Federal State Budgetary Educational Institution of Higher Education
"Privolzhsky Research Medical University"
Ministry of Health of the Russian Federation

BANK OF ASSESSMENT TOOLS FOR DISCIPLINE PUBLIC HEALTH AND HEALTH CARE

Training program (specialty): 31.05.03 DENTISTRY

Department: SOCIAL MEDICINE AND HEALTH CARE MANAGEMENT

Mode of study: **FULL-TIME**

Nizhniy Novgorod 2021

1. Bank of assessment tools for the current monitoring of academic performance, midterm assessment of students in the discipline «Public health and health care»

This Bank of Assessment Tools (BAT) for the discipline "**Public health and health care**" is an integral appendix to the working program of the discipline "**Public health and health care**". All the details of the approval submitted in the WPD for this discipline apply to this BAT.

(Banks of assessment tools allow us to evaluate the achievement of the planned results stated in the educational program.

Assessment tools are a bank of control tasks, as well as a description of forms and procedures designed to determine the quality of mastering study material by students.)

2. List of assessment tools

The following assessment tools are used to determine the quality of mastering the academic material by students in the discipline/ practice:

No	Name of	Brief description of the assessment tool	Presentation of
	assessment		assessment
	tool		tool in the bank
1.	Test	A system of standardized tasks that allows you to	Bank of test
		automate the procedure of measuring the level of	tasks
		knowledge and skills of a student	
2.	Individual	A control tool that allows you to assess the degree of	List of questions
	survey	comprehension of the material	
3.	Situational	A method of control that allows you to assess the	List of tasks
	tasks	criticality of thinking and the degree of the material	
		comprehension, the ability to apply theoretical	
		knowledge in practice.	
4.	Report	The product of the student's independent work, which	Topics of reports,
		is a public presentation about the results obtained by	presentations
		solving a certain educational, practical, research or	
		scientific topic	

3. A list of competencies indicating the stages of their formation in the process of mastering the educational program and the types of evaluation tools

Code of competence*	Stage of competence formation	Controlled sections of the discipline	Assessment tools
UK-1; GPC-4, GPC -11; GPC- 13; PC-5, PC-10	Current	General Public Health and Health Issues	Tests - 1 Individual survey - 1
UK-1; GPC-13; PC-5, PC-10	Current	Medical statistics, organization of social and hygienic research	Individual survey - 2 Situational tasks - 1
UK-1; GPC-4, GPC-13; PC-5, PC-10	Current	Basic medical, demographic and morbidity indicators of the population, including dental morbidity	Tests - 2 Situational tasks - 2 Individual survey - 3
UK-1; GPC-4, GPC -11; GPC- 12; GPC-13; PC- 5, PC-8, PC-10	Current	Organization of dental care for the population. Examination of temporary and permanent disability	Individual survey - 4 Situational tasks - 3

UK-1; GPC-4, GPC -11; GPC- 12; GPC-13; PC- 5,	Current	Management of medical organizations and health economics	Individual survey - 5 Situational tasks - 4
UK-1; GPC-4, GPC -11; GPC- 12; GPC-13; PC- 5, PC-8, PC-10	Mid-term	All sections	Report Credit

4. The content of the assessment tools of current control

Current control is carried out by the discipline teacher when conducting classes in the form of: Test, Individual survey, Situational tasks

- 4.1. Tests for the assessment of competence: UK-1; GPC-4, GPC -11; GPC-13; PC-5, PC-10:
- 1. Health of the population is characterized by group of parameters. What parameter concern to demographic?
 - A. Sickness
 - B. Lethality
 - C. Invalidity
 - D. General death rate
 - E. Physical development
- 2. A therapist carried out the analysis of state of health of adult population on a fixed site. What groups of parameters will be included in this analysis?
 - A. Disease, physical inability, death rate newborn
 - B. Way of life, sickness, physical development
 - C. Demographic, disease, physical inability
 - D. Birth rate, disease, way of life
 - E. Disease, lethality, physical development.
- 3. A therapist studied the level of common disease of the population. What registration statistical documents are used for this purpose?
 - A. Cards of patients whom have been discharged from a hospital
 - B. Statistical coupons with a mark "+"
 - C. Statistical coupons with a mark "-"
 - D. Statistical coupons with a mark "+" and "-"
 - E. Coupons of the out-patient with number "1" or "2"
- 4. A local doctor carried out the analysis of disease in a subordinated site. What kind of disease determines the group as last and frequently sick?
 - A. Hospitalized
 - B. General
 - C. Acute infectious
 - D. The basic non epidemic disease
 - E. With temporary disability
- 5. In a district, the absolute figures registered in a year by dysentery disease: January-6; February-9; March-11; April-10; May-16; June-23; July-19; August-33; September-58; October-19; November-11; December-5. Total cases per year-220 cases. What kind of graphic can be used to represent the monthly fluctuations of the disease from an average level?
 - A. The radial diagram
 - B. Map diagram

