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DEPARTMENT OF PUBLIC HEALTH AND HUMANITARIAN DISCIPLINES

« SOCIAL MEDICINE, PUBLIC HEALTH. MODULE III »

METHODICAL RECOMMENDATIONS FOR PREPARATION TO PRACTICAL CLASSES FOR FOREIGN STUDENTS IV YEAR OF STUDY OF THE MEDICAL FACULTY №2

Authors:
prof. Pogorilyak R. Yu.
as. Ladani S.A.
as. Feger O.V.
as. Turok A.V.

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The methodical recommendations provide educational and methodical material for the preparation and conduct of practical classes on the subject «Social Medicine, Public Health» for IV year students of the Medical Faculty №2, which corresponds to the requirements of the educational qualification level «Master» qualification «Doctor» in higher educational institutions of III-IV levels of accreditation of Ukraine, as well as the requirements of the Regulations on state certification of Ukraine's higher medical educational institutions graduates. These guidelines consider the general principles of social medicine in Ukraine and other countries in the framework of Module II in the discipline of Social Medicine, Public Health.

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Reviewers:

- Doctor of Medicine (D.M.), full professor **V.V. Kaliy** – dean of the medical faulty №2, SHEE "UzhNU"

- Doctor of Medicine (D.M.), full professor **I.M.Rogach** – head of the department of social medicine and hygiene of the medical faculty, SHEE "UzhNU"

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INTRODUCTION

According to the World Health Organization (WHO), health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Public health includes: health protection, disease prevention and health promotion. Simply put, public health is the prevention of disease, injury, disability and life expectancy, provided that a healthy lifestyle is maintained in a healthy environment and living conditions for present and future generations.

When we talk about public health, it is primarily about preventing disease, increasing life expectancy and promoting health through the organized efforts of society. So public health is a collective responsibility.

Public health is about health first and only then about treatment. Controlling the condition of your body is much cheaper and more useful than treating it. So, the focus of our attention is a person as such and a person as a member of society.

It should be clearly understood that accessibility and quality are strategic goals and key concepts in the organization of medical care for the population, regardless of its economic and social status, place of residence, gender and age. The country's health care system faces a key challenge - to provide the most efficient medical care for the population with the existing resources and to achieve the highest possible level of medical care and medical services.

In order to increase the level of training of future specialists in the field of health care, the presented methodological recommendations were made within the framework of Module III.

TOPIC 1. MATERNITY AND CHILDHOOD PROTECTION

Scientific aim:
To awareness of the importance of maternal and childhood health protection in improving health of the nation, including reproductive health of men and women, providing legal measures to promote healthy nation. Explain about structure of maternal and childhood health care, prospects for improvement and introduction of new technologies.

To know:

- Complex of measures for improving health of women and children;
- Reproductive health and children`s health condition depending on the influence of different factors;
- Organization of obstetric-gynecological care.

To be able to:

- Conduct an evaluation of the provision of medical assistance to pregnant women and women in childbirth.
- Evaluate the performance of maternity welfare centers and maternity hospitals.

Questions to prepare:

1. Medical-social aspects of maternity and childhood protection system.
2. Health care protection system after mother and child.
3. Reproductive health.
4. Organization of obstetric and gynecological care.
5. Outpatient obstetric and gynecological care.
6. Inpatient obstetric and gynecological care.

Materials for self-preparation:

Medical and social significance of health care of mother and child is determined by its leading role in maintaining and improving health, reducing maternal and infant mortality, education of healthy and harmoniously developed generation.

Health care of mother and child - a set of public, social and medical measures aimed on improving the health of women and child, improve the demographic situation, to ensure the full development of healthy teenagers and children.

Purpose of mother and child health care system:

- improving the health of children and mother,
- including reproductive one;
- the organization of more accessible and less costly qualified health care personnel of mother and children;
- prevention of unwanted pregnancies;
- reduction maternal and infant mortality;

- prevention of diseases, sexually transmitted diseases;
- promoting healthy lifestyles;
- family planning.

The task of the mother and child health system:

- social defense of family, mother and child;
- address principles of social care;
- development of medical establishments;
- reorganization of the current system of health care;
- predelivery care about baby with participation of health protection establishments and other services;
- usage of modern effective medical technologies;
- prevention of infectious diseases;
- forming of healthy way of life;

Basic elements of state system of maternity and childhood protection

- civil rights of mother and child guarantees;
- labour protection of women and teenagers;
- social insurance of expectant and current mothers;
- financial and moral support of maternity and childhood;
- public education and studies of children and teenagers;
- medical & preventive care for women and children;
-

An important issue in the system of maternity and childhood is **reproductive health.**

The problem of reproductive health - is a problem all over the world. It is important for individuals, families and also for socio-economic development the state.

Reproductive health (RH) - a state of complete physical, mental and social well-being and not merely the absence of disease of the reproductive system or violation of its functions.

Medical aspects of RH:

- possibility to become pregnant in a favorable period;
- possibility to carry and give birth to a healthy child.

Component parts of RH:

- physical and sexual development of parents;
- gynecological and somatic morbidity sterility;
- complication of pregnancy and births;
- abortions;
- maternal death rate;
- infant mortality;
- perinatal mortality.

Basic principles of WHO strategy in relation to RH care:

- strengthening of health of women and men (including reproductive health) by organization of the proper primary medical assistance, and also services of reproductive health (family planning center etc);
- creation of safe work and life conditions;
- development of policy and support of programs of implementation men and women duties of parents;
- providing safe maternity conditions and responsible paternity.

Medical factors affecting reproductive health are:

- infections, sexually transmitted and HIV / AIDS;
- increased cancer incidence;
- insufficient and bad quality of preventive examinations of women;
- artificial interruption of pregnancy (especially during the first pregnancy and young age);
- insufficient effectiveness of care in maternity institutions;
- late admissions of persons with congenital and hereditary pathology and lack adequate provision of medical and genetic assistance.

5 main aspects of protection of reproductive health:

1. Improved prenatal, labor and postpartum care and newborn care.
2. Providing high quality services in the field of family planning.
3. Elimination of unsafe abortions.
4. The fight against infections, sexually transmitted diseases, including HIV.
5. Strengthening sexual health.

Health protection stages of mother and child:

1. To prepare the future mother to maternity.
2. Complex of measures on antenatal protection of fetus, which is done in specialized obstetrical-gynecological institutions, health-resorts for pregnant women.
3. Intranatal protection of the fetus – rational conduction of labors and other specialized medical care in maternity hospitals or medical institutions;
4. Treatment of the newborn in the departments of newborn in maternity hospitals and child hospitals.
5. Health protection of the children of pre-school age, prophylactic measures.
6. Health protection of the children of school age.

Maternity & childhood health care measures

- organization of network of women medico-genetic consultations, maternity hospitals, sanatoriums and rest homes for pregnant and mothers with children, child's establishments;
- denial of labour of women on the insalubrious productions;
- improvement and making healthy of conditions of labour and life;

- grant of vacation because of pregnancy, births and care of child of early age, with social insurance payments;
- financial help at birth of child and in the care of sick child;
- development of health establishments network.

Establishments, which provide obstetric & ginecological care

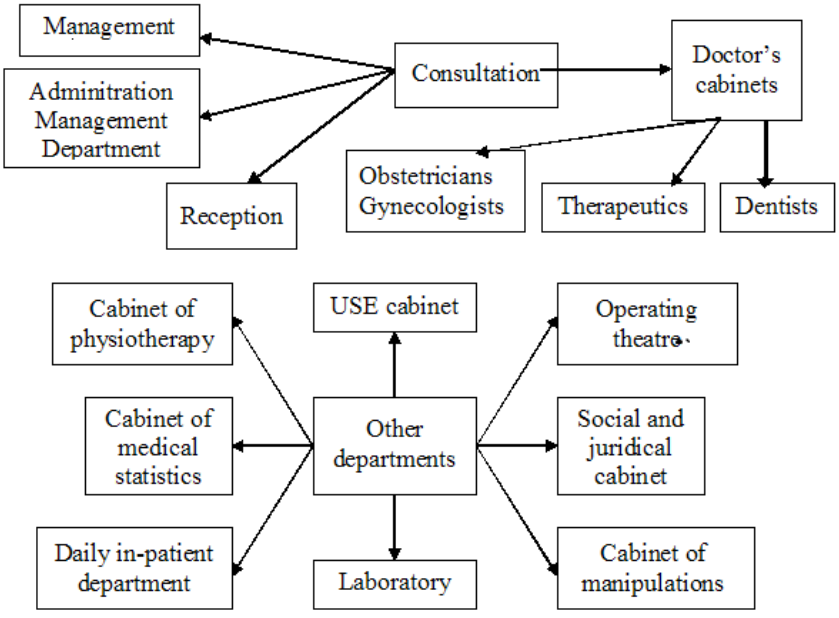
1. Maternity hospital
2. Hospital
3. Polyclinic
4. Mau (medical ambulance unit)
5. Consultation "marriage and family"
6. Medical genetic consultation (centre)
7. Feldsher and midwife aid post (fmap)
8. Perinatal center
9. Family planning and women reproduction center

Women consultation (Maternity welfare center) - is an institution, created for providing outpatient obstetric-gynecologic medical care for population.

