)
- b) least squares method
- c) Fisher's method
- d) qualimetry method

83. Methods for determining the correlation coefficient include

- a) *rank method (Spearman's method)
- b) least squares method
- c) Fisher's method
- d) qualimetry method

84. The criteria that characterize the degree of diversity of a variable trait include

- a) *limits, amplitude, standard deviation, coefficient of variation
- b) coefficient of variation, mode, median
- c) coefficient of variation, standard deviation
- d) limits, coefficient of variation

85. Which variant of the variation series is most often taken as the conditional mean?

- a) *fashion
- b) median
- c) $V_{\max}$
- d) $V_{\min}$

86. When comparing intensive indicators obtained on homogeneous populations, it is necessary to apply

- a) *assessment of the reliability of the difference in indicators
- b) assessment of the ratio indicators
- c) definition of relative magnitude
- d) standardization

87. The birth rate is calculated as

- a) *the ratio of the number of births in a given year to the average annual population $\times 1000$
- b) the ratio of the number of deaths to the number of births
- c) subtracting the number of deaths from the number of births
- d) the ratio of the number of births in a given year to the average annual number of women of childbearing age

88. The primary incidence of the population is calculated using the formula

- a) *number of diseases diagnosed (detected) for the first time in life per year $\times 1000$ /average annual population
- b) number of all visits to the clinic $\times 1000$ / population
- c) number of people taken under dispensary observation $\times 1000$ / number of identified patients
- d) number of visits to the clinic for chronic diseases in a calendar year $\times 100,000$ / average annual population

89. Life expectancy is

- a) *the number of years that a given generation of newborns will live, assuming that age-specific mortality rates remain unchanged throughout life
- b) the number of years a given generation of newborns will live if mortality rates remain constant throughout their lives
- c) the number of years that a given generation of living people will live if age-specific fertility rates remain constant throughout their lives
- d) the number of years that a given generation of newborns lives

90. The average number of girls born to a woman during her entire life and surviving to the age of the woman who gave birth to them is called

- a) *net coefficient
- b) gross coefficient
- c) Pokrovsky index

d) total fertility rate

91. The index that reflects the number of years of life adjusted for disability is called

- a) *DALY
- b) QALY
- c) cost reduction ratio
- d) economic efficiency of healthcare

92. The index that reflects the quality of years lived is called

- a) *QALY
- b) DALY
- c) cost reduction ratio
- d) economic efficiency of healthcare

93. The overall mortality rate is an

- a) *intensive indicator
- b) average
- c) standardized indicator
- d) indicator of visibility

94. General incidence rate is

- a) *the total number of diseases present in the population, first identified in a given year and previously known, for which patients first sought medical attention in a calendar year
- b) morbidity rate based on visits
- c) morbidity recorded by a physician and recorded in medical records
- d) recording of all diseases and special recording of diseases, including infectious morbidity, non-epidemic morbidity, morbidity with viral infections, and hospitalized morbidity

95. The post-neonatal mortality rate is calculated using the formula

- a) $\frac{\text{*(number of children who died between 29 days and 1 year of age)} \times 1000}{\text{number of children born alive}}$
- b) $\frac{\text{(number of children who died during the first year of life)} \times 1000}{\text{number of children born alive}}$
- c) $\frac{\text{(number of children who died within 6 months of life)} \times 1000}{\text{number of children born alive}}$
- d) $\frac{\text{(number of children who died between 29 days and 1 year of age)} \times 1000}{\text{number of children born still and alive}}$

96. The first property of a statistical population can be expressed as

- a) *absolute numbers and indicators (extensive, intensive, ratios, dynamic series)
- b) average level of features
- c) diversity (variability) of characteristics
- d) relationship between features

97. The second property of a statistical population is determined by

- a) *average values (mode, median, arithmetic mean, weighted mean)
- b) representativeness or representativeness of features
- c) diversity (variability) of characteristics
- d) relationship between features

98. The third property of a statistical population is characterized by the

- a) *limit, amplitude, standard deviation, coefficient of variation
- b) mode, median, arithmetic mean, weighted mean
- c) extensive, intensive, ratios, dynamic series
- d) correlation coefficient

99. The fourth property of a statistical population includes

- a) *calculation of errors of the mean, calculation of the boundaries in a sample population of fluctuations in average values or indicators (with a certain degree of probability), comparison of average values or indicators in two or more statistical populations
- b) determination of the average level of features in a statistical population
- c) distribution of features in a statistical population
- d) determination of the relationship between features in a statistical population

100. The fifth property of a statistical population characterizes

- a) *correlation coefficient
- b) extensive, intensive indicators
- c) coefficient of variation
- d) representativeness

101. A diagram in which statistical quantities are depicted in the form of various figures is called

- a) *figured, or voluminous
- b) sector
- c) radial
- d) columnar

102. A diagram that is used to depict the dynamics or statics of a phenomenon is called

- a) *columnar
- b) sector
- c) radial
- d) linear

103. A diagram that is constructed on a system of polar coordinates when depicting the dynamics of a phenomenon over a closed time cycle (day, week, year) is called