- C. A map gram
- D. The sector diagram
- E. The bar diagram
- 6. In the structure of population of a region, the densities of people from 0 till 14 years is about 25%, it is equal with the densities of the people from 50 years and above. What concept characterizes this demographic situation?
 - A. Progressive structure of the population
 - B. Regressive structure of the population
 - C. Stationary structure of the population
 - D. Immigration of the population
 - E. Emigration the population
- 7. To study the disease of an agricultural population in a given area, the population was selected as the object of the research. What statistical material method should be used in the research for the given volume?
 - A. Combined
 - B. Selective
 - C. Continuous
 - D. The monographic description
 - E. Basic massif
- 8. The parameter of general death rate in area A is 11.9‰ and in area B is 15.9‰. According to age structure of the population more than 50 years old in area A is 30% and in area B is 40%. It is necessary to calculate the difference between the age structure of the population and general death rate. What method of medical statistics is used in this case?
 - A. Calculation of standardized parameters
 - B. Calculation of coefficient of correlation
 - C. Calculation of coefficient factor by Student
 - D. Calculation of average sizes
 - E. Calculation of relative values
- 9. During a medical survey of the population patients with chronic diseases and different pathological conditions were registered, deviated. What parameter is used for studying the given situation?
 - A. Pathological affection
 - B. Spreading
 - C. Common sickness
 - D. Primary sickness
 - E. Disease with temporary disability.
- 10. The head physician of a polyclinic has given task to the local doctor: to determine myocardial infarction of an area. What document determines the initial disease of the population of the area?
 - A. Statistical coupons with marks "+" and "-"
 - B. Statistical coupons with a mark "+"
 - C. Magazine of medical check-up
 - D. A medical card of the out-patient
 - E. The coupon on reception to the doctor.
- 11. According to the doctor of general practice, the causes of death during the present year, in the first place-cardiovascular diseases (60%), second-neoplasm diseases (18%), third-traumas (8.3%) and so on. What diagrams can be used by the doctor to illustrate the structure of the given phenomena?

- A. Map-gram
- B. Sector
- C. Linear
- D. Radial
- E. Bar
- 12. As a result of introduction of a new technique of treatment average duration of hospitalization in the experimental group of patients is 12.3 ± 0.2 days compared to 15.4 ± 0.4 days in the control group of patients whom were treated under the old scheme. What coefficient criterion is possible to calculate the differences of these results?
 - A. T-criterion by Wilson
 - B. Criterion of marks (z-criterion)
 - C. Criterion of conformity (x^2)
 - D. Coefficient of reliability (criterion Student)
 - E. Criterion Kolmogorava-Smirnova
- 13. An assistant of head physician investigated the level of disease of the population which is registered in a polyclinic for past 5 years. With what help of statistical sizes he may calculate the level of prevalence of illnesses?
 - A. Absolute sizes
 - B. Standardized sizes
 - C. Average sizes
 - D. Relative values
 - E. Sizes of dynamic row.
- 14. In a city 3 infectionistdoctors serve the population. On 10 000 population there are 4 doctors. What statistics index reflects in serving the population with infectionistdoctors?
 - A. Extensive
 - B. Relative intensity
 - C. Ratio
 - D. Intensive
 - E. Presentation
- 15. In a study of diseases of the population in city A, a disease of the respiratory system is about 45%. What statisticalindices reflect the densities of respiratory diseases?
 - A. Ratio
 - B. Intensive
 - C. Presentation
 - D. Extensive
 - E. Relative intensity
- 4.2. Tasks for the assessment of competence: UK-1; GPC-4, GPC -11; GPC-12; GPC-13; PC-5, PC-8, PC-10

Task 1.