Main task:

- Render social and juridical help to women;
- Treatment and prophylactic help during pregnancy and after labour (postdelivery period);
- Reduce maternity and prenatal death rate;
- Reduce interrupted pregnancy;
- Treat gynecological diseases;
- Prepare pregnant women for laboring;
- Reduce cases of abortion.

Structure of women consultation



Principle of works

Women consultation work on basis of: **territorial-district principle**

District principle allows the obstetrician-gynecologist to have permanent connection with the local therapeutic, therapeutics of the women consultation and other specialists.

Staff:

- One obstetrical-gynecological district includes 3,300 women of all ages older than 15 years.
- Therapeutist: 1 place per 60,000 of female population.
- Dentist: 1 place per 100,000 adult female population.

Organization of consultations for pregnant women

During the first visit of a pregnant woman to a woman's consultation, the obstetrician fill the "Individual card for pregnant women".

Consist of:

- passport data
- data of the common examination of a woman

During the normal pregnancy woman must visits the consultation:

- 1 time per month (during first half of pregnancy)
- 2 times per month (during second half)
- 3-4 times per month (after the 32 weeks) of pregnancy

Pregnant woman at average need to visit the consultation 13-15 times.

Laboratory examinations of the pregnant woman in the consultation:

- Blood analysis 3-4 times during whole period of pregnancy, blood group.
- Urine analysis during each visit to the consultation (12-13 times). In first half of pregnancy - during each visiting; in second half of pregnancy - three times a month.
- Wasserman test twice (before 30 weeks).
- Ultrasound examination (before 28 weeks). On the 9th -11th week of pregnancy and on the 16nd-21th week of pregnancy.
- Examination of AIDS- twice during the pregnancy.
- Medical-genetic examination by indications.

Observation of pregnant women by different specialist:

- obstetrician-gynecologist by plan;
- therapist: twice, including the first examination before 12 weeks;
- dentist, otolaryngologist, ophthalmologist (1 time during pregnancy);
- other doctors-experts under indications.

Women consultation organizes so-called "mother school" (from 16 weeks of pregnancy) and from 34-35 weeks of pregnancy is carried out classes on psychoprophylactic for the labor (5-6 trainings on the special program).

Women with gestational age 12-32 weeks can be sent to a sanatorium,resort-profilaktorium.

In some cases, there is a need in the prevention and diagnosis of certain hereditary and congenital anomalies of the fetus. Pregnant directed to one of the levels of medical genetic care.

In the women's consultation at the end of pregnancy for each pregnant woman fill the "Exchange card", which contains all the basic information about pregnancy.

With this card pregnant woman gets into inpatient department of maternity hospital.

- In the postpartum period women need careful supervision of medical staff.
- A woman should visit the obstetrician-gynecologist at least 2-3 weeks after labor, second time in case of the normal course of post-partum period in 4-5 weeks. Patients, who did not visit a doctor after delivery, should be serviced at home.

Standards (criteria) for assessing the health status of pregnant women:

- presence or absence of an obstetric and extragenital pathology;
- its belonging to this or that risk group of perinatal pathologies;
- physical development of the pregnant woman;
- a functional condition of the basic systems of its organism;
- a physical and functional condition of a fetus.

Dispensary supervision in women consultation:

Gynecological part

- those who are often ill with acute processes;
- patients with erosions and polyps of uterus neck;
- patients with tumours;
- patients after surgery;
- with violations of menstrual cycle;

Obstetric part

- healthy women in pre- and postdelivery period;
- pregnant with obstetric pathology;
- pregnant with others pathologies;

Groups of dynamic supervision after pregnant:

- I group (D1 –healthy) –pregnant without any diseases and absent of perinatal and maternity pathology risk factors
- II group (D2 –practically healthy) –pregnant without any diseases, summary value of perinatal and maternity pathology risk factors is low (0-2 points)
- III group (D3 –sick) –pregnant with diagnosed disease or obstetric pathology, summary value of perinatal and maternity pathology risk factors is high or extremely high.

Main quality indices of the activity of women consultation:

1) Timely holding pregnant women on count in women consultation (early <12 weeks, late>12 weeks).
2) Completeness of examination of pregnant women.
3) Results of the pregnancy is determined by the correlation between labors and aborts.
4) The percent of labors, happened before normal time.
5) Frequency of mistakes in determining the time of labor.

Woman consultation activity indicators

1. Completeness of pregnant coverage with medical observation:

No. of pregnant women under observation this year * 100 / No. of pregnant women who had labor this year

a) Early coverage:

No. of pregnant women registered before 12 weeks * 100 / Total no. of pregnant women registered this year

b) Late coverage:

No. of pregnant women registered after 28 weeks * 100 / The total no. of pregnant women registered this year.

2. Frequency of inspection therapist women whose pregnancy ended:

Number of pregnant women surveyed therapist * 100 number of women whose pregnancies ended in abortion or childbirth

3. Timely screening of pregnant women therapist:

number of pregnant women surveyed therapist to 12 weeks of gestation * 100 / number of women, whose pregnancies ended in abortion or childbirth

4. Incidence of extragenital diseases:

number of cases in pregnant women from cardiovascular diseases, anemia,etc. * 100 / number of women whose pregnancies ended in abortion or childbirth

5. Frequency of late toxicosis:

number of late toxicosis * 100 / number of women whose pregnancies ended in abortion or childbirth

6. Proportion of normal deliveries:

number of normal births * 100 / total number of births

7. Completeness of pregnant examination

a) coverage of pregnant women with Rh test * 100 / no. of pregnant women who completed a pregnancy this year (labor + abortion)

b) frequency of women visits to the consultation before(after) labor that had labor this year * 100 / no. of women who had labor among registered this year.

8. Outcomes of pregnancy are determined by the ratio of labors and abortions:

No. of women with labor (in term and premature) * 100 / Total no. of women (labors + abortions)
No. of women with premature labor * 100 / No. of women with labor (in term and premature)

9. Wrong establishment of pregnancy duration b consultation:

No. of women with labor before established term in 5 days or more * 100 / No. of women given birth with prelabour leave

Obstetric and gynecological department activity indicators

10.Use of bed

Average number of bed days conducted by pregnant women, patients * 100 / Average number of beds

11. Turnover of bed

No. of women passed through the department * 100 / Average number of beds

12. The frequency of pain relief in labor:

No. of labors with psychoprophylaxis and anesthetic medication * 100 / Total no. of births

TOPIC 2. THE ORGANIZATION OF THE MATERNITY HOSPITAL

Scientific aim:
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To know:
- Complex of measures for improving health of women and children;
- Reproductive health and children`s health condition depending on the influence of different factors;
- Organization of obstetric-gynecological care.

To be able to:
- Conduct an evaluation of the provision of medical assistance to pregnant women and women in childbirth.
- Evaluate the performance of maternity welfare centers and maternity hospitals.

Questions to prepare:
1. Maternity hospital: definition, main tasks, structure.
2. Basic qualitative indicators of maternity home.
3. Perinatal center: tasks, structure.
4. Family planning: aim, structure.

Materials for self-preparation:

Maternity hospital
The most important institution which provide in-patient obstetric-gynecologic medical care for women is maternity hospital.

The main task of maternity hospital:
1. providing specialized care for woman during pregnancy, childbirth and the post-delivery period;
2. providing medical care for newborn;
3. treatment of woman with gynecological diseases;
4. to analyze the reasons of obstetrical and extra-genital complications in pregnant and non-pregnant women.