- a) *radial
- b) sector
- c) linear
- d) columnar

104. The depiction on a geographical map (or map diagram) of diagrams of various kinds is called a

- a) *map diagram
- b) cartogram
- c) plane diagram
- d) line chart

105. The representation of statistical quantities on a geographical map (or map diagram) is called

- a) *cartogram

	b) map diagram c) plane diagram d) line chart 106. What (who) is the object of compulsory health insurance? a) *insurance risk associated with the occurrence of an insured event b) the entire healthy population c) a person who has suffered an injury or illness d) insurance event 107. The subject of compulsory medical insurance is a) *insured persons b) health insurance organizations c) medical organizations d) territorial funds 108. Participants of compulsory medical insurance include a) *territorial fund b) Federal Fund c) policyholders d) insured persons 109. Primary health care can be provided a) *in outpatient and day hospital b) in outside a medical organization c) at the place where the ambulance team was called d) in inpatient and day hospital 110. Types of medical care include a) *primary health care, specialized, including high-tech, emergency, including specialized emergency, palliative b) emergency, urgent, planned c) first aid d) outpatient, inpatient 111. Forms of medical care include a) *emergency, urgent, planned b) primary health care, specialized, including high-tech, emergency, including specialized emergency, palliative c) first aid d) outpatient, inpatient 112. The setting of the provision of medical care include a) *outside a medical organization, outpatient, inpatient and day hospital b) primary health care, specialized, including high-tech, emergency, including specialized emergency, palliative c) first aid d) emergency, urgent, planned 113. Why is the healthcare model called state-funded and insurance? a) *some medical organizations (MO) are financed from the budget, and some MO from compulsory medical insurance funds; b) budget funds cannot fully meet the needs of MO Compulsory medical insurance funds cannot fully meet the needs of MO;
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	c) some MO receive funds from the budget, and some from compulsory medical insurance funds 114. A student of a medical school presented to a doctor with acute bronchitis during practical training. What document should the doctor issue? a) *certificate of the established form b) sick leave certificate, outpatient card c) the document is not issued 115. Teacher M.I. Kuznetsova, while on maternity leave, which expired on April 1, consulted a traumatologist on March 25 regarding a domestic injury. Her temporary disability continued through April 14. The attending physician is required to issue a sick leave certificate dated a) *April 2 b) March 25 c) April 1st d) the 11th day of illness 116. In what cases can a medical examining board extend a sick leave certificate up to 12 months? a) *for injuries, tuberculosis and after reconstructive surgeries b) after stroke c) for oncological diseases d) after myocardial infarction 117. Characterize the leadership style if the manager usually consults with subordinates, using their expertise on specific issues; the activities of subordinates are controlled not only by the manager, but also by public organizations a) *democratic b) liberal c) authoritarian d) situational 118. The procedure for providing medical care includes a) *the rules for organizing the activities of a medical organization (its structural division, physician) b) average indicators of the frequency of provision and frequency of use of medical devices implanted in the human body c) average indicators of the frequency of provision and frequency of use of medicinal products registered in the territory of the Russian Federation d) informed voluntary consent to medical intervention 119. The standard of medical care includes a) *average indicators of the frequency of provision and use of medical services b) standard of equipment for a medical organization (its structural division, physician) c) recommended staffing standards for a medical organization (its structural division, physician) d) informed voluntary consent to medical intervention
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120. Documents containing structured information based on scientific evidence on issues of prevention, diagnosis, treatment and rehabilitation, including protocols for the management (treatment protocols) of the patient, options for medical intervention and a description of the sequence of actions of a medical worker taking into account the course of the disease, the presence of complications and concomitant diseases, and other factors influencing the results of medical care are called

- a) *clinical guidelines
- b) standards of medical care
- c) procedures for providing medical care
- d) medical records

121. Clinical guidelines are approved by

- a) *medical professional non-profit organizations scientific and practical councils
- b) medical organizations subordinate to the authorized federal executive body
- c) medical professional commercial organizations

122. Clinical guidelines are reviewed at least

- a) *once every three years
- b) once a year
- c) once every five years
- d) are not being revised

123. The standard of medical care is developed on the basis of

- a) *clinical guidelines
- b) procedures for providing medical care
- c) sanitary rules
- d) accounting statistical forms

124. Information technologies that ensure remote interaction of medical workers with each other, with patients and (or) their legal representatives, identification and authentication of these persons, documentation of their actions during consultations, consultations, remote medical monitoring of the patient's health status are called

- a) *telemedicine technologies
- b) medical information systems
- c) instrument-computer technologies
- d) medical information and reference systems

125. "Attending physician" is defined as

- a) *a physician who is responsible for organizing and directly providing medical care to a patient during the period of observation and treatment
- b) a medical worker who is responsible for organizing and directly providing medical care to a patient during the period of observation and treatment
- c) an individual who has a medical or other education, works in a medical organization and in the labor market (whose job responsibilities include carrying out medical activities)
- d) a person who has a medical or other education, works in a medical organization and in labor (whose job responsibilities include carrying out medical activities)

126. Federal Law of November 21, 2011 No. 323-FZ is called

- a) *On the fundamentals of public health protection in the Russian Federation
- b) On compulsory health insurance in the Russian Federation
- c) On the sanitary and epidemiological well-being of the population
- d) On consumer protection

127. Quality and safety control of medical activities is carried out in the forms

- a) *state, departmental, and internal
- b) state, non-departmental, and internal
- c) state, departmental, and public
- d) departmental, non-departmental, and public

128. The preferred path for the development of healthcare in the Russian Federation at the present stage is

- a) *combination of state and insurance-based healthcare
- b) state system
- c) insurance medicine
- d) private practice

129. Control over the volume, timing, quality and conditions of provision of medical care under compulsory medical insurance includes

- a) *medical and economic control, medical and economic expertise and quality expertise
- b) medical and social examination, examination of temporary disability
- c) state, departmental, internal control
- d) Federal State Sanitary and Epidemiological Surveillance

130. The medical insurance organization carries out activities in the field

- a) *compulsory health insurance
- b) social insurance
- c) pension insurance
- d) civil liability insurance

131. A document certifying the right of an insured person to free medical care throughout the Russian Federation in the amount provided for by the basic compulsory medical insurance program is called

- a) *compulsory medical insurance policy
- b) individual insurance account number
- c) consent to medical intervention
- d) identity document

132. Information about the patient's health status is provided to the patient

- a) *by the attending physician personally
- b) a medical worker who is not directly involved in medical examination and treatment
- c) using telemedicine technologies
- d) pharmacist

133. The patient is referred for disability examination by

- a) *medical examining board of a medical organization
- b) chief physician
- c) attending physician