The estimated average population of «D» region is 1200000 people.

The total number of deaths recorded during the year is 19000, the number of life births - 9000. Female population at the age of 15 - 44 years is 290000 people.

The number of deaths among children aged 0-1 year is 265, among them:

- 70 deaths from prenatal abnormalities;
- 110 deaths as a result of perinatal disorders;
- 65 deaths from respiratory pathology;
- 15 other deaths.

There were 6 cases of maternal deaths.

Calculate the rates of demography in the region and present graphically.

Task 2.

The estimated average population of N. city was 390 000 people, where:

- the male population was 190000p.
- the female population was 210000p.

The total number of deaths recorded during the year was 3300, among them: the number of male deaths was 1800, and female deaths - 1500.

There were: 1700 deaths from cardiovascular diseases;

770 deaths as a result of fractures and accidents;

550 deaths from malignant neoplasm;

80 deaths from respiratory diseases.

Calculate the rates of demography in the city, present graphically and analyze the situation.

Task 3.

13 patients suffering from bronchitis were treated in hospital in April 2005. The duration of a patient's stay in bed was: 38, 38, 42, 36, 34, 28, 32, 44, 26, 16, 14, 14, 40, Make up a variable scale, determine the main measures of central tendency of this scale. Determine the measures of distribution and the standard error of the mean (SEM).

Task 5.

Give the reliance of difference in the pulse means among students, if it is known that the M of the pulse before the examination was 92,7 per minute ($m = \pm 3,6$), and after the examination it was 70,5 per minute ($m = \pm 4,0$).

Task 6.

10 000 persons work at the enterprise. In accounting year among working for the first timeare recognized by invalids of 1 group - 6 persons; invalids of 2 groups - 40 persons, the thirdgroup of physical inability have received 14 persons. The majority of disabled person had as a disability principal causethe general disease (55 persons). From them 47 persons -suffered various illnesses of bodies of blood circulation; 2 persons - had malignantnew growths; 1 person - disease of bodies of breath; the others-are recognized by invalids on other classes of illnesses.

Calculate an indicator of primary physical inability among working on the enterprise, and also indicators of structure of primary physical inability. Give an assessment of these indicators.

Task 7.

 $3\,000$ persons work at the enterprise. In accounting year the quantity of cases of diseases with temporary disability has made 2300, from which 1100 cases of diseases of respiratory system, cardiovascular diseases -105, diseases of a gastrointestinal tract -50, others -1045. The general duration of cases of temporary disability has made 30000 days. Calculate the basic indicatorscharacterizinglevels and structure of disease with time disability. Give an assessment of these indicators.

Task 8.

In the city X with the midinterval population of 50 000 during the year were registered 60000 visits to the doctor with different diseases, among them 40000 were with first-time revealed diseases. In the structure of incidence are: 20000 cases of respiratory diseases, 7000 cases of cardiovascular diseases, 5000 cases of injuries and poisonings, 2000 cases of diseases of nervous system and 6000 cases of other diseases.

Calculate incidence rate, prevalence rate and structure of incidence, present the indices graphically.

Task 9.

In the city X with the midinterval population of 1300 000 during the year 10610 patients with first-time revealed diseases were registered. Among them patients contracted with:

- malignant neoplasm -5120;
- syphilis 2300;
- gonorrhea 1460;
- mycosis 1250;
- tuberculosis 480.

Calculate indices of non-epidemic morbidity and present the indices graphically.

Task 10.

Calculate the provision of the population with hospital beds in town "B" with 70,000 inhabitants by years, if in 2015 the city hospitals had 800 beds, in 2016 - 750, in 2017 - 730, in 2018 - 740, in 2019 - 735.

Evaluate the dynamics of the bed fund as a percentage (dynamic measures) and present it graphically.

Task 11.

In the city of "A" with a population of 78,000 inhabitants, 900 people died and 1,100 were born in 2017.

Calculate the death rate and birth rate in this city.

Task 12.

In the city «X» with the average population of 1300,000 during the year 6,250 patients with revealed diseases were registered. Among them were patients with malignant neoplasm – 5100 cases, syphilis –90, gonorrhea – 120, mycosis – 800, tuberculosis – 140.