Structure of the maternity hospital
1. reception;
2. physiological obstetric unit (for healthy pregnant women);
3. observational obstetric unit (for infectious patients, etc);
4. unit of pathology of pregnancy (for pregnant women with extragenital pathology, etc);

5. department of newborn;
6. gynecological unit (for gynecologic patients).

Each <u>obstetric unit includes</u> the following structural elements:

- labor unit, postnatal wards and wards for newborn.

The labor unit consists on:

1. before labor room
2. labor room
3. wards for newborn
4. insulator for seriously ill women
5. large and small operation rooms

Maternity hospital is also classified by number of beds into 5 categories:

- 300 beds,
- 200 beds,
- 100 beds,
- 80 beds,
- 60 beds.

Basic qualitative indicators of maternity home

1. Maternal death rate
2. Perinatal death rate
3. Morbidity of newborns
4. Frequency of postpartum complications
5. Frequency of anesthesia during labors.

1. Maternity death rate:

Number of women, died from the beginning of pregnancy, women in and after labors during 42 days after pregnancy *10 000 / Number of alive newborns for a period of time (month, year, etc)

2. Perinatal death rate:

Number of infants, who born dead + number of children, who dead during in the first 7 days of life * 1000 / Number of all newborns (dead and alive)

Tasks of perinatal center

- a stationary care woman;
- pregnant, new-born in obedience to the proper norm's consultation;
- diagnostic, prophylactic and medical help pregnant with obstetric and other pathology with high and very high-risk degrees;
- proper childbirth of pregnant high and very high-risk degrees;
- grant of medicare to sick and unmatured new-born, leadthrough of rehabilitation measures.

Structure of perinatal center

- consultation diagnosis unit–women consultation with specialized cabinets;
- obstetric and gynecological unit with parts: reception, childbirth, gynecology, anesthesiology with intensive therapy places, blood transfusion, and also with the brigade of the first obstetric and gynecological aid;
- neonatal unit – with parts: neonatal care and treatment, intensive therapy, new-born pathology with separate wards for infectious patients, surgical help, with the ambulance brigade for the first neonatology aid;
- laboratory;
- another unit.

Aim of family planning (according to WHO)

- prevention of undesired pregnancy;
- possible regulations of birth day;
- independent determination of the children's amount by the family;
- birth of the desired healthy children;
- sexually transmitted diseases (STD) prevention.

Structure of family planning and reproduction center

- treatment & diagnostic unit with the specialized cabinets (child's and juvenile gynecology, pathology of reproduction and climacteric periods, sterile marriage, pathologic pregnancy, contraception);
- genetic consultation with medico-genetic laboratory;
- department of psychological family consultation with the sexologist and andrologist, psychologist, lawyer rooms;
- hospital (endoscope diagnostic and therapy unit);
- organizational cabinet;
- laboratory.

TOPIC 3. THE ORGANIZATION OF CHILDREN′S HOSPITAL

Scientific aim:
To access to the tasks of medical care for children and the principles, organization of the provision of medical services in primary medical care establishments, children polyclinics and hospitals.

To know:

- Task, structure, content and organization of operation of the policlinic, hospital and their main departments.

To be able to:

- Provide an expert assessment of dispensary supervision after first year children`s health;
- Calculate and analyze performance indicators of the polyclinic and hospital;
- Develop measures to improve the operation of the polyclinic and hospital.

Questions to prepare:

1.Stages of health care for children.
2. Children`s health groups.
3. Organization of ambulatory-polyclinical and hospital care for children, establishments at different levels, their structure, task, following functions and performance indicators.
4. Individual preparing measures for children for admission to pre-school institutions.
5. Periodicity of preventive medical check-ups of the pupils (students).

Materials for self-preparation:

Stages of health care for children

- antenatal children protection;
- intranatal children protection;
- medical and prophylactic:
    - to the new-born;
    - to the children of preschool age;
    - to the children of school age.

The basic principles of medical care for children in Ukraine

1. Available and free medical care for children.
2. Combination of medicinal and preventive measures.
3. The main method of preventive services for children is medical examination.
4. Stages and continuity of medical care.
5. District service
6. The introduction of new methods of diagnostics and treatment.

The main types of health care facilities carrying out outpatient and inpatient medical care for children are:

- institutions of primary health care,
- pediatric (children) polyclinics,
- children's hospital.

Basic principles of outpatient care for children:

- free of charge, systematic, qualified, accessible medical, medical assistant's, sisterly supervising by healthy children;
- primary and secondary prophylactic of diseases;
- early diagnostic and timely treatment of sick children;
- rehabilitation of sick;
- sanitary and educational work on the education of a healthy child, providing of it normal physical and psychical development.

Children's policlinic provides:

1. Organization and implementation of comprehensive preventive measures:
   - conducting of preventive examination and medical dispanserization;
   - conducting of prophylactic vaccination;
   - conducting of lessons with young parents.
2. Medical and consultative care for children in policlinic and at home, and also:
   - sending for treatment to the inpatient department;
   - sending to rehabilitation;
   - selection to the specialized children establishments;
   - medical and prophylactic work in the children's preschool establishments and schools against epidemic measures;

The structure of children's polyclinic

- management;
- registry;
- filter (examination of skin and faces of children, etc.)
- cabinets:
  a. pediatricians and other specialists;
  b. infectious diseases;
  c. vaccinations;
  d. isolation ward with boxes
  e. healthy child;
  f. teenager;
- therapeutic and diagnostic rooms;
- preschool – school department;
- daytime hospital (day hospital).

Tasks of healthy child cabinet

- propaganda of healthy way of life;

- training of parents by the questions of the regime, feeding, physical training, tempering, baby care;
- sanitary education, disease prevention and deviance in children's development.

Functions of the vaccination cabinet

- planning of vaccinations together with pediatrician;
- organization of prophylactic vaccinations;
- performance of immunological reactions;
- control after the lead of vaccinations in children's preschool establishments;
- organization and implementation of training for medical staff;
- deciding about the vaccination conditions for children with contraindications.

Individual preparation of children before the entrance in to the preschool and school

- **Work with parents** – communication of child with other children and adult, maximal approaching of the home regime to the preschool regime.
- **Conducting of health measures courses** – for children, which fall behind in physical and psychical development, have a rachitic, anemia.
- **Consultations of psychoneurologist and other specialists**- for the children of the risk groups.
- **Completing of vaccination** – not later as a month before an entrance in to preschool and school

Duties of preschool doctor

- rational feeding of the child;
- organizational work for physical education and health training;
- providing correct regime of day considering age and individual features of child;
- control of the microclimate;
- organization of medico-hygienically training among children, parents, establishment personal;
- analyses of the children health state.

Duties of school physicians

- Control after organization of feeding;
- Prophylaxis of traumatism;
- Organization of medical examinations;
- Professional orientation;
- Antiepidemic measures;
- Supervision by dispensary group;
- Organization of medico-hygienic training among children, parents, establishment personal;
- Analyses of the children health state.

The main tasks of children's polyclinic

- organization and implementation of comprehensive preventive measures;
- clinical and consulting care to children in the clinic and at home;
- antiepidemic measures;
- clinical work in children garden and schools;
- organizational and methodical work.

Organization and implementation of comprehensive preventive measures

- antenatal fetal protection;
- preventive examinations of children;
- clinical supervision in accordance with health groups;
- immunizations according to the vaccination calendar;
- sanitary-educational work among parents and children,
- promotion of healthy lifestyle.

Clinical and consulting care to children in the clinic and at home

- to provide qualified medical care in the policlinic and at home;
- referral of children for treatment to hospitals;
- selected children for treatment and education in special preschool and school institutions;
- the dynamic health surveillance;

Antiepidemic measures:

- early detection of children with infectious diseases;
- timely isolation of patients and timely referral to SES;
- observation of children who have been in contact with patients and convalescents;
- planning for immunization.

Medical examination as the main method of the child population service.
Medical examination of the **healthy children** is realized under the age principle.

All children must be examined:

1) from birth to age 3,
2) at the age of 6-7 before starting school,
3) high school students before graduation.

Medical examination of children

1) Prenatal nursing: the relationship of pediatrician with women consultation
2) A pediatrician visits newborn for the first 3 days after discharge from maternity home, take children in the polyclinic, provides a dynamic observation of dispensary children and visits sick children at home.
3) Preventive monitoring of healthy children.
   - for the 1- st year of life - monthly;
   - 2 year - 4 times a year;

- 3 year - 2 times per year;
- 4 years and older - at least 1 time per year.