	d)attending physician and head of department 134. Standards of medical care are approved by a)*Ministry of Health of the Russian Federation b)By the Government of the Russian Federation c)management of the medical organization d)Russian Academy of Sciences 135. The program of state guarantees for the free provision of medical care to citizens should include a)*basic compulsory medical insurance program b)patient management protocols c)standard of medical care d)procedure for providing medical care 136. The list, frequency, and number of providing medical services to patients with different diseases is determined by a)*the standard of medical care for this disease b)the procedure for providing medical care for diseases of the corresponding profile c)program of state guarantees for the provision of free medical care to citizens d)by order of the chief physician of the medical organization 137. Charging a fee to a patient when providing emergency medical care is a)*not allowed b)permitted when providing emergency medical care to out-of-town patients c)allowed when seeking emergency medical care for persons in a state of alcoholic intoxication d)permitted when providing emergency medical care by commercial medical organizations 138. The document certifying temporary disability is a)*sick leave certificate b)extract from the medical record of an inpatient c)individual rehabilitation program for a disabled person d)certificate from the ambulance station 139. The sick leave certificate performs _____ functions a)*legal, financial, and statistical b)state, financial, and diagnostic c)financial, statistical, and diagnostic d)state and legal 140. Temporary loss of ability to work is a condition in which the impaired functions of the body that are preventing work a)*are temporary and reversible b)have taken on a persistent, irreversible character c)have become partially reversible d)require a change in employment 141. The maximum number of days for which a sick leave certificate can be issued without a medical examination is
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	a) *15 days b) 10 days c) 20 days d) 30 days 142. For caring for a sick child, a sick leave certificate is issued a) *to one of the family members (legal guardian) directly providing care b) to any family member at the patient's request c) only one of the parents d) only mothers 143. For what maximum period can a medical commission extend a certificate of incapacity for work? a) up to 10-12 months b) up to 2 months c) up to 3 months d) up to 6 months 144. According to the Federal Law of 21.11.2011 No. 323-FZ, medical care is a) *a set of measures aimed at maintaining and/or restoring health and including the provision of medical services b) a set of medical interventions aimed at the prevention, diagnosis and treatment of diseases c) a set of medical examinations and/or medical procedures d) combined measures to eliminate or alleviate the manifestations of the disease 145. High-tech medical care is part of a) *specialized care b) ambulance c) palliative care d) primary health care 146. The first stage of periodic health examination (screening) is carried out for the purpose of a) *identification of signs of chronic non-communicable diseases, risk factors for their development, and determination of health groups b) surveys c) consulting d) in order to form a set of documents 147. The second stage of periodic health examination of certain groups of the adult population is carried out with the aim of a) *additional examination and clarification of the diagnosis of the disease (condition) b) appointment (examination) with specialist doctors c) individual preventive counseling d) conducting a preventive examination 148. The determining factor for making a conclusion on recognizing a person as disabled during a disability examination is a) *unfavorable labor and clinical prognosis b) patient's age
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	c) admitted defects in treatment d) petition from the enterprise where the patient works 149. The examination of permanent disability is carried out by a) *Bureau of Medical and Social Expertise b) territorial compulsory medical insurance fund c) Federal Medical and Biological Agency d) Ministry of Health 150. The quality of medical care (according to No. 323-FZ) is a set of characteristics that reflect a) *timeliness of medical care, the correct choice of methods of prevention, diagnosis, treatment and rehabilitation in the provision of medical care, the degree of achievement of the planned result b) timeliness of medical care, effectiveness of medical care, correct choice of methods of prevention, diagnosis, treatment c) timeliness, effectiveness and safety of medical care d) timeliness of providing medical care in full and the degree of achievement of the planned result 151. Departmental control of the quality and safety of medical activities is carried out by a) *federal executive bodies and executive bodies of the constituent entities of the Russian Federation b) only by executive authorities of the constituent entities of the Russian Federation; c) local government bodies d) executive authorities of the constituent entities of the Russian Federation and local government bodies 152. The types of state guarantee programs include a) *federal, territorial b) municipal, territorial c) intra-institutional, municipal d) self-supporting, state 153. Independent assessment of the quality of conditions for the provision of services by medical organizations is one of the forms of a) *public control b) state control c) departmental control d) medical and economic control 154. Accreditation of a specialist (in accordance with No. 323-FZ) is carried out a) *at least once every five years b) at least once every three years c) at least once a year d) at least once every 10 years 155. Accreditation of a specialist (according to No. 323-FZ) is a procedure for determining the compliance of a person who has received medical, pharmaceutical or other education
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	a) *requirements for the implementation of medical activities in a specific medical specialty or pharmaceutical activities b) general cultural, general professional and professional competencies c) requirements of the professional standard d) requirements of medical professional non-profit organizations 156. Calculation of the primary incidence rate requires data on the average annual population size and the number of a) *diseases identified for the first time in a given year b) diseases registered for the first time last year c) socially significant diseases registered over three years d) infectious diseases registered in this and last year 157. The provision of the population with inpatient care (in beds) is a) *the number of beds per 10,000 inhabitants b) the number of beds per 100 patients c) the total number of beds d) the number of hospitalized patients 158. The indicators of hospital bed utilization include a) *average annual bed occupancy b) postoperative mortality c) provision of beds d) hospitalization rate 159. The population's need for outpatient care is planned according to a) *number of visits per capita per year b) the clinic's capacity in terms of the number of visits per day c) the number of population served in the territory d) planned function of a medical position 160. Methods for studying incidence rate do not include a) *analyzing census results b) data on the result of medical examinations c) cause of death data d) number of visits 161. The indicators of natural population movement include a) *birth rate b) population size c) urbanization d) emigration 162. The correlation coefficient between the noise level and the level of hearing loss, taking into account work experience, among workers in the mechanical assembly shop (r_{xy}) is + 0.91. The established relationship is a) *direct and strong b) reverse and strong c) direct and weak d) reverse and weak 163. The leading cause of death in the Russian Federation is a) *diseases of the circulatory system b) neoplasms
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- c) injuries and poisoning
- d) diseases of the respiratory system

164. Indicate which type of examining the incidence rate based on number of visits corresponds to each case of tuberculosis

- a) *non-epidemic incidence rate
- b) incidence rate with temporary loss of ability to work
- c) non-epidemic incidence rate
- d) infectious incidence rate

165. How will the occupancy of a hospital bed change if the average length of a patient's stay decreases (all other things remaining unchanged)?

- a) *bed occupancy will increase
- b) bed occupancy will decrease
- c) bed occupancy will not change, since this indicator and the average length of a patient's stay in a bed are not related to each other
- d) depending on the patient profile, bed occupancy may remain constant or change in both directions

166. In the dynamics of annual incidence rates, periodicity is characteristic of

- a) *most infectious diseases
- b) all non-communicable diseases
- c) all diseases, regardless of their origin
- d) all infectious diseases

167. Types of population replacement rate include

- a) *narrowed, simple, expanded
- b) progressive, regressive
- c) stationary
- d) narrowed, widened

168. Fetoinfantile losses are

- a) *stillbirths and mortality of children aged 0 to 365 days
- b) stillbirths and infant deaths in the first week of life
- c) those who died in the first week plus those who died in the first month of life
- d) there is no correct answer

169. When studying general incidence rate (based on data from outpatient and polyclinic institutions), _____ is used

- a) *summary statement of disease records
- b) outpatient coupon
- c) infectious diseases registration journal
- d) personal card of the employee

170. The main source for the formation of demographic indicators is

- a) *population census
- b) clinical examination
- c) preventive medical examinations
- d) medical records

171. The population's need for outpatient and polyclinic care is understood as

- a) *the number of medical positions per a certain population
- b) number of visits per physician position per year
- c) number of visits per capita per year
- d) number of requests per resident per year

172. Satisfaction the population's needs for inpatient care means

- a) *the number of hospital beds per a given population
- b) number of hospital bed-days per 1000 inhabitants per year
- c) number of patients hospitalized per year
- d) the number of hospital physician positions per a given population

173. The intensive daily mortality rate is calculated as

- a) *the ratio of the number of people admitted to hospital to the number of deaths in the first day
- b) the ratio of the number of deaths in the first day to the number of those admitted to hospital
- c) the ratio of the number of those discharged from the hospital to the number of those who died in the first day
- d) the ratio of the number of deaths in the first day to the number of those discharged from the hospital

174. The average number of days a hospital bed is in operation per year is calculated as

- a) $\frac{\text{*(number of bed days actually spent by patients)}}{\text{(number of days in a year)}}$
- b) $\frac{\text{(number of bed days actually spent by patients)}}{\text{(number of average annual beds)}}$
- c) $\frac{\text{(number of discharged patients)}}{\text{(number of average annual beds)}}$
- d) $\frac{\text{(number of days spent in hospital by patients)}}{\text{(number of discharged patients)}}$