Calculate rate and proportion of morbidity by disease.

What is the difference between rate and proportion?

Present rate and proportion of morbidity graphically.

- 4.3. Individual survey for the assessment of competence: UK -1; GPC-4, GPC -11; GPC-12; GPC-13; PC-5, PC-8, PC-10
- 1. Health, public health, prevention. Their definitions. Preventive medicine definition, goals, activities. Levels of prevention.
- 2. Epidemiology. Its definition. Epidemiological triangle. Uses of epidemiology.
- 3. Demography. Characteristic of constant population: main measures in Russia and your own country.
- 4. Vital statistics. The main standard forms for registration of vital events.
- 5. Study designs and research approaches: general principles of clinical research. Types of studies, purpose, study design principles. Principles used in assessing study data.
- 6. Quantitative measurements: ratio, proportion, rate: formulas, examples.
- 7. Picture presentations of quantitative measurements: pie chart, bar diagram (histogram), frequency polygon, spot map. Examples.
- 8. Statistics: data, frequency, variable scale, distribution definitions, characteristics, examples.
- 9. Measures of central tendency: arithmetic mean, median, mode. Their definitions, characteristics, calculation.
- 10. Standard error of mean: its definition, calculation, example.
- 11. Morbidity: methods of study, measures, formulas, and volumes in Russia and your own country.
- 12. Disability: methods of study, measures, rate volumes in Russia and your own country.
- 13. Sexually transmitted diseases, the rates, characteristics, measures of prevention.
- 14. Tuberculosis as an important medico social problem: volume of rates, risk factors, measures of prevention.
- 15. Cardiovascular diseases as an important medico social problem: the rates, risk factors, measures of prevention.
- 16. Cancer as an important medico social problem: the rates, risk factors, measures of prevention.
- 17.Mental illnesses and alcoholism and psychoactive abuse as an important medico social problem: the volume of rates, risk-factors, measures of prevention.

- 18.Organization of out-patient care to urban population. Classification of dental out-patients' clinic, their tasks.
- 19.Dental municipal polyclinic, its functions, ways of work, structure, the main parameters of activity.
- 20. The organization of in-patient aid to urban population. The main aspects of work and structure of a hospital.
- 21.Organization of hospital care to patients with maxillofacial diseases and injuries. The main parameters of quality and efficiency of oral surgery.
- 22.Basic types of pediatric medical institutions. Main tasks and ways of work in children's polyclinic, parameters of its activity. Organization of dental health service to children.
- 23.Basic medical institutions giving the obstetric-and-gynecological care to urban women. Main tasks and ways of work in female consultation, structure and parameters of its activity. Organization of dental health service to pregnant women.
- 24.General principles of emergency care organization in Russia and in foreign countries. The basic types of establishments rendering urgent and first medical aid, the main parameters of their activity. The specificity of organization of emergency dental care to urban and rural population.
- 25.Prevention of diseases: kinds and levels. Hygienic education. Means and methods of hygienic education.
- 26.Prevention of dental diseases, organization of regular medical check-up. Dispensary method in dental out-patients' clinic.