Criteria for a comprehensive assessment of the health of children:

- functional state of organs and systems;
- resistance and reactivity of organism;
- level and harmony of physical and psycho-neurological development;
- presence or absence of chronic (including congenital) pathology.

Children's health groups:

- **I group** - is healthy children.
- **II group** – practically healthy children – children with a risk of chronic pathology and those, who are often (4 and more times a year) ill.
- **III, IV and V groups** - are patients with chronic pathology in the stage of compensation, subcompensation and decompensation.

Inpatient care for children is provided by:

- children's hospitals (district, city);
- medico-diagnostic centers for children (cardiologic, rehabilitation treatment);
- children's departments of national and regional medical centers;
- children's departments of territorial hospitals.

Structure of children's hospital

1. reception
2. medical departments:
    - somatic (for children to age 1; from1 to 3; from 3 to 5);
    - specialized (surgery, neurology etc.)
3. Other departments:
    - laboratory – diagnostic;
    - medical and sub-office;
    - statistical department.

The main document in children's hospital is **"Child development history".**

Children's hospital

Tasks of a united children's hospital.

- Preventive/medical measures
- Rendering qualified and specialized medical aid to children
- Cooperation of polyclinic and hospital
- Organizing preventive measures aimed at decrease of sickness rate, disablement, death rate
- Organizing clinical examination of child population
- Sanitary-educational work

- Introducing updated methods of diagnostics and treatment
- Systematic analysis of sickness rate
- Raising the level of professional skills for doctors and nurses.

Analysis of the data presented in the statement of medical care to children (№ 31 health), to determine:

- coverage of antenatal patronage (%);
- coverage of newborn medical observation in the first 2 days after discharge from the hospital (%);
- regularity or continuity of medical supervision of children under the age of 1 year (%);
- Incidence (morbidity) of children (%) ;
- the proportion of children who were breast fed separately to the three and six months (%);
- frequency of pathology identified in preventive examinations (%);
- indicator of the effectiveness of prophylactic medical examination of children (number of children who had relapses) (%).

Indices of activity of united municipal child hospital

1. Pre-birth attendance
2. Early attendance of a new-born child by a physician and a nurse
3. Percentage of clinical examination
4. Frequency index of artificially fed children under 1 year
5. Frequency index of rachitis of 1st-2nd stage to the end of the first year of life
6. Percentage of children under 1 year with hypotrophy of 2nd-3rd stage
7. Structure of sickness rate
8. Hospital death rate
9. Average annual bed occupation
10. Frequency of intra-hospital infection
11. Percentage of discrepancy in clinical and patho-anatomic diagnoses

Functional responsibilities of physicians at pre-school and school institutions.

1. Control after observing sanitary routine.
2. Rendering medical aid
3. Systematic attendance after child physical and neuro-psychical development.
4. Conducting preventive vaccinations.
5. Routine specialized examinations, clinical examinations.
6. Prophylaxis of infectious diseases
7. Medical enlightenment of children, teachers, parents.
8. Distributing children into health and physical groups.
9. Analysis of sickness rate.

TOPIC 4. EXPERTISE OF TEMPORARY DISABILITY

Scientific aim:
To define and characterize medical expertise of disability. To learn about the basics of the organization of disability.

To know:

- Changes, which have happened in methodic and organization of expertise of disability in recent years;
- Reasons of invalidity, which are associated with working conditions, environmental degradation.

To be able to:

- Determine the method of medical-social expertise of temporary and permanent disability, evaluation criteria, experts, who participate in it.

Questions to prepare:

1. Kinds of medical expertise.
2. Medical-social expertise of disability.
3. Definition of temporary and permanent disability. Types of disability depending on the disability degree.
4. Main documents, which certify the fact of temporary disability.
5. Medical consulting commission: structure, functions, organization of work.
6. Types of temporary disability.
7. Examination of temporary disability.
8. Process of issuing a sick list.

Materials for self-preparation:

According to the "Bases legislation of Ukraine on health protection", there are kinds of medical expertise:

- medical - social examination disability;
- military medical examination;
- forensic medical and forensic psychiatric examination;
- postmortem (pathoanatomical) examination.

The purpose of the medical-social examination - is detection of fact, degree and reason of temporary or permanent disability and if it is necessary to stop working.

In case of temporary loss of work ability this kind of examination is provided by medical and preventive facilities.

In case of permanent disability - it becomes a task of medico-social expert commission (MSEC).

The purpose of the military medical examination:

- is the study of men being fit for military service;
- to determination of links between the appearance of diseases, injuries and traumas with the military service.

Forensic medical and forensic psychiatry examination:

- determination of causes of death;
- definition of the mental condition of the suspected person;
- determination of the severity and nature of bodily harm.

The pathoanatomical examination - is performed for the determination of the cause and the mechanism of the patients' death. The responsibility for its organization is on the Ministry of health care of Ukraine.

Working capacity - is totality of physical, mental and emotional abilities, that provides worker an opportunity to do his job, determined by volume, temper and quality.

Components of working capacity:

- biological;
- social;
- social-psychological.

Incapacity or loss of working capacity - state of human's health caused by diseases, traumas etc., that makes impossible doing job without harm for health.

Type of disability (incapacity):

- Temporary disability (incapacity) – it is inability to work due to illness, injury or other causes for a short time.
- Permanent disability (invalidism) – is a prolonged or constant loss of work ability due to chronic diseases or trauma that cause significant dysfunctions of organism.

The basis for determining the type of disability is clinical and labor forecast - the prediction of the disease and duration of possible rehabilitation.

Depending on the degree disability is divided into:

- *total disability* - a person cannot do any work and needs bed regimen and special medical treatment;
- *partial disability* - a person can do this or that work, but not in full or in other conditions.

Examination of disability is caused by a system of state social insurance, which provides social protection for citizens in case of disability.

In case of temporary disability lost payment are compensated to the employee by the social insurance fund.

The size of the compensation depends on length of work experience:

- less than 5 years – 60 %;
- 5-8 years – 80 %;
- more than 8 years – 100 % of average payment.

There is a category of people who are paid 100% regardless of work experience:

- the people suffered from the Chernobyl disaster;
- veterans of war;
- the workers that support 3 and more children under 16 (students – under 18);
- the workers with temporary loss of work ability caused by a labor injury or professional disease;
- wives (husbands) of servicemen (except for servicemen of term service);
- the workers that can be regarded as former orphans and the children deprived of parents' guardianship;
- due to pregnancy and childbirth.

The document, which gives the right to receive payments from the state social insurance are:

- sick- list (sick leave);
- medical certificates of temporary disability (fixed – form, free-form).

Sick leave has the following functions:

- *legal* – to justified free from work;
- *statistical* – to record and analyze morbidity with temporary disability;
- *financial* – to give right to receive payments from the state social insurance;

Medical certificates of temporary disability - is a legal basis to free from work or training, but unlike the sick leave the certificate is not a financial document.

Examination of temporary disability is provided on 5 levels:

- The first level - the doctor.
- Second - head of department.
- Third – medical-consulting commission (MCC) or treatment-consulting commission (TCC).
- Fourth - deputy chief medical officer for examination of temporary disability.
- Fifth - responsible person health authority with the expertise of temporary disability.

The main tasks of health care institutions, when realizing the medical- social examination are:

- examination of temporary disability;
- timely detection of permanent disability and direction of the patient to MSEC;
- advice on job placement of workers without signs of invalidity.

The main tasks of physician, when realizing the medical- social examination are:

1) To find out the presence or absence of disability;
2) To define temporary or permanent disability according to clinical and labor forecasts;
3) To determine the degree of disability;
4) To establish the type (cause) of temporary disability;
5) To recommend regime for a patient to facilitate recovery and return to work;
6) To register sick leave and if necessary its extension;
7) To give advice for the patient according to the conditions of his work (occupation).

Types of temporary disability:

- illness (injury);
- sick family member care (child, adult);
- sanatorium treatment;
- quarantine;
- transfer to another job under tuberculosis or occupational disease;
- prosthetics in a hospital of orthopedic company;
- maternity leave (in connection with pregnancy and labor).

An important task of the examination in the case of temporary disability is the prescription of the regimen of the patient (ambulatory, home, stationary).