175. The turnover of a hospital bed is calculated as

- a) $\frac{\text{*(number of hospitalized patients)}}{\text{(number of days the bed is open per year)}}$
- b) $\frac{\text{(number of hospitalized patients)}}{\text{(average annual number of beds)}}$
- c) $\frac{\text{(number of hospitalized patients)}}{\text{(average time of patient stay in bed)}}$
- d) $\frac{\text{(number of hospitalized patients)}}{\text{(average duration of hospital treatment)}}$

176. The indicator of surgical activity in a hospital is

- a) $\frac{\text{*percentage of the number of patients operated on to the number of patients discharged from the surgical department}}$
- b) $\frac{\text{the percentage of the number of surgical operations performed to the number of patients discharged from the surgical department}}$
- c) $\frac{\text{the percentage of patients operated on to the number of patients discharged from the surgical department}}$
- d) $\frac{\text{the percentage of the number of surgical operations performed to the number of patients discharged from the surgical department}}$

177. Intensive statistical indicators include

- a) *morbidity and mortality rates
- b) structure of patients by gender and age

- c) structure of diseases by nosological forms
- d) provision of the population with doctors

178. What statistical indicator characterizes the development of a phenomenon in an environment not directly related to it?

- a) *ratios
- b) intensive
- c) extensive
- d) clarity

179. What indicators make it possible to demonstrate shifts in a phenomenon over time or territory without revealing the true level of this phenomenon?

- a) *clarity indicators
- b) extensive indicators
- c) intense indicators
- d) ratios

180. Under what conditions does the arithmetic mean most accurately characterize the average level of a variable characteristic?

- a) *in a normal distribution with a sufficiently large number of observations and homogeneity of the phenomenon being studied
- b) provided that the population is symmetrical and the specific characteristics of the general population are fully represented in the sample population
- c) provided that the population is symmetrical and the number of observations in it is not less than 100
- d) only in the general population

181. When comparing intensive indicators obtained on populations that are homogeneous in their composition, it is necessary to apply

- a) *standardization
- b) assessment of the ratio indicators
- c) definition of relative magnitude
- d) assessment of the reliability of the difference in indicators

182. Probability theory considers

- a) *events, the outcome of which characterizes the quantitative values of homogeneous non-random phenomena
- b) probable patterns of mass, homogeneous random phenomena
- c) events whose outcome accurately shows the magnitude of non-random phenomena
- d) events whose outcome characterizes the qualitative quantities of heterogeneous random phenomena

183. Personalized information is handled

- a) *in a medical organization
- b) at the municipal level
- c) at the regional level
- d) at the federal level

184. The indicators of mechanical movement of the population include

- a) *migration
- b) morbidity

- c) birth rate
- d) mortality

185. The indicator that is an integrated indicator of the health of the child population at present is

- a) *health group
- b) primary morbidity
- c) prevalence
- d) dispensary observation coverage rate
- e) health group

186. The implementation of the visiting plan is defined as

- a) *the ratio of the actual number of visits to the planned ones
- b) the ratio of the number of planned visits to the total number of visits
- c) the total number of visits to all doctors at the clinic
- d) the sum of the number of visits to the clinic and at home

187. Hospital workload indicator is

- a) *number of patients hospitalized per year
- b) number of hospital beds
- c) number of bed days spent by patients per year
- d) number of hospitalizations per 1000 inhabitants

188. Work volume indicator in a polyclinic is

- a) *number of visits per year, day
- b) number of visits per shift
- c) number of doctors per 10,000 inhabitants
- d) number of doctor visits per capita

189. Stationary capacity is

- a) *number of operating beds and those temporarily closed (repairs)
- b) number of working beds
- c) number of patients treated per year
- d) number of hospital bed profiles

190. The volume of outpatient medical care is

- a) *number of doctor visits per capita per year
- b) number of doctor visits per 1000 inhabitants per year
- c) number of doctors per 10,000 inhabitants
- d) number of visits to doctors per shift

191. The function of the hospital bed is

- a) *the number of patients treated in one bed per year
- b) average length of a patient's stay in hospital
- c) the time during which the beds were occupied by patients
- d) bed capacity in days per year

192. Standard for the number of adult residents per district overseen by a general physician is

- a) *1700
- b) 1800
- c) 1200
- d) 2000

193. What is the proportion of patients receiving medical care in outpatient and polyclinic institutions?

- a) *80%
- b) 50%
- c) 40%
- d) 60%

194. The types of age structure of the population include

- a) *progressive, stationary, regressive
- b) narrowed, stationary, expanded
- c) progressive, regressive
- d) narrowed, simple, expanded

195. Bed/population ratio in inpatient medical care is

- a) *number of beds per 1000 residents
- b) number of patients treated
- c) total number of beds
- d) number of hospitalizations per 1000 per year

196. The number of people served by a general practitioner should be

- a) *1200 people
- b) up to 800 people
- c) up to 1,500 people
- d) 2000 or more people

197. In the structure of mortality of the population of economically developed countries, the leading place is occupied by

- a) *diseases of the circulatory system; neoplasms; injuries and poisoning
- b) infectious and parasitic diseases, diseases of the digestive system, mental illness
- c) neoplasms; injuries; respiratory diseases
- d) injuries and poisoning, diseases of the circulatory system, mental diseases

198. The capacity of a hospital is determined by

- a) *number of hospital beds
- b) the number of population served
- c) volume of medical services provided
- d) number of working doctors
- e) volume of diagnostic equipment

199. The indicator of rational use of hospital beds is

- a) *average annual bed occupancy
- b) average duration of a patient's examination in a hospital
- c) volume of medical services performed in the hospital
- d) repeat hospitalization
- e) two-day simple bed

200. The volume of population need for outpatient and polyclinic care is measured by

- a) *average number of visits to the clinic per capita per year
- b) workload standards for doctors working in a clinic
- c) function of the medical position
- d) number of visits to doctors per shift

201. The population's need for hospitalization is understood as

- a) *percentage (share) of the population requiring hospitalization
- b) number of beds per a given population
- c) number of patients hospitalized per year
- d) the number of hospital physician positions per a given population

202. The maternal mortality rate is calculated using the formula

- a) $\frac{(\text{number of deaths of pregnant women, women in labor, women who gave birth within 42 weeks after termination of pregnancy} \times 100,000 \text{ live births})}{\text{number of live births}}$
- b) $\frac{(\text{number of deceased pregnant women} \times 1000 \text{ live births})}{\text{total number of pregnancies}}$
- c) $\frac{(\text{number of deaths after 28 weeks of pregnancy} \times 100,000 \text{ live births})}{\text{total number of pregnancies}}$
- d) $\frac{(\text{number of deceased pregnant women} \times 100,000 \text{ live births and stillbirths})}{\text{total number of pregnant women after 28 weeks}}$