4.4. Control questions for the credit

4.4. Control questions for the credit			
Question	Competence code		
	(according to the WPD)		
27. Health, public health, prevention. Their definitions. Preventive	UK-1; GPC-4, GPC -11;		
medicine - definition, goals, activities. Levels of prevention.	GPC-13; PC-5, PC-10		
28. Epidemiology. Its definition. Epidemiological triangle	UK-1; GPC-4, GPC -11;		
Uses of epidemiology.	GPC-13; PC-5, PC-10		
29. Demography. Characteristic of constant population: mair	UK-1; GPC-4, GPC -11;		
measures in Russia and your own country.	GPC-13; PC-5, PC-10		
30. Vital statistics. The main standard forms for registration of vital events	UK-1; GPC-4, GPC -11;		
	GPC-13; PC-5, PC-10		
31. Study designs and research approaches: general principles of	UK-1; GPC-13; PC-5, PC-		
clinical research. Types of studies, purpose, study design principles	10		
Principles used in assessing study data.			
32. Quantitative measurements: ratio, proportion, rate: formulas	UK-1; GPC-13; PC-5, PC-		
examples.	10		
33. Picture presentations of quantitative measurements: pie chart, bar	UK-1; GPC-13; PC-5, PC-		
diagram (histogram), frequency polygon, spot map. Examples.	10		
34. Statistics: data, frequency, variable scale, distribution	UK-1; GPC-13; PC-5, PC-		
definitions, characteristics, examples.	10		
35. Measures of central tendency: arithmetic mean, median, mode	UK-1; GPC-13; PC-5, PC-		
Their definitions, characteristics, calculation.	10		
36.Standard error of mean: its definition, calculation, example.	UK-1; GPC-13; PC-5, PC-		
	10		
37. Morbidity: methods of study, measures, formulas, and	UK-1; GPC-4, GPC -11;		
volumes in Russia and your own country.	GPC-13; PC-5, PC-10		
38. Disability: methods of study, measures, rate volumes in Russia	UK-1; GPC-4, GPC -11;		
and your own country.	GPC-13; PC-5, PC-10		
39. Sexually transmitted diseases, the rates, characteristics, measures of	UK-1; GPC-4, GPC -11;		
prevention.	GPC-13; PC-5, PC-10		
40. Tuberculosis as an important medico - social problem: volume of	UK-1; GPC-4, GPC -11;		
rates, risk factors, measures of prevention.	GPC-13; PC-5, PC-10		
41. Cardiovascular diseases as an important medico - social problem	UK-1; GPC-4, GPC -11;		

the rates, risk factors, measures of prevention.	GPC-13; PC-5, PC-10
42. Cancer as an important medico - social problem: the rates, risk factors, measures of prevention.	UK-1; GPC-4, GPC -11; GPC-13; PC-5, PC-10
43. Mental illnesses and alcoholism and psychoactive abuse as an important medico - social problem: the volume of rates, risk-factors, measures of prevention.	UK-1; GPC-4, GPC -11; GPC-13; PC-5, PC-10
44. Organization of out-patient care to urban population. Classification of dental out-patients' clinic, their tasks.	UK-1; GPC-4, GPC -11; GPC-12; GPC-13; PC-5, PC-8, PC-10
45. Dental municipal polyclinic, its functions, ways of work, structure, the main parameters of activity.	UK-1; GPC-4, GPC -11; GPC-12; GPC-13; PC-5, PC-8, PC-10
46. The organization of in-patient aid to urban population. The main aspects of work and structure of a hospital.	UK-1; GPC-4, GPC -11; GPC-12; GPC-13; PC-5, PC-8, PC-10
47. Organization of hospital care to patients with maxillofacial diseases and injuries. The main parameters of quality and efficiency of oral surgery.	UK-1; GPC-4, GPC -11; GPC-12; GPC-13; PC-5, PC-8, PC-10
48. Basic types of pediatric medical institutions. Main tasks and ways of work in children's polyclinic, parameters of its activity. Organization of dental health service to children.	UK-1; GPC-4, GPC -11; GPC-12; GPC-13; PC-5, PC-8, PC-10
49. Basic medical institutions giving the obstetric-and-gynecological care to urban women. Main tasks and ways of work in female consultation, structure and parameters of its activity. Organization of dental health service to pregnant women.	UK-1; GPC-4, GPC -11; GPC-12; GPC-13; PC-5, PC-8, PC-10
50. General principles of emergency care organization in Russia and in foreign countries. The basic types of establishments rendering urgent and first medical aid, the main parameters of their activity. The specificity of organization of emergency dental care to urban and rural population.	UK-1; GPC-4, GPC -11; GPC-12; GPC-13; PC-5, PC-8, PC-10
51. Prevention of diseases: kinds and levels. Hygienic education. Means and methods of hygienic education.	UK-1; GPC-4, GPC -11; GPC-12; GPC-13; PC-5, PC-8, PC-10
52. Prevention of dental diseases, organization of regular medical check-up. Dispensary method in dental out-patients' clinic.	UK-1; GPC-4, GPC -11; GPC-12; GPC-13; PC-5, PC-8, PC-10

4.5. Topics of the Report:

- 1. Organization of outpatient medical care in your countries (UK-1; GPC-4, GPC -11; GPC-12; GPC-13; PC-5, PC-8, PC-10);
- 2. Organization of inpatient medical care in your countries (UK-1; GPC-4, GPC -11; GPC-12; GPC-13; PC-5, PC-8, PC-10).