Infringements of the prescribed by the doctor regimen include:

- absence of the patient at home in case of the prescribed home regimen;
- absence of visiting doctors on the appointed day without particular reasons;
- coming drunk to reception;
- going to work without doctor's permission;
- going to another region without doctor's permission.

Who has the right to issue a sick – list?

- To treating doctors of governmental, communal and private health care establishments.
- To treating doctors of prosthetic-orthopedic establishments.
- To attendance doctors of tuberculosis sanatoriums.
- To medical assistants in places, where a doctor is absent.

Issue the paper of disability cannot be a paid service, regardless of ownership hospital.

Don't have the right to giving of sick-list:

- in first aid station;
- the station of the blood transfusion;
- establishments of judicial-medical assessment;
- spa-cosmetic, physiotherapy hospitals and resort policlinics;
- rest-homes;
- tourist bases;

- dental implant policlinics;
- sanatorium-prophylactic establishments.

The right to prolong the sick-list is given to:

- chief doctor or deputy chief doctor of expertise;
- head of department;
- medical-consulting commission (treatment-consulting commission, medical-advisory commission).

Structure of medical-consulting commission (MCC):

- attending physician;
- head of department;
- chief doctor (or deputy chief doctor of expertise);

Medical-consultative commission (MCC) is set up in medical institutions if there are at least 15 doctors at out-patient service.

The main tasks of medical-consulting commission (MCC) are:

- solution of difficult and conflict questions of disability expertise;
- to extend list of disability until recovery (after 30 days);
- to issue sick leave for sanatorium treatment;
- to issue sick leave under transfer to other job in case of tuberculosis or occupation diseases;
- to refer patients to MSEC;
- to issue list of disability for the treatment elsewhere.

Indicators of temporary incapacity:

1) ***The number of days of disability per 100 workers:***
   The number of days of disability * 100 / Average number of employees
2) ***The number of cases of disability per 100 workers:***
   The number of cases of disability *100 / Average number of employees
3) ***The average length of 1 case of disability:***
   The number of days of disability / Number of cases of disability
4) ***The rate structure morbidity with temporary disability:***
   The number of days (cases) disability over a certain disease * 100 / Number of days (cases) disability

TOPIC 5. METHODS OF EXAMINATION OF TEMPORARY DISABILITY

Scientific aim:
To learn the basics of the organization of expertise of temporary disability, rules of issuance main documents.

To know:

- Organization of temporary medical-social expertise of disability.
- Types of temporary disability and rules of compiling documents due to different types of temporary disability.

To be able to:

- Determine the tactics of the various officials of medical-preventive establishments relative to specific types and cases of temporary disability.
- Complaining sick-lists.

Questions to prepare:

1. Types of temporary disability.
2. Rules for issuing a sick list in case of illness and injuries.
3. Rules for issuing a sick list in case of pregnancy and labor.
4. Rules for issuing a sick list because of take care for a child and sick family member.
5. Rules for issuing a sick list in case of quarantine and prosthetic and orthopaedical treatment.
6. Rules for issuing a sick list in case of sanatorium treatment.
7. Documentation and key indicators used in the examination of temporary disability.

Materials for self-preparation:

The basic legal document, which determined the procedure and conditions for issuance of documents confirming the temporary incapacity of citizens **"Instruction on the execution of documents proving temporary incapacity for work".**

Issuance of documents, that certify temporary disability, is carried out only after the personal examination of patient by an attendance doctor.

The SL in outpatient establishments is given by an attendance doctor mainly at the place of living or working.

In the case when the citizen wants to choose an attendance doctor and MPE not at the place of residence or work, documents that certify temporary disability, can be given only when application is written by patient, and then confirmed by the head physician of selected MPE, confirmed by his signature and seal of MPE.

Those workers who became sick far from their place of living are issued sick-list in the place where they are at the moment of getting sick. This type of sick-list must be approved by head of the hospital.

SL for persons with TD directed on consultation, examination, treatment to MPE outside administrative region is given out by MCC's decision on necessary number of days, including time for transportation.

In case of loss of SL according to the decision of MCC of MPE, where it was given, a new SL with a mark "doublet" is issued, if from place of work is given a reference, that certifies that for period of temporary disability payment was not carried out.

1. Rules for issuing SL in case of illness and injuries

- The SL in case of temporary disease or trauma is given on all period of temporary disability, to the date of its recovery or to term referral to medical - social expert commission (MSEC).

Outpatient department

- The right to issue sick-list under outpatient department is given to physician for a minimum period 1 day and maximum – 5 days, and then if necessary, to expend it for 5 days more, so total of 10 days.
- If a disability lasts more than 10 days, prolongation of SL to 30 days is done by attendance doctor + the head of department.
- Later prolongation (after 30 days) is done by – MCC (TCC) until the recovery date or to term referral to medical and social expert commission (MCES).
- In the MPEs located in rural areas, where only one doctor works, the SL (certificate) can be given personally by one doctor with its prolongation to 14 days, if needed with the next direction of the patient to the district MCC.

Medical assistant has a right to give the SL personally for a period not more than 3 days, with the next direction of patient to the doctor if needed.

Inpatient treatment

- In case of treatment in the hospital the SL is given by the attendance doctor and the head of department for all period of treatment.
- If an additional outpatient treatment is needed the SL can be prolonged to 3 days with obligatory substantiation of that in the medical card of patient and an extract from it.
- If the worker has got sick during vacation which is not paid by the institution where he works (vacation for his expenses), then he doesn't receive a sick-leave.
- If the worker has got sick during the employee's regular annual sick-list is issued and the period of disability leave is extended for the number of days of disability.

In the case of temporary disability caused by the disease or trauma, as a result of alcoholic intoxication or action of narcotic drugs, the SL is given with an obligatory mark on it and in the outpatient's card or medical history.

When a temporary transfer to another job due to occupational disease or tuberculosis - MCC or doctor with the permission of the chief doctor can give a sick-list for a period of 2 months.

2. Rules for issuing a SL because of care after sick family member (adult or child)

For the care after sick family member, the SL is given by attendance doctor to one of working member of family or other working person, that actually look after the sick family member.

Outpatient treatment - care after sick adult

For care after sick adult family member or child who is older than 14 years, the sick-list can be granted for 3 days and can be prolonged up to 7 days by chief of hospital decision or MCC decision.

- For nursing a child who is younger than 14 years old, sick-list for 14 days (maximal duration) is issued. If the child doesn't get well after 14 days, then the person who cares after him/her is granted medical certificate.
- For care after children that are the victims of Chernobyl's disaster, the SL is given on all period of its illness, including sanatorium-and-spa treatment.
- If in the family, where **two or more children are ill at the same time,** for care after them one SL is given.
- In case if children became ill **at different time** the SL and the certificate about care after a sick child is given in every case separately.

Inpatient medical care - care after sick child

- In case of in-patient treatment of child who is younger than 6 years old, the person who cares after him is granted a sick-list for the whole period of child's sickness.
- If the child is 6-14 years old, is severely sick and needs in-patient treatment then the person who cares after the child is granted a sick-list for the period of sickness according to MCC decision.
- In the case of hospitalization of children under age of 14 that are HIV infected or are victims of Chernobyl's disaster, the SL is given on whole period of hospitalization to one of working parents or other working person that take care of child or person.
- If mother or any other working person that looks after a sick child, is found at this time **in annual (basic or additional) leave,** leave without pay, the SL must be given at the 1st day of work.
- SL is given out for working person, that take care after child less than 3 years old, in case **of mother illness** on term, when she by physician's conclusion, cannot take care after the child.

The SL for care can't be given in these cases:

a) chronic patient in a remission period;
b) if child is sick during regular leave or leave without pay;
c) for care after a healthy child in the period of quarantine;
d) for care after a sick child in age above 14 years during the treatment in hospital.

For care after **hospitalized** patient at age **older than 14 year** according to the conclusion of MCC about the necessity of individual care, for parents must be given a **certificate,** confirmed by the signature of the head physician and the seal of MPE.

