



ISSN: 2277- 7695
TPI 2015; 4(7): 27-29
© 2015 TPI
www.thepharmajournal.com
Received: 17-07-2015
Accepted: 19-08-2015

Slabkiy GO
Department of Public Health,
Uzhgorod National University,
Uzhgorod, Ukraine

Znamenska MA
Department of Ophthalmology,
National Medical Academy of
Postgraduate Education, Kyiv,
Ukraine

Methodological approaches to communicative activity of family doctors

Slabkiy GO, Znamenska MA

Abstract

Complex model of family doctor's communicative activity presented determines the tasks and functions, the level, object and instrument of impact, the forms of realization, the necessary resources, monitoring and estimation. Introduction of innovations proposed will give possibility to provide all the categories of population and separate groups of communicative influence with complex information about primary medical aid that will ensure effective activity of primary level of medical aid and increase the effectiveness of prophylactic work.

Keywords: family doctors, communicative activity, methodological approaches.

1. Introduction

The development of primary medical-and-sanitary aid on the base of family medicine [3, 4] is given priority in the course of reforming health service system in Ukraine [1, 2]. Family doctors are recognized as the doctors of primary contact of a patient with health service system [5, 6] and their functions are defined by competencies [7]. Taking into account the competence of family doctors extremely important place in their practice belongs to communicative activities.

Goal of study: to substantiate and develop functional-and-organizational model of family doctor's communicative activities.

2. Methods of study: bibliosemantic, conceptual modeling, structural-and-logical analysis, systemic approach.

3. Results of study and discussion: The developed methodological approaches to communicative activity of family doctor include

- the existing elements of communicative activity of family doctor in the system of health service that are related to effective work of primary medical-and-sanitary aid;
- the existing components but partly changed due to their functional optimization (the object of impact, forms of realization, instrument of impact).

Structural base of the model is composed by available resources of health service system. Its introduction does not require considerable additional financial resources.

Strategic direction of the model of family doctors' communicative activity is to ensure all categories of the population with comprehensive and objective information on primary medical-and-sanitary care.

The tactical direction of the model consists in informing all target groups of population, which caters to family physician in all matters related to provision of primary health care.

The proposed integrated model of family doctors' communicative activities defines the tasks and functions, the level of the object, the instrument of impact, forms of implementation, the necessary resources, monitoring and assessment.

Tasks and functions: of family physicians with a communicative activity are different and they can be divided into organizational, administrative, preventive and therapeutic ones.

Principal functions in the frames of model proposed are the following:

- advocating among the persons who take decisions, including the heads of local governments, members of local parliaments, heads of the Center of primary medical care and institutions related to the decision of problematic points of organizing primary medical aid to population;

Correspondence:
Slabkiy GO
Department of Public Health,
Uzhgorod National University,
Uzhgorod, Ukraine

- deciding the problems of commercial activity and providing family ambulatories with facilities, medical devices, drugs in required quantity;
- informing population on prevention of infectious and non-infectious diseases and the fundamentals of healthy lifestyle;
- forming at population responsible attitude towards personal health and personal health priority;
- forming the commitment of patients with chronic diseases to doctor's appointments and implementation of prophylactic medical examination;
- teaching the members of families in which disabled persons and patients with chronic diseases live the fundamentals of care and tactics of actions when worsening state happens;
- informing population about the necessity of medical aid in acute state in the frames of therapeutic window and the place of receiving the necessary care.

Level: Collective, family and individual levels of communicative impact are defined in family doctor's activity. The level of communicative activity depends on the tasks that family doctor is to solve by the method of communicative impact.

Subject of impact: Family doctors and nurses act as the subject of impact in proposed model. It is important to note that they are not taught this type of activity either on graduate or on postgraduate level of studies. Therefore it is necessary to introduce special courses of thematic training in this direction of activity at institutions of postgraduate education.

Object of impact: Healthy persons who have risk factors of the development of a disease, persons having acute and chronic diseases and the members of their families are the main object of prophylactic and therapeutic communicative impact. The members of organized groups such as educational institutions, organizations, establishments and enterprises with different forms of ownership, heads of non-governmental organizations in healthcare system, volunteers are the special object of communicative impact.