REQUIREMENTS FOR THE PREPARATION OF A RESEARCH REPORT

GROUP PROJECT SHOULD BE SUBMITTED IN THE FORM OF A MULTIMEDIA PRESENTATION IN PPT-FORMAT DESIGN OF THE RESEARCH PROJECT

- 1. TITLE PAGE (THE NAME OF THE COUNTRY, ITS LOCATION ON THE WORLD MAP; NAMES OF THE STUDENTS)
- 2. CONTENTS: SECTIONS OF INFORMATION (FOR EACH COUNTRY INFORMATION SHOULD TAKE NO MORE THAN 30 PAGES (SLIDES), INCLUDING PHOTOGRAPHS, PICTURES, TABLES AND GRAPHS)
- 3. CONCLUSIONS AND SUGGESTSTIONS
- 4. BIBLIOGRAPHY SECTIONS OF INFORMATION AND RECOMMENDATIONS

- I. GENERAL SOCIAL AND ECONOMIC CHARACTERISTICS OF RESIDENTIAL LIFE IN A GIVEN COUNTRY (information, including photographs, pictures, tables and graphs)
- -Government structure and a political regime
- -Administrative and territorial subdivisions
- -Climatic and geographic peculiarities
- -General economic growth and the predominant type of production (industrial and agricultural production)
- II. POPULATION STATISTICS (information, including photographs, pictures, tables and graphs)
- -Population size and residential density
- -National languages, religion and traditions
- -Age-sexual composition of the population (use an age pyramid)
- -Changes in population (represent data in dynamics for some years using all known types of tables, graphics, diagrams, and pictures; estimate and analyze the identified changes in population) a. Mechanical movements of the population: urbanization, emigration and immigration b. Natural movements of the population: natality rates (crude birth rate, fertility rate); mortality rates (crude death rate, cause-specific and age-specific death rates, cause-fatality rates, maternal mortality rate, infant mortality rate, preand neonatal mortality rate, mortinatality rate); population growth; average life expectancy (Years of Potential Life Lost).
- III. CHARACTERISTIC OF THE POPULATION'S HEALTH IN THE CAUNTRY (information, including photographs, pictures, tables and graphs)
- A. MORBIDITY AND INJURIES a. General incidence rate of the population (cause-specific and agespecific incidence rates) b. General prevalence rate of the population (cause-specific and agespecific prevalence rates) c. Specific morbidity indicators (if these data are known): general hospital morbidity (cause-specific incidence rates); general morbidity with temporary disability (cause-specific incidence rates); general occupational morbidity and injuries (cause-specific incidence rates). d. Infectious morbidity rates (measles and influenza, rubella and parotiditis, dysentery and diphtheria, tuberculosis, sexually transmitted diseases, AIDS, viral hepatitis, etc.) e. Selected chronic diseases rates (malignant neoplasm, heart and cerebrovascular diseases, chronic obstructive pulmonary diseases, mental disorders, cirrhosis, diabetes, etc.) f. Substance abuse disorders: the most common types of drug dependences, alcohol and drug addiction incidence rates; alcohol and drug abuse relating morbidity rate and death rate) g. Injuries: cause-specific and agespecific incidence rates (transport accidents, suicide and self-inflicted injuries, homicide and injuries purposely inflicted by other individuals, etc.)
- B. DISABILITY (cause-specific and age-specific incidence rates of disability, distribution of disabled persons by groups, current government programs of the assistance and support of disabled persons)
- IV.ORGANIZATION OF THE HEALTH SERVICE SYSTEM IN THE COUNTRY (information, including photographs, pictures, tables and graphs)
- A. MODEL OF A HEALTH SERVICE SYSTEM (depending on the primary sources of financing)
- -State sources of health service financing (part of charges from GNP to the health service in %; government programs; financing from social funds)
- -System of medical insurance (obligatory, voluntary, occupational, and private medical insurance)
- Private medical institutions. Paid medical services forms.
- -Other financing sources (private, profitable insurance organizations, nonprofitable organizations, etc.)
- -Relations between international organizations and health service system in the country: WHO programs; provisions of different programs (programs for eradication of malaria, probes for tuberculosis, leprosy, family planning, introduction of a telemedicine, etc.)
- -Financial problems in health service system and other disadvantages
- B. THE MANAGEMENT OF A HEALTH SERVICE SYSTEM
- -Structure of the Health Ministry
- -Number and types of medical institutions of outpatient and inpatient care, the main ways and tasks of their work
- -System of diseases surveillance