3. **Rules for issuing a SL in case of pregnancy and births**

- The SL in case of pregnancy and births is given pregnant women with 30 weeks of pregnancy in one moment to 126 days (70 days to the supposed day of births and 56 – after).
- In the case of **preterm or multiple births**, **complications during births or in a postnatal period,** 14 days of disability is additionally given.
- To the women that belong to the I–IV categories of victims of Chernobyl's catastrophe, in case of pregnancy and births the SL is given to women with 27 weeks of pregnancy to 180 days (90 days on a period to maternity leave and 90 – on the period of post-childbirth leave).
- If the pregnant woman was not under observation in woman consultation to the day of births, the SL must be given from the day of births on the period of duration of post-childbirth leave: 56 days at physiological birth, and in case of complications during birth, premature or multiple births - 70 days.
- In the case of **preterm births** before 30 weeks of pregnancy: – if child is alive, the SL must be given for 140 days by MPE where childbirths happened; – in case of the child's death – SL is given to 70 days.
- 3 days sick-leave is granted to a woman after **abortion** if she did it because of **her will**.
- In case of **abortion** in other reason, including medical or social indications, the SL must be given from the day of hospitalization of woman to all period of disability.

4. **Rules for issuing a SL in case of invasive methods of examination and treatment**

On the period of **invasive methods of examination and treatment** (endoscopy with a biopsy, chemotherapy, hemodialysis) in ambulatory term the SL is given by an attendance doctor – according to the decision of MCC.

5. **Rules for issuing a SL in case of prosthesis in the orthopedic hospitals**

In the case of **prosthesis in the orthopedic hospitals** the SL is given on a time of prosthesis and a time taken to arrive to the hospital and the way back.

6. **The rules of issuing the SL in the sanatorium-spa treatment**

The SL on the period of sanatorium-and-spa treatment, the necessity of which is set by MCC of MPE must be given on the term of medical treatment and travel time considering duration of annual (basic and additional) leave.

The sick list given before departure in a sanatorium in presence of:

a) tour;
b) reference from the place of work about duration of annual (basic and additional) leave;
c) cards of sanatorium selection.

In the case of temporary disability of **students of higher educational establishments and students of polytechnic schools'** medical certificate of fixed form is given.

TOPIC 6. ORGANIZATION OF PERMANENT DISABILITY

Scientific aim:
To learn the basics of the organization of permanent medical expertise.

To know:
- organization of medical-social expertise of permanent disability;
- procedure and criteria for determining degrees of permanent disability.

To be able to:
- determine the tactics of the various responsible persons of medical-preventive establishments and MSEC to specific types and occurrences of permanent disability.

Questions to prepare:
1. Organization of the expertise of permanent disability
2. Medical-social expert commission: types, structure, functions.
3. Types and following reasons of permanent disability.

Materials for self-preparation:

Examination of permanent disability or invalidity is carried out by medical – **social expert commissions (MSEC)**

Medical – social expert commissions (MSEC)
- is organized at 1 commission per 100 thousand of the adult population by administrative-territorial division and type.
- According to administrative-territorial division MSEC is divided into:
- regional,
- central city,
- city,
- district.

By type MSEC are:
- general profile
- specialized profile

The **general profile** MSEC consist of:
- 3 doctors-experts (therapist, surgeon, neurologist);
- physician-rehabilitologist;
- psychologist.

The **specialized profile** MSEC includes:
- 2 doctors of leading profile

- therapist or neurologist.

The main aim of MSEC

- to detect compensatory-adaptive opportunities for citizens who have partially or completely lost their health due to illnesses, injuries, defects that restrict their ability to live

The main functions of MSEC:

- iidentifying the causes that led to disability;
- appointment of disabled groups;
- counseling for people with disabilities on employment issues.

Types (causes) of invalidity:

- Due to general disease;
- Due to occupational disease;
- Due to labor injury;
- Invalidity since childhood;
- In connection with the Chernobyl accident;
- Invalidity of ex-military men;
- Invalidity before labor activity comes.

Permanent disability due to general illness is established if:

- the disease was not associated with professional activities;
- the disability resulted household trauma.

Cause of disability due to occupational disease are:

- disease, which appeared under the influence of unfavorable factors or adverse conditions;
- disease course is complicated by the influence of occupational factors.

Disability **due to industrial injury** is established on the basis of reports of the accident, compiled in the workplace or the court to the fact of injury in the workplace.

Disability from childhood set teenagers up to 16 years (students under 18) if the disease that led to the disability arose at this age and the beginning of employment.

Disability before labor activity comes is established in cases where the illness or injury that caused the disability arose after 16 years (and students - after 18 years), but before the start of work.

Disability due to the Chernobyl disaster

- is established when the relationship between illness, disability and death is detected from the effects of ionizing radiation and other harmful factors as a result of the Chernobyl disaster.

Who and when sent to MSEC?

The "Direction to MSCE" is given out by TCC of the MPE for directing patient to MSCE after clinical examinations, that prove temporary or permanent character of the disease, and in case of discharging a patient from the work during 4 months without break from the date of occurrence of disability or 5 months with break of temporary disability during last 12 months in connection with the same disease, at disease on tuberculosis – not later than 10 months from the date of a beginning temporary disability.

- MSEC conducts examination of patients by place of residence or treatment but no later than 7 days after direction.
- If a patient because of health reasons cannot appear in MSEC, inspection carried out at home or in hospital, where he stays for treatment.

MSEC can do 3 conclusions:

- recognized disabled (invalid) patient;
- recognized patient workable;
- allow to continue a sick-list.

There are three groups of disability:

- **1st group –** is the most severe. It is established for persons with permanent or prolonged disability who can`t care themselves and need constant outside care, supervision or assistance.
- **2nd group –** is established for persons who have severe functional disorders and have almost lost their ability to work but can care after themselves and don't need constant outside care.
- **3rd group –** is established for persons who have significant functional disorders but also have opportunity to continue labor activity.

Each group of invalidity is determined for a fixed term with the re-examination period setting. Re-examination of working age persons can be in 1-3 years.

Lifetime invalidity is established if:

- invalid is pension (retirement) age;
- the presence of irreversible morphological and functional disorders;
- ineffectiveness of rehabilitation measures;
- unfavorable clinical and labor forecast.

The main causes of invalidity in Ukraine:

- 1st place - diseases of the blood circulatory system;
- 2nd place – malignancies;
- 3 place - traumas.

Kinds of rehabilitation:

- **medical** (aimed at maximizing recovery efficiency);

- **social** (is aimed at helping in the choice of a new profession, adaptation to life in society, adaptation to living conditions and self-service;
- **professional rehabilitation** (aimed at psychological assessment, vocational training, employment);
- **special rehabilitative training of children**.

According to the individual program of rehabilitation of invalids, MSEC works out recommendations for each of them with the assistance of an attending doctor.

Indicators of invalidity (permanent disability):

- **invalidity rate (contingent of invalids):**
  number of people receiving disability pension due * 10 000 / total population
- **primary invalidity rate:**
  the number of persons with invalidity first established this year * 10 000 / total population
- **invalidity structure by causes and groups**

TOPIC 7. THE BASIC OF MANAGEMENT

Scientific aim:
To learn the basic principles and laws off the science of governance, the main factors that affect on health care.

To know:
- Following parts of management;
- Main principles and laws of management;
- Types of management operations and procedures.

To be able to:
- Determine the value of an integrated approach in improving management

Questions to prepare:
1. Administration.
2. Management: definition, theories, function.
3. Process of management.
4. Methods of management.

Materials for self-preparation:

Administration
- as the science is an organization and realization of adequate management situations of purposeful and regulated action, which provide maximum rational, operative, and effective functioning of management system with the purpose of achievement of set views and tasks.

The administration of public health care system
- is planning, organization, leadership, control and coordination of resources activity.
- As a fact, it is a purposeful process of maintenance of effective functioning of the public health care system under respective conditions and current resources.

Management
- is tactics and way of administrative influence on system, organization of effectiveness working activity. It is purposeful action (measure) on subordinated public officers or structural units of work.
-

Current management theories are:
- classic (command administration),
- neoclassic (human relations),
- modern (scientific administration).

The content of theory of ***scientific management*** consists in creation of precise scientific system of knowledge about the laws of rational organization of work. The representatives of the

given school were **Frederick Winslow Taylor, Henry Laurence Gantt** , **Frank and Lillian Gilbert, Henry Ford.**

The content of ***neoclassic (human relations) theory*** lies in transferring the weight centre of management on performance of the tasks on the relations between the people, where «Man – is the main object of attention». The contents of system of the human relations are characterized by administrator's abilities — law's provision, norms, rules of social and moral character etc. The classical representative of the given school is **Hugo Munsterberg**, **Mary Parker Follett**, **Elton Mayo.**

The **classic *(command administration)* theory** is characterized by creation of universal principles of management, where organization of production is very effective. Scientific representative is **Henri Fayol, L. Urwick** and **D. Muni**.