In deciding the problems of medical aid to population at higher levels family doctor establishes communications with the heads of health care institutions of secondary level and urgent medical aid, head specialists in the fields corresponding to patient's disease, the employees of the departments in health service system.

In inter-sectional terms the employees of local governments, centers of social protection, heads of organizations, institutions, enterprises, social services, Church are the object of communicative impact.

Forms of implementation: The adoption of decisions on the issues of effective activity of primary medical care and also maintenance and control of their realization are administrative forms of determined functions and tasks implementation. Individual and family consulting provided by family health workers; presentations for schoolchildren and students during mass sports and cultural events and also in the course of educational process; *prihožanam* during Church services and *spovidej*, as well as the spread of information through mass media, etc. are the organizational forms of functions and tasks implementation.

For more effective communicative impact on certain target

groups family doctor should organize the activities of the "Health School" with special classes and trainings.

Resources: Definite resources are necessary for realizing the determined tasks and functions. They consist in: training of family doctors and nurses in the use of contemporary methods of communications in professional activity; providing accessibility of consultative aid including anonymous for what the part of working time should be anticipated on normative level; presence of informative materials the content and presentation of which should match different target groups of informational impact.

Instrument of impact: Instruments of impact depend on objectives, levels of impact, the subject of impact and the form of objectives implementation.

Deciding the organizational tasks family doctor conducts advocacy in addressing problematic issues of providing primary medical care to population.

In the decision of preventive tasks informing population on the ways of prophylaxis and training tactics in case of sickness are the instrument of impact.

Monitoring and evaluation: Monitoring and evaluation of the effectiveness of proposed model is carried out via indicators of structure, process and results. We propose the below listed indicators.

Indicators of the structure

1. Presence of informational materials.
2. Involving family doctors and nurses into training
3. Organizing the "Health Schools".

Indicators of the process

1. Administrative and management decisions with liquidation of problems in organizing primary medical aid.
2. Share of population involved by prophylactic measures.
3. Share of sick persons and the members of their families who are trained the tactics at sharpening of sickness or appearance of complications.

Indicators of the result

1. Increase of the level of satisfaction with primary medical care.
2. Increase in the share of population that got rid of bad habits.
3. Increase in the share of population that lead healthy way of life.
4. Increase in the share of patients who come for medical aid in the frames of therapeutic window.

5. Conclusion: Introduction of innovations proposed will provide all categories of population and separate groups of communicative impact with comprehensive information on primary medical assistance that will ensure the effective activity of primary level of health care and increase the effectiveness of preventive work.

5. References

1. Лехан ВМ, Слабкий ГО, Шевченко МВ. Стратегія розвитку системи охорони здоров'я: український вимір. К., [in Ukrainian], 2009, 50.
2. Наказ МОЗ України від «Про затвердження примірних етапів реформування первинного та вторинного рівнів

- надання медичної допомоги». [in Ukrainian], 30, 08, 2010, 735.
3. Оптимізація первинної медико-санітарної допомоги населенню України : метод. рекомендації. К., [in Ukrainian], 2010, 25.
 4. Реформування галузі охорони здоров'я: Вінницька, Донецька, Дніпропетровська, Одеська, Полтавська області, м.Київ. Результати, проблеми, шляхи вирішення. К.: МОЗ України, ДУ «Український інститут стратегічних досліджень МОЗ України», Міжрегіональний видавничий центр «Медінформ», [in Ukrainian], 2014, 207.
 5. Аніщенко ОВ, Моїсеєнко РО, Толстанов ОК. Позитивний досвід реформування галузі охорони здоров'я регіонів. К, 2011, 149.
 6. Наказ МОЗ України від «Про Порядок вибору лікаря, що надає первинну медичну допомогу». [in Ukrainian], 28, 07, 2011, 443
 7. Матюха ЛФ, Гойда НГ, Слабкий ВГ, Олійник МА. Науково обґрунтовані підходи до кваліфікаційної характеристики лікаря загальної практики-сімейного лікаря з позиції компетентнісного підходу (методичні рекомендації).Київ, [in Ukrainian], 2010, 27.