203. The perinatal mortality rate is calculated using the formula

- a) $\frac{(\text{number of children born still} + \text{number of children who died within 7 days of life}) \times 1000}{\text{number of children born still and alive}}$
- b) $\frac{(\text{number of children born still} + \text{number of children who died during the first year of life}) \times 1000}{\text{number of children born alive}}$
- c) $\frac{(\text{number of children born still} + \text{number of children who died within 28 days of life}) \times 1000}{\text{number of children born still and alive}}$
- d) $\frac{(\text{number of children born still}) \times 1000}{\text{number of children born still and alive}}$

204. The infant mortality rate is calculated using the formula

- a) $\frac{(\text{number of children who died before the age of 1 in a given calendar year} \times 1000)}{(2/3 \text{ of those born in a given year} + 1/3 \text{ of those born in the previous year})}$
- b) $\frac{(\text{number of children who died before 1 month of age}) \times 1000}{\text{number of live and stillborn births}}$
- c) $\frac{(\text{number of children who died before the age of 1 year, number of children born dead}) \times 1000}{\text{number of all births (dead and alive)}}$
- d) $\frac{(\text{number of children who died before 1 year} \times 1000)}{\text{average population}}$

205. The stillbirth rate is calculated using the formula

- a) $\frac{(\text{number of children born dead}) \times 1000}{\text{number of children born alive and stillborn}}$
- b) $\frac{(\text{number of children born still} + \text{number of children who died during the first year of life}) \times 1000}{\text{number of children born alive}}$
- c) $\frac{(\text{number of children born still} + \text{number of children who died within 7 days of life}) \times 1000}{\text{number of children born alive and stillborn}}$
- d) $\frac{(\text{number of children born stillborn and prematurely}) \times 1000}{\text{number of children born alive and stillborn}}$

206. Among the factors determining the health of the population, the greatest influence is exerted by

- a) *lifestyle
- b) ecology
- c) heredity
- d) medical care

207. The preliminary stage of statistical research is

- a) *setting the goals and objectives of the study
- b) organization and implementation of data collection
- c) control, grouping, encryption
- d) analysis, conclusions and recommendations

208. The first stage of statistical research is

- a) *drawing up a research plan and program
- b) organization and implementation of data collection
- c) control, grouping, encryption
- d) analysis, conclusions and recommendations

209. The final stage of statistical research includes

- a) *analysis, conclusions and recommendations
- b) organization and implementation of data collection
- c) control, grouping, encryption
- d) setting the goals and objectives of the study

210. Screening assessment criteria include

- a) *simplicity, precision, sensitivity
- b) high cost,
- c) complexity of implementation
- d) lack of specificity

211. To determine the type of age structure of the population, it is necessary to know the population size in the following age groups

- a) *from 0 to 15 years and 50 years and older, from 1 to 10 years and from 10 to 15 years
- b) from 1 to 10 years and from 10 to 15 years
- c) from 19 to 59 years old and 50 years and older
- d) from 15 to 49 years old and 60 years and older

212. Prices for medical services under the compulsory medical insurance program are

- a) *tariff
- b) contractual
- c) free
- d) budget

213. As of May 31 of this year, a screening study identified 45 cases of arterial hypertension among final-year medical students. The study of risk factors for arterial hypertension in university graduates is

- a) *one-time, selective
- b) current, continuous
- c) current, selective one-time, continuous

214. The patient has the right to

- a) *protection of information constituting a medical secret
- b) receiving therapeutic nutrition in an outpatient setting
- c) removal of primary medical documentation from a medical organization for review
- d) refusal to comply with the treatment regimen during the period of temporary incapacity for work

215. The procedure for determining whether a person who has received medical, pharmaceutical or other education meets the requirements for carrying out medical activities in a specific medical specialty or pharmaceutical activity is called

- a) *accreditation
- b) certification
- c) certification
- d) qualification

216. In order to create conditions for organizing an independent assessment of the quality of services provided by medical organizations, the following is being formed

- a) *public council
- b) medical commission
- c) council of doctors
- d) health insurance organization

217. Healthcare workers have the right to

- a) *incentives for work in accordance with the level of qualification, the specificity and complexity of the work, the volume and quality of work, as well as specific performance results
- b) concluding an agreement with organizations engaged in the development, production and (or) sale of medicinal products and medical devices on the prescription or recommendation of medicinal products and medical devices to patients
- c) receiving samples of medicinal products and medical devices from organizations engaged in the development, production and (or) sale of medicinal products and medical devices for delivery to patients
- d) issuing prescriptions for medicinal products and medical devices on forms containing advertising information, as well as on prescription forms on which the name of the medicinal product or medical device is pre-printed

218. Paid medical services are not provided at the expense of

- a) *compulsory health insurance funds
- b) personal funds of citizens
- c) employers' funds
- d) voluntary health insurance funds

219. Primary sources of information on population size include

- a) *population census
- b) statistical publications
- c) registers
- d) card indexes

220. The fundamental principle of health protection is not

- a) *social and economic security of citizens in case of loss of health
- b) observance of citizens' rights in the area of health protection and provision of state guarantees related to these rights, social protection of citizens in the event of loss of health
- c) priority of the patient's interests in the provision of medical care and protection of children's health