The management science is based on management functions.

Main functions of management:

- competence,
- promptness,
- action effectiveness

Main functions in work of manager of medical establishment:

- analysis,
- planning,
- regulation,
- control,
- work with staff,
- leadership.

Product of a management system is **process of management** – complex of interrelated operations, which are carried out on concrete technology and in a respective sequence.

The contents of management process

consists of a sequence of actions agrees with the fulfilled technological phases, namely:

- collection, processing, studying and analyzing of the management information (1 phase);
- processing of variants of the administrative decision (2 phase);
- acceptance of the administrative decision (3 phase);
- the control above execution of the administrative decision (4 phase)

The main requirements concerning realization of management process are:

- competence,
- continuity (purpose and final result),
- adequacy of a choice of ways of management,
- management style,
- professional selection of executors.

The structurally functional components of process of management system is an **object of management**, that is an element of a management system, which receive edicts from superior officers; **the subject of management** is the workers of administrative apparatus of managers, that realize development and realization of administrative decisions; **the block of scientific regulation** – information maintenance of administrative activity

The methods of management of the personnel are divided on three groups:

- administrative,
- economic,
- social-psychological.

Organizational-directive (administrative)

- Structure formation of administrative body;
- Establishment of state orders;
- Distribution of directives and directive instructions;
- Selection and accommodation of the staff;
- Processing of provisions, job descriptions, standards of organizations

Economic

- Technical-economic analysis;
- Technical-economic groundings;
- Planning;
- Material stimulation;
- Price formation;
- Tax system;
- Economic norms and specifications.

Social-psychological

- Social analyze in collective of workers;
- Social planning;
- Participation of workers in management;
- Social development of collective;
- Psychological influence on the workers: forming groups, favorable psychological climate;
- Moral stimulation;
- Development in the workers of the initiative and responsibility.

TOPIC 8. MANAGEMENT IN HEALTH CARE SYSTEM

Scientific aim:
To learn the basic principles and laws off the science of governance in health care system, the main factors that affect on health care.

To know:
- Following parts of management in health care system. Main principles and methods of management in health care system. Main aim of the administrative decision

To be able to:
- Determine the value of an integrated approach in improving management in health care system.

Questions to prepare:
1. Personel management.
2. Process of management, technology of process of management.
3. Styles and kinds of management.
4. Administrtive decision: definition, kinds.

Materials for self-preparation:

With the purpose of improvement, the management process of personnel potential in public health care system are used the following ways of personnel management:

- **straight line** is when the mutual relations between the subject (manager) and object (subordinate) of management are grounded on principles of direct actions as the directive, resolution, edict;
- **mediocre** is when mutual relation between the subject and object of management are grounded through "cell" (*intermediary, material stimulus, request, compliment*), instead of way of direct actions.

The technology of management process has cyclic character and is made of three procedures:
- an information part,
- manufacture and acceptance of the decision,
- organizational influence on object of management.

Into management system distinguish the following **kinds of management:**
- **The strategic management** is tactics and way of management activity of the chief or system of questions on development of the strategic purposes or politics, long installations and reference points, essentially new directions of activity.
- **The operative management** is a decision of usual questions and questions, which frequently repeat or problems on the fulfilled technology, rules and mutual relation.
- **The situational management** is a choice of variants, ways and mechanisms of action on system or officials in non-standard, extreme or unforeseen management situations.

- **The program-target management** is tactics and way of management activity on development and management of the target programs after one or several priority tasks, problems or directions of activity.

Styles of management:

- **Democratic (collegial) -** when the chief does not try to impose the will subordinated and leaves the tendency, that the people are motivated with requirements of a highest level.
- **Authoritarian** is when the chief has sufficient volume of authority to impose the will to the executors.
- **Liberal (anarchical)** – is characterized by unwillingness to interfere with work subordinated. The initiative subordinated, as a rule, is not considered.
- **Strong-willed** is a style, at which the chief is guided by rigid conformity to the requirement, in business behaviour the consumer tendencies directed on reduction of the scheduled tasks, reception of a scarce material to stock and for an exchange. Excessive principality frequently passes in non-soulless.
- **Executive** is a style, which assist to display of the initiative in concrete professional activity. Stability of a situation is characterized by performance of the orders of the higher chiefs "completely", even when there are doubts of its correctness.
- **Initiative** is a style of management, which means stimulation of creativity subordinated at simultaneous increase of their responsibility for executed work.

The administrative decision

- is a corresponding legal document created on the basis of the analysis and assessment of a situation, accepted and made out in the established order, has directive and obligatory status, contains the purpose and tasks, and also groundings of ways of their achievement, organizes practical activity of the subjects and objects of management.

In public health care system distinguish the following kinds of the administrative decisions:

- social – staff, their distribution and use;
- medical – organization, quality, improvement, technology of treating-diagnostic process, prophylaxis, dispensary system, rehabilitation etc.;
- administrative – organizational orders/provisions about a medical establishment, job descriptions and other documents;
- resource – finance, network, maintenance by medicines, medical and organizational equipment;
- economic – development of material base;
- organization of performance control – monitoring system, maintenance of feedback, assessment of results.

Methods of management:

- «of brain attack»,
- collective discussion and discussion,
- voting «for-against»,

- business game,
- group of dynamics,
- of the situational analysis etc.

TOPIC 9. METHODS OF DECISION MAKING

Scientific aim:
To learn the basic principles and laws off the science of governance in health care system, the main factors that affect on health care.

To know:

- Following parts of management in health care system;
- Main principles and methods of management in health care system;
- Main aim of the administrative decision

To be able to:

- Determine the value of an integrated approach in improving management in health care system.

Questions to prepare:

1. Administrative decision: definition, kinds.
2. Technological phases of preparation process, adoption and realization of the administrative decision.
3. Kinds of the control of the administrative decision.

Materials for self-preparation:

The administrative decision

- is a corresponding legal document created on the basis of the analysis and assessment of a situation, accepted and made out in the established order, has directive and obligatory status, contains the purpose and tasks, and also groundings of ways of their achievement, organizes practical activity of the subjects and objects of management.

In public health care system distinguish the following kinds of the **administrative decisions:**

- **social** – staff, their distribution and use;
- **medical** – organization, quality, improvement, technology of treating-diagnostic process, prophylaxis, dispensary system, rehabilitation etc.;
- **administrative** – organizational orders/provisions about a medical establishment, job descriptions and other documents;
- **resource** – finance, network, maintenance by medicines, medical and organizational equipment;
- **economic** – development of material base;
- **organization of performance control** – monitoring system, maintenance of feedback, assessment of results.

Methods of management:

- «of brain attack»,
- collective discussion and discussion,

- voting «for-against»,
- business game,
- group of dynamics,
- of the situational analysis etc.

Technological phases of preparation process, adoption and realization of the administrative decision

1. Formulation of a problem and aim

- Detecting and understanding of a problem;
- Selection and analysis of the input and output administrative information;
- Arrangement and aggregation of the information;
- Check of plausibility and reliability of the administrative information;
- Precise formulation of a problem.

2. Offers for possible variants of decision

- Criteria selection of assessment of administrative decision variants;
- Selection of administrative decision variants (within the limits 2-3);
- Assessment of consequences of administrative decision variants with taking into attention assessment of efficiency and productivity;
- Definition of risk degree;
- Forecast of system development.

3. Adoption of administrative decision

- What to do? (concrete measures);
- When? In what terms?
- With the help of what? (resource maintenance);
- Who is executer? (responsibility)

4. Realization of administrative decision

- Bringing the decision to executors (explanation, propagation, education);
- Control after the execution of administrative decision;
- Elimination of faults and their correctives;
- Summarizing, accumulation of administrative experience.

Efficiency of the accepted and realized administrative decisions in a lot depends on organization of four kinds of the **control** – *previous, directing, filtering, and final* — after the system in general and administrative apparatus separately.

- **The previous control** is carried out on stage of a development and adoption of the administrative decisions with the purpose of prevention of treacherous or unreasonable consequences, using in the basic operative information from own sources.