- -Sources of diseases surveillance data for all medical institutions of outpatient and inpatient care (individual and summary case reports)
- -System of diseases eradications (state and international programs)
- -Quality rating of medical aid in out-patient and in-patient medical institutions
- -Medical education (number and types of educational institutions medical schools, colleges, institutes, universities; duration of training of medical staff, family doctors, doctor's assistant and nurses; requirements to the increasing the skill level of physicians and staff nurse).
- -Medical staff (number of physicians and staff nurse; indices of provision of the population with physicians, family doctors, staff nurse and other medical staff (per 10,000 persons).
- C. ORGANIZATION OF HOSPITAL CARE TO URBAN POPULATION: kinds of the hospital medical aid; indices of provision of the population with hospital beds (per 10,000 persons), the frequency of hospitalization (per 1000 persons), the average duration of the patient stay in hospital, hospital lethality and other indicators of hospital activity.
- D. ORGANIZATION OF MEDICAL CARE TO RURAL POPULATION (types of medical institutions for outpatient and inpatient care in rural areas; the main indices of provision with medical services and medical institutions activity; disadvantages and principal problems)
- E. THE MAIN PRINCIPLES OF EMERGENCY CARE ORGANIZATION (types of medical institutions rendering the emergency care; indices of provision of the population with emergency doctors, medical assistant and staff nurse; indices of the emergency care activity, disadvantages and principal problems)
- F. THE SYSTEM OF PROTECTION OF MOTHERHOOD AND CHILDHOOD a. Legislation about the protection of motherhood and childhood in the country b. Organization of medical care to women out of pregnancy, system of family planning. c. Systems of prenatal protection of fetus, health protection of newborn, health protection of preschool and school-age children c. The basic medical institutions giving the obstetric-and-gynecological care to women (system of their organization, a range of services, ways and indicators of their activity) d. The basic types of pediatric medical institutions (main tasks and ways of work in children's polyclinic and hospital, the main indicators of their activity).

5. The content of the assessment tools of mid-term assessment

Mid-term assessment is carried out in the form of a credit

The content of the assessment tool (questions, topics of abstracts, round tables, etc.)

The bank of assessment tools for conducting current control and mid-term assessment of students in this discipline is presented on the Educational Portal of the PRMU (a link to this electronic resource): https://sdo.pimunn.net/course/view.php?id=1273

5.1 The list of control tasks and other materials necessary for the assessment of knowledge, skills and work experience (the teacher indicates only those tasks and other materials that are used within the framework of this discipline)

5.1.1. Questions for the credit in the discipline **Public health and health care**

Question	Competence code
	(according to the WPD)
1. Health, public health, prevention. Their definitions. Preventive medicine	UK-1; GPC-4, GPC -11;
- definition, goals, activities. Levels of prevention.	GPC-13; PC-5, PC-10
2. Epidemiology. Its definition. Epidemiological triangle. Uses	UK-1; GPC-4, GPC -11;
of epidemiology.	GPC-13; PC-5, PC-10
3. Demography. Characteristic of constant population: main measures in	UK-1; GPC-4, GPC -11;
Russia and your own country.	GPC-13; PC-5, PC-10
4. Vital statistics. The main standard forms for registration of vital events.	UK-1; GPC-4, GPC -11;
	GPC-13; PC-5, PC-10