	d) responsibility of state authorities and local government bodies, officials of organizations for ensuring the rights of citizens in the field of health protection 221. Marketing is a) *activities that include analysis, planning, implementation and control, as well as the conscious exchange of values between market participants to achieve the organization's goals activities in the field of sales market b) exchange activities c) activities in the field of trade d) activities in the sales market 222. Permission to extend a sick leave for more than 15 days is made a) *by a council of doctors b) attending physician c) chief physician d) Deputy Chief Physician for Clinical Expertise Work 223. Disease prevention is divided into a) *primary, secondary, tertiary b) immediate, indirect, delayed c) active, passive, exciting d) simple, group, combinational 224. The economic efficiency of the healthcare system is determined by a) *the ratio of prevented damage to costs b) the ratio of economic benefit to costs is not its achievement c) economic benefits resulting from improved health outcomes d) the rate of growth of wages for healthcare workers 225. Periodic health examination is carried out a) *with the citizen's informed voluntary consent b) without the citizen's consent without fail c) by order of the employer d) at the patient's request 226. Without the consent of the patient or his representative, medical intervention is permitted in case of illness that is a) *dangerous to others b) severe somatic c) severe mental d) oncological 227. In case of an unfavorable life prognosis, information is communicated only a) *to the patient and family members with the patient's consent b) to the patient c) members of his family d) to colleagues at work 228. The license for medical activities is valid a) *indefinitely b) 5 years c) 10 years
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	d) 3 years 229. The right to issue a sick leave certificate belongs to a) *doctors of outpatient and polyclinic institutions, doctors of inpatient institutions, private practitioners who have a license b) Sanitary and Epidemiological Surveillance doctors, mud bath doctors, licensed private practitioners c) emergency medical doctors 230. The most resource-intensive type of medical care is a) *specialized, including high-tech b) primary health care c) ambulance d) palliative 231. Health levels include a) *public, group, individual b) public, group, global c) group, individual, own d) group, individual, global 232. Group counseling (patient school) is organized in the clinic for patients of _____ health groups a) *II – III b) I c) I – II d) all three 233. Information on the preventive medical examinations and their results are entered into a) *health passport (certificate) b) accounting form No. 25/u-04 c) route map d) medical examination registration card 234. The right to refer patients to the bureau of medical and social expertise belongs to a) *council of doctors of a medical organization b) head of department c) attending physician d) chief physician of a medical organization 235. Calculation of the pathological incidence requires data on the number of cases of a) *diseases identified during medical examination and the number of persons who underwent medical examination b) specific disease and average annual population size c) a specific disease and the number of cases of all diseases d) all diseases in a given year and the number of cases of diseases in previous years 236. Calculation of the dynamics of incidence rate requires data on a) * incidence rate in the current year and in previous years
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- b) the number of cases of a particular disease and the average annual population
- c) incidence of a specific type and general incidence rate
- d) the number of cases of diseases detected during a medical examination and the number of persons who underwent a medical examination

237. The main management resources in healthcare include

- a) *personnel
- b) information
- c) finance
- d) material and technical base

238. The structural approach to assessing the quality of medical care involves

- a) *licensing and accreditation of the resource base of healthcare institutions
- b) assessment of the quality of medical care based on final results
- c) assessment of compliance with treatment and diagnostic process technologies
- d) calculation of the integral efficiency coefficient

239. Controllable risk factors include

- a) *behavioral factors that are harmful to health (smoking, alcohol abuse, poor nutrition)
- b) biological sex
- c) age

240. Lethality is understood as

- a) *the relative level of fatal outcomes among patients with a particular disease or in a group of patients with various diseases
- b) the ratio of the number of people who die from a particular disease to the number of people who are sick with the same disease
- c) the ratio of the number of deaths from a particular disease (or diseases) to the population
- d) a term expressing the size and frequency of the incidence of deaths among a population

241. The functions of the subject to management in healthcare include

- a) *planning, organizing, managing, controlling
- b) forecasting, organization, management, control
- c) organization, management, control, collection
- d) management, control, collection, forecasting

242. The district principle of organizing the provision of primary health care consists of forming groups of the population

- a) *based on residence (stay) in a certain territory
- b) at work at enterprises located in this territory
- c) by registration
- d) at the patient's request

243. Infant mortality is recorded at the

- a) *child's residence
- b) death of a child
- c) mother's residence

		d) father's residence 244. The family doctor's patients include a) *people of all age and gender groups b) all adults c) adults, except pregnant women d) adults and adolescents 245. To assess the quality of medical technologies in the daily practice of clinics, the most frequently used method is a) *expert assessments b) statistical c) medical and economic analysis d) sociological 246. The price of a medical service is a) *the amount of money for which the service is provided b) costs of providing services c) cost of service d) profitability of the service 247. Sanitary, hygienic and anti-epidemic measures are carried out with the aim of a) *preservation and strengthening of public health, as well as the prevention of infectious diseases and the elimination of epidemic foci b) preventing the spread of infectious diseases c) timely provision of medical care to the population d) prevention of the emergence and spread of infectious diseases among the population
		ANSWER LEVEL 2 TEST QUESTIONS (MULTIPLE CORRECT ANSWERS)
		1. The main methods of social and hygienic research 1) +historical 2) +statistical 3) +experimental and economic 4) - mathematical +A) – answers 1, 2 and 3 are correct B) Answers 1 and 3 are correct B) - answers 1 and 4 are correct D) - 4 answers are correct 2. Key indicators of public health include 1) +morbidity rates 2) +indicators of disability and physical development 3) +demographic indicators 4) -Student's coefficient +A) – answers 1, 2 and 3 are correct B) Answers 1 and 3 are correct B) - answers 1 and 4 are correct D) - 4 answers are correct 3. Factors affecting health include

	1) +conditions and lifestyle 2) +hereditary-genetic and natural-ecological 3) +medical and organizational 4) - morbidity +A) – answers 1, 2 and 3 are correct B) Answers 1 and 3 are correct B) - answers 1 and 4 are correct D) - 4 answers are correct 4. Factors regulating fertility include 1) +population migration 2) +age at marriage and contraceptive coverage 3) +social and economic conditions and health status of parents +A) – answers 1, 2 and 3 are correct B) Answers 1 and 3 are correct B) - answers 1 and 2 are correct D) - 3 answers are correct 5. Methods for studying incidence rate include data 1) +on number of visits 2) +on results of medical examinations 3) +on causes of death 4) - on results of the census +A) – answers 1, 2 and 3 are correct B) answers 1 and 3 are correct B) - answers 2 and 4 are correct D) - 4 answers are correct 6. Incidence rate of the population is assessed using 1) +morbidity rate 2) +morbidity structure 3) -frequency of incidence 4) +incidence rate +A) – answers 1, 2 and 4 are correct B) answers 1 and 3 are correct B) - answers 2 and 4 are correct D) - 4 answers are correct 7. In accordance with the Federal Law of the Russian Federation “On the Fundamentals of Health Protection of Citizens in the Russian Federation” (dated November 21, 2011 No. 323-FZ), the main principles of health protection are 1) +observance of citizens' rights in the area of health protection and provision of state guarantees related to these rights 2) +priority of the patient's interests in the provision of medical care, priority of protecting children's health 3) - licensing of certain types of activities in the field of health care 4) +availability and quality of medical care, compliance with medical confidentiality
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- +A) – answers 1, 2 and 4 are correct
- B) answers 1 and 3 are correct
- B) - answers 2 and 4 are correct
- D) - 4 answers are correct

8. Primary specialized medical and sanitary care is provided

- 1) +by referral from a local general practitioner or local pediatrician
- 2) +by referral from a general practitioner (family doctor), specialist doctor
- 3) +in the event of a citizen independently applying to a medical organization
- 4) +as directed by a paramedic

- +A) – correct answers are 1, 2, 3, 4
- B) Answers 1 and 3 are correct
- B) - answers 2 and 4 are correct
- D) - 4 answers are correct

9. The forms of medical care include

- 1) +emergency
- 2) +urgent
- 3) –palliative
- 4) +planned

- +A) – answers 1, 2 and 4 are correct
- B) Answers 1 and 3 are correct
- B) - answers 2 and 4 are correct
- D) - 4 answers are correct

10. The procedure for providing medical care includes

- 1) +stages of medical care
- 2) +rules for organizing the activities of a medical organization (its structural division, physician)
- 3) +standard for equipping a medical organization and its structural divisions
- 4) +recommended staffing standards for a medical organization and its structural divisions

- +A) – correct answers are 1,2,3,4
- B) Answers 1 and 3 are correct
- B) - answers 2 and 4 are correct
- D) - 4 answers are correct

11. The examination of the quality of medical care is carried out for the purpose of

- 1) +assessment of the timeliness of its provision
- 2) +the correct choice of methods of prevention, diagnosis, treatment and rehabilitation
- 3) +degree of achievement of the planned result
- 4) - determining the needs for social protection measures, including rehabilitation

- +A) – answers 1, 2 and 3 are correct
- B) Answers 1 and 3 are correct

	B) - answers 2 and 4 are correct D) - 4 answers are correct 12. In accordance with the Federal Law “On Compulsory Medical Insurance in the Russian Federation” No. 326-FZ, medical organizations are obliged to 1) +provide free medical care to insured persons within the framework of compulsory medical insurance programs 2) +maintain personalized records of information on medical care provided to insured persons 3) +provide health insurance organizations and the territorial fund with information about the insured person and the medical care provided to them 4) - receive funds for medical care provided on the basis of concluded contracts in accordance with established tariffs +A) – answers 1, 2 and 3 are correct B) Answers 1 and 3 are correct B) - answers 2 and 4 are correct D) - 4 answers are correct 13. The main directions in improving the organization of medical care provision to the population are 1) development of primary health care on the basis of the state (municipal) health care 2) redistribution of part of the volume of assistance from the inpatient sector to outpatient and polyclinic 3) development of hospital-replacing technologies. 4) growth in the number of republican, regional, and provincial hospitals +A) – answers 1, 2 and 3 are correct B) Answers 1 and 3 are correct B) - answers 2 and 4 are correct D) - 4 answers are correct D) - correct answers are 1, 2, 3 and 4
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Assessment criteria

"**Very good**" – over 90% correct answers of questions of every level

"**Good**" – 80-89% correct answers of questions of every level

"**Satisfactory**" – 70-79% correct answers of questions of every level

"**Unsatisfactory**" – less than 70% correct answers of questions of every level

Interview questions

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.01	General Medicine (English-language program)
C	GPC-9	Able to implement the principles of quality management in the professional activity
C	GPC-11	Able to draft and use research, development, project, organizational, managerial and regulatory documentation of the health care system
C	PC-7	Ability and readiness to conduct an examination of temporary disability, participate in disability medical exam

C	PC-9	Ability and readiness to monitor fulfillment of job duties by subordinate medical personnel and use information and communication technologies in their professional activities
I		ANSWER THE QUESTIONS - Public health and healthcare as a science and subject of teaching. History of development. Relationships with other scientific disciplines. - N.A. Semashko's state system and its principles, its impact on modern healthcare. - Population health: levels of study and assessment methods. The importance of population health data for healthcare development. - Quality of life as an integral criterion of the effectiveness of medical care. - Methods of research of public health and healthcare as an independent science, their characteristics. - The law of large numbers as a theoretical basis for sampling research. Requirements for the sampling method. - Observation unit in a statistical population, accounting characteristics and their classification. - Statistical population and its properties. Types of statistical populations. - Sample population, ways of its formation and methods of selection of individual elements. - Stages of statistical research. Contents of the statistical research program and plan. Types of statistical tables. Requirements for their construction. - Collection, processing, and analysis of statistical research data. Application of statistical methods in clinical trials. - Relative and absolute numbers. Types of relative quantities, their graphic representation, and practical applications. - Graphical methods for representing obtained data. Types of diagrams and requirements for their construction. - Variation series, stages of its construction. Graphic representation of the varying feature. - Average level of a feature, types of average values. Methods for calculating arithmetic means. Application in scientific and practical activities of a physician. - Determining the reliability of average and relative values. Application of confidence limits. - The relationship (correlation) between factor and outcome characteristics. Calculation methods. Application in scientific research and practical activities. - Dynamic series and their analysis. Application in scientific research and practice. - The standardization method. Its essence and application in scientific research and practical activities. - Public health as the most important economic and social potential of a country. Public health indicators. - Risk factors affecting public health. Public Health Research Program. - Medical and social aspects of the population's lifestyle. Factors influencing lifestyle. Health promotion, types of prevention. - Demography as a science. The importance of demographic processes for the healthcare system. Methods of population studies.