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5. Study designs and research approaches: general principles of clinical research. Types of studies, purpose, study design principles. Principles used in assessing study data.	
6. Quantitative measurements: ratio, proportion, rate: formulas, examples.	UK-1; GPC-13; PC-5, PC-10
7. Picture presentations of quantitative measurements: pie chart, bar diagram (histogram), frequency polygon, spot map. Examples.	PC-10
8. Statistics: data, frequency, variable scale, distribution - definitions, characteristics, examples.	PC-10
9. Measures of central tendency: arithmetic mean, median, mode. Their definitions, characteristics, calculation.	PC-10
10. Standard error of mean: its definition, calculation, example.	UK-1; GPC-13; PC-5, PC-10
11. Morbidity: methods of study, measures, formulas, and volumes in Russia and your own country.	UK-1; GPC-4, GPC -11; GPC-13; PC-5, PC-10
12. Disability: methods of study, measures, rate volumes in Russia and your own country.	GPC-13; PC-5, PC-10
13. Sexually transmitted diseases, the rates, characteristics, measures of prevention.	GPC-13; PC-5, PC-10
14. Tuberculosis as an important medico - social problem: volume of rates, risk factors, measures of prevention.	GPC-13; PC-5, PC-10
15. Cardiovascular diseases as an important medico - social problem: the rates, risk factors, measures of prevention.	UK-1; GPC-4, GPC -11; GPC-13; PC-5, PC-10
16. Cancer as an important medico - social problem: the rates, risk factors, measures of prevention.17. Mental illnesses and alcoholism and psychoactive abuse as an	GPC-13; PC-5, PC-10
important medico - social problem: the volume of rates, risk-factors, measures of prevention.	
18. Organization of out-patient care to urban population. Classification of dental out-patients' clinic, their tasks.	GPC-12; GPC-13; PC-5, PC-8, PC-10
19. Dental municipal polyclinic, its functions, ways of work, structure, the main parameters of activity.	GPC-12; GPC-13; PC-5, PC-8, PC-10
20. The organization of in-patient aid to urban population. The main aspects of work and structure of a hospital.	GPC-12; GPC-13; PC-5, PC-8, PC-10
21. Organization of hospital care to patients with maxillofacial diseases and injuries. The main parameters of quality and efficiency of oral surgery.	
22. Basic types of pediatric medical institutions. Main tasks and ways of work in children's polyclinic, parameters of its activity. Organization of dental health service to children.	UK-1; GPC-4, GPC -11; GPC-12; GPC-13; PC-5, PC-8, PC-10
23. Basic medical institutions giving the obstetric-and-gynecological care to urban women. Main tasks and ways of work in	UK-1; GPC-4, GPC -11;
female consultation, structure and parameters of its activity. Organization of dental health service to pregnant women.	PC-8, PC-10
24. General principles of emergency care organization in Russia and in foreign countries. The basic types of establishments rendering urgent	GPC-12; GPC-13; PC-5,
and first medical aid, the main parameters of their activity. The specificity of organization of emergency dental care to urban and rural	
population.25. Prevention of diseases: kinds and levels. Hygienic education.	UK-1; GPC-4, GPC -11;

Means and methods of hygienic education.	GPC-12; GPC-13; PC-5,
	PC-8, PC-10
26. Prevention of dental diseases, organization of regular medical	UK-1; GPC-4, GPC -11;
check-up. Dispensary method in dental out-patients' clinic.	GPC-12; GPC-13; PC-5,
	PC-8, PC-10

6. Criteria for evaluating learning outcomes

For the credit

Looming outcomes	Evaluation criteria		
Learning outcomes	Not passed	Passed	
Completeness of knowledge	The level of knowledge is below the minimum requirements. There were bad mistakes.	The level of knowledge in the volume corresponding to the training program. Minor mistakes may be made	
Availability of skills	Basic skills are not demonstrated when solving standard tasks. There were bad mistakes.	Basic skills are demonstrated. Typical tasks have been solved, all tasks have been completed. Minor mistakes may be made.	
Availability of skills (possession of experience)	Basic skills are not demonstrated when solving standard tasks. There were bad mistakes.	Basic skills in solving standard tasks are demonstrated. Minor mistakes may be made.	
Motivation (personal attitude)	Educational activity and motivation are poorly expressed, there is no willingness to solve the tasks qualitatively	Educational activity and motivation are manifested, readiness to perform assigned tasks is demonstrated.	
Characteristics of competence formation*	The competence is not fully formed. The available knowledge and skills are not enough to solve practical (professional) tasks. Repeated training is required	The competence developed meets the requirements. The available knowledge, skills and motivation are generally sufficient to solve practical (professional) tasks.	
The level of competence formation*	Low	Medium/High	

For testing:

Mark "5" (Excellent) - points (100-90%)

Mark"4" (Good) - points (89-80%)

Mark "3" (Satisfactory) - points (79-70%)

Less than 70% – Unsatisfactory – Mark "2"

Developer(s):

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