		24. Population migration. Factors influencing migration processes. Implications for practical healthcare. 25. Population statistics. Methods for studying population size and composition. Population census: organization and methodology. 26. Basic patterns of natural population movement. 27. Fertility as an indicator of state demographic policy. Fertility dynamics in the Russian Federation and its importance in planning healthcare for the population. 28. Life expectancy as an indicator of public health, dynamics in Russia and abroad. 29. Perinatal mortality: levels, causes, and structure. Social and medical aspects of antenatal care. 30. Infant mortality: levels, dynamics, and structure of causes of child mortality. Measures to combat infant mortality. 31. Overall and age-specific mortality, its causes, and structure. Rules for issuing medical death certificates. 32. Population incidence rate. Types of incidence rate, assessment methods, and sources of data. 33. The importance of studying incidence rate as a public health indicator. Characteristics and trends of morbidity in the Russian Federation. 34. ICD-10, its meaning and application in healthcare practice. 35. Incidence rate based on outpatient clinic visits. Primary and general incidence rate assessment. 36. Hospitalized incidence rate: methods of study and analysis. Social and hygienic aspects of hospitalized incidence rate. 37. Infectious incidence rate, methods of study and analysis. Organization of recording and reporting of infectious and parasitic diseases in healthcare institutions. 38. Incidence rate with temporary loss of ability to work, its indicators and methods of study. 39. Non-epidemic incidence rate. Methodology of study and analysis. Registration of the most important non-epidemic diseases in healthcare organizations. 40. The medical and social significance of the most important non-epidemic diseases. Causes and structure. Methods of their study and analysis. 41. Disability. Current status and trends of disability in the Russian Federation. 42. Physical development as a key indicator of public health. Factors influencing the population's physical development and assessment methods. 43. Medical records management in the clinic. Organization of operational oversight of the activities of structural divisions and specialists. 44. Inpatient medical records management. Organization of operational oversight of departments and specialists. 45. Human and civil rights and freedoms to health protection and medical care. Regulatory framework. 46. Federal Law "On the Fundamentals of Citizen Health in the Russian Federation." Protecting citizens' health, its fundamental principles, and their characteristics. 47. Citizens' rights and responsibilities in healthcare. The right to medical care. 48. Citizens' rights and responsibilities in healthcare. Informed voluntary consent to and refusal of medical intervention.
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		49. Citizens' rights and responsibilities in healthcare. Choosing a doctor and medical organization. 50. Conflict of interest. Restrictions imposed on healthcare professionals in the exercise of their professional activities. 51. Promoting a healthy lifestyle. Organizing health centers to promote healthy lifestyles among citizens of the Russian Federation. 52. Modern principles of prevention. Types of prevention and their characteristics. Medical prevention centers. 53. Medical care: definition. Classification by types, conditions, and forms of provision in accordance with the Federal Law "On the Fundamentals of Health Protection of Citizens in the Russian Federation." 54. Medical care. Procedures for providing medical care and standards of medical care. 55. Nomenclature of medical organizations, its characteristics. 56. Rules for providing primary health care to the adult population in the Russian Federation. Organization of outpatient and polyclinic care. 57. Primary health care as the basis of the health care system in the Russian Federation, its types. 58. Organization of primary health care for the population based on the general practitioner (GP) or family physician model. Models for organizing the work of a general practitioner (family physician) and their characteristics. 59. The procedure for providing emergency, including specialized emergency, medical care. 60. Medical examinations. Types of medical examinations and their characteristics. 61. Medical checkups. The current organization of medical checkup services. Indicators of medical checkup effectiveness. 62. Organization of specialized, including high-tech, medical care in the Russian Federation. 63. The state system of maternal and child health in the Russian Federation. A set of measures. Stages of medical care. 64. The state system of maternal and child health in the Russian Federation. The rights of families, pregnant women, mothers, and minors in healthcare. 65. Procedures for providing medical care to women during pregnancy. Rules for organizing the activities of a women's health clinic, its functions, key quality criteria, and recommended structure. 66. Procedures for providing medical care to women during labor and the postpartum period. Rules for organizing maternity hospital activities, functions, and structure. 67. Perinatal center operating rules, functions, and structure. The role of perinatal centers in reducing maternal, perinatal, and infant mortality. 68. Birth certificate. 69. Procedure for providing pediatric care. Rules for organizing the activities of a district pediatrician's office and a children's clinic (department). 70. Procedure for providing pediatric care. Rules for organizing the activities of a consultative and diagnostic center for children and a pediatric department. 71. The procedure for minors to undergo medical examinations, including upon admission to educational institutions and during their studies there.
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		72. Rural medical station as the first stage of providing medical care to the rural population, its structure and functions. 73. Stages of providing medical care to the rural population. The central district hospital, its structure, functions, and role in organizing medical care for the rural population. 74. Organization of medical care provision to the rural population. Regional (territorial, district, republican) hospital. 75. Analysis of the clinic's activities based on outpatient records and annual report materials. 76. Analysis of the performance of inpatient medical facilities. Indicators of the quality and effectiveness of inpatient medical care. 77. Medical examination. Types of medical examinations and their characteristics. 78. Examination of temporary disability, responsibilities of the attending physician, head of department, deputy chief physician for examination of work capacity. 79. The procedure for issuing sick leave certificates in case of illness and injury, when referring for disability examination and health resort treatment. 80. The procedure for issuing a sick leave certificate to care for a sick family member during quarantine. 81. Permanent disability assessment. Types of disability assessments and areas of activity. Disability and its causes. 82. Health insurance is a form of social protection for the population in the area of healthcare. The purpose, objectives, and implementation of health insurance in the country. Types of health insurance. 83. Organizational and legal framework for compulsory medical insurance in the Russian Federation. Interaction between entities and participants in compulsory medical insurance. 84. The compulsory health insurance system in the Russian Federation. Rights and responsibilities of compulsory health insurance entities. 85. The compulsory health insurance system in the Russian Federation. Rights and responsibilities of compulsory health insurance participants. 86. Healthcare planning. A program of state guarantees for free medical care for Russian citizens. 87. Sources of financial support in the field of health care. 88. Pricing in healthcare. 89. Healthcare workforce. The medical workforce training system in the Russian Federation. Development prospects. 90. Quality of medical care. Criteria and key components of quality medical care, their characteristics. 91. Quality of medical care. Key quality control tools (medical standards, expert assessments, indicators). 92. Quality of medical care. Indicators of quality and effectiveness of medical care, calculation methods. 93. The procedure for organizing and conducting state control over the quality and safety of medical activities. 94. The procedure for organizing and conducting departmental control of the quality and safety of medical activities. 95. Organizing the work of medical examination boards in medical organizations. Its role in conducting internal quality control. 96. Organization of the Rospotrebnadzor service. Forms of interaction with medical organizations. Role in ensuring the sanitary and
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		epidemiological well-being of the population. 97. International cooperation in healthcare. Russia's participation in international medical organizations. 98. World Health Organization. Strategy and priority areas for international cooperation. 99. Marketing in healthcare.
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Assessment criteria

"Very good" grade is given to a student who possesses knowledge of the subject in full scope outlined in the curriculum, has a sufficiently deep insight into the subject; is able to answer all questions clearly, exhaustively, and with no outside help; structures their answers logically, with emphasis on the most important information; is able to analyze, compare, classify, summarize, refine, and structure the course content, giving particular attention to cause-and-effect relationships.

"Good" is given to a student whose knowledge of the subject is almost in full scope outlined in the curriculum (gaps are only present in the knowledge of some especially complex aspects); is able to answer questions exhaustively with little to no outside help; does not always put emphasis on the most important information, but does not make significant mistakes.

"Satisfactory" is given to a student who possesses the bulk of knowledge on the subject; has difficulties answering questions with no outside help, uses imprecise wording; makes mistakes in substantial number of their answers.

"Unsatisfactory" is given to a student who does not have the mandatory minimum of knowledge on the subject, is not able to give an answer even with additional guiding questions.

4. Assessment criteria for learning outcomes

"Very good" grade is given to a student who possesses knowledge of the subject in full scope outlined in the curriculum, has a sufficiently deep insight into the subject; is able to answer all questions clearly, exhaustively, and with no outside help; structures their answers logically, with emphasis on the most important information; is able to analyze, compare, classify, summarize, refine, and structure the course content, giving particular attention to cause-and-effect relationships.

"Good" is given to a student whose knowledge of the subject is almost in full scope outlined in the curriculum (gaps are only present in the knowledge of some especially complex aspects); is able to answer questions exhaustively with little to no outside help; does not always put emphasis on the most important information, but does not make significant mistakes.

"Satisfactory" is given to a student who possesses the bulk of knowledge on the subject; has difficulties answering questions with no outside help, uses imprecise wording; makes mistakes in substantial number of their answers.

"Unsatisfactory" is given to a student who does not have the mandatory minimum of knowledge on the subject, is not able to give an answer even with additional guiding questions.