- In contrast **the directing control** recognizes corrections at execution of measures and their terms; **filtering control** allows the chief to differentiate, to filter on the ground of the information of activity in the alternative form: is made - well, not made – poorly. The entering of any changes into the program of actions, list of measures and terms of their execution is not supposed.
- **The final control** – expects execution of estimated parameters with an output on concrete results (aims) and appropriate elements of stimulation (positive or negative).

TOPIC 10. QUALITY OF MEDICAL CARE

Scientific aim:
To learn the basic principles of grating of quality of medical care and affecting on improving health care at all.

To know:
- Organization of quality medical care;
- Procedure and criteria for the provision of quality medical care.

To be able to:
- Uncover the significance of the basic principles of quality medical care.

Questions to prepare:
1. Quality of medical care: definition, characteristics.
2. Components of quality medical care.
3. Components of quality medical services.

Materials for self-preparation:

Quality of medical care
- complex of characteristics which confirm correspondence of the secured medical care to patient (population) requirements, to its expectations, modern level of medical science and technology

or
- is correspondence to the needs the patient considering modern capabilities of medical science and practice and provided efficient use of available resources
- is process of interaction of the doctor and the patient, based on qualification of the doctor, ability to reduce risk of diseases progress at the patient and occurrence of new pathological process, optimal use of medical resources and to provide satisfaction of the patient with the medical care.

Quality medical care must be:
- given timely;
- using all resources (medical, diagnostic, medical, financial, etc.);
- including all of the treatment technology for this type of disease;
- except the assumption that aid reaches desired results regarding the health of the patient, not worsen it leaves the patient satisfied with actions made by medical personnel.

Components of quality of medical services:
- ***effectiveness*** – correlation rate between actual influence of service or the program within the limits of current system and maximum action with which this service or the program can provide in perfect conditions,
- ***efficiency*** – correlation rate between actual influence of service or the program and its costs,

- ***adequacy*** – correlation rate of actual service to requirements of the population,
- ***scientific and technical level*** – application degree at securing of medical care of available medical knowledge and techniques,
- ***satisfaction of consumers and suppliers of medical care*** – degree of satisfaction of consumers of medical care to its final result, and suppliers of medical care – working conditions,
- ***availability*** – possibility of reception by the consumer of the care necessary for it during corresponding time both in a certain place and in a sufficient volume at optimum expenses.
- ***continuity*** – treatment of the patient with attraction of complex of integrated services under the direction of the central source of help.

Components of quality of medical care

- **structural quality**, in medical conditions;
- **quality technology**, in assessing which determine the optimal set of therapeutic and diagnostic measures for a specific patient;
- **quality results** - when assessed value actually achieved and planned results. The latter results include the dynamics of health of the patient, the treatment results of patients during the reporting period, some indicators of health status of a territory.

TOPIC 11. THE METHODOLOGY OF THE EXPERT ASSESSMENT

Scientific aim:
To learn the basic principles of the assessment of quality of care and affecting it on improving health care services.

To know:

- Following role of granting quality assessment of medical care
- About importance of expert assessment of medical care and its impact on the improvement of medical services in general.

To be able to:

- Determine the method of providing expert assessment of the quality of medical care.

Questions to prepare:

1. Quality assessment in control of medical care servises.
2. The expert assessment.
3. Degree of quality control of medical care.

Materials for self-preparation:

Assessment of quality of care may be based on determining the aggregate results of **prevention, diagnosis and treatment** in accordance with the relevant requirements.

Quality assessment
In health care services it is necessary to control quality of:

1) ***medical establishments***;
2) ***experts*** (quality of medical workers is defined by system of medical education, attestation and certification of experts, creation of economic stimulus of highly qualifying and qualitative work).
3) ***medical services*** (preventive, diagnostic, medical, rehabilitational and others);
4) ***medical subjects*** (drugs, bandaging agents, equipment);
5) ***medical information*** (medical literature, new methods, Internet).

At carrying out of **expert assessments** the primary registration medical documentation (outpatient card, medical history, child development history, etc.) is analyzed.

- As **object** of examination can act and **work of separate health services of the MPE** and work of all health service as a whole in a certain territory.
- The **subject** of examination is the **doctor** who has high level of a professional knowledge.

The expert assessment

- is a statistical method, and in its use adheres to classical principles of a statistical research.

The technology of expert process has the following sequence:

1. Making the expert contract.
2. Formulation of expert problems.
3. Definition of members of expert group.
4. Forming of expert sample.
5. Assignment to experts the additional information.
6. Meta-analyze (if necessary).
7. Forming of expert conclusion.

Degree of quality control of medical care

- ***The first step of the control*** – the chief of the structural division of the out-patient department or the hospital estimates quality of the medical care given by the separate doctor to patients which have finished treatment in the out-patient department (not less than 30% of patients) and in a hospital (all patients).
- ***The second step of the control*** – the head physician assistant from medical work of the MPE, responsible for the out-patient department or the hospital work, using basic registration documents, spend the daily expert assessment not less than 10% of patients treated in the out-patient department, and not less than 20% of persons which have finished treatment in the hospital.
- ***The third step of the control*** – the expert commission of the MPE estimates quality of work of divisions monthly.
- ***The fourth step of the control*** – the expert commission of the city department (administration) of health care (or at TMU) value quality of every MPE activity quarterly.
- ***The fifth step of the control*** – the expert commission of the regional department (administration) of health care value TMU and regional MPE activity quarterly.

The optimum method for evaluating the quality must meet the following requirements:

- be usable at any stage of medical care;
- minimize the subjectivity of evaluation;
- reflect the essence of medical practice and identify common errors doctors;
- enable quantitative evaluation of quality;
- to determine (identify) rational use of medical facility or physician existing resources.

TOPIC 12. STANDARDS OF MEDICAL TECHNOLOGY

Scientific aim:
To learn the basic principles of improving quality of medical care at the medical-preventive establishments, solving the tasks of saving and improving the health of the population.

To know:

- importance of influencing of standards of medical technology to effectiveness on improving health care system;
- rationally division of financial resources in the health care system;
- the essence of the method of standardization to better protection the interests of patients.

To be able to:

- Determine the method of providing expert assessment of the quality of medical care.

Questions to prepare:

1. Types of approaches to quality control in health care services.
2. Processing of quality standards of treatment
3. Calculation level of treatment quality model final results
4. Integrated effectiveness rate
5. Accreditation.
6. Licensing.

Materials for self-preparation:

3 types of approaches to quality control in health care services:

1. carrying out of expert assessments:
1.1. processing of quality standards of treatment,
1.2. calculation level of treatment quality (LTQ),
1.3. model final results (MFR),
1.4. integrated effectiveness rate (IER);
2. accreditation;
3. licensing.

1.1. Standard of treatment quality (STQ)

- is a list of optimal and necessary at some disease laboratory-instrumental examinations, basic medical measures, reviews of sick patients by other experts that should be made at their treatment and thus reach criteria of recover. STQ is developed for the medical establishment, for the doctor and it is developed for everyone MPE.

For a basis of its formation it is offered to accept concrete diagnoses.

Standards of medical technologies are the list of medical-diagnostic procedures guaranteed to the patient and level of demands to their quality and treatment outcome.

Quality standards establish demands to quality of treatment (on finished cases) in an out-patient department and hospital, and also to quality of a dispensary observation.

The quality standard for each clinical-statistical group contains minimum necessary volume of medical and diagnostic procedures and manipulations which each patient should receive, and also concrete demands to which should correspond condition of the patient which has finished treatment.

1.2. Level of treatment quality (LTQ)

Quality of treatment work doctors to patient is assessment by the **level of treatment quality (LTQ)** – index that give assessment of the medical-treatment process with consideration of result and define achieved level of quality standard of treatment.

1.3. Model of final result (MFR)

– is generalized qualitative rate, that characterize effectiveness and faults of activity in the work of medical establishment.

MFR includes:

1.3.1. Effectiveness rate (ER)
1.3.2. Defect rate (DR)
1.3.3. Standards
1.3.4. Achievement coefficient (AC)

1.3.1. Effectiveness rate (ER)

- maximally reflect final result (prevalence rate of some diseases, mortality, recovery from disability, level of treatment quality).
- Degree of achieving aims by team and execution of main functions by estimation degree of correspondence between really achieved ER meanings and planned standard meanings.

1.3.2. Defect rate (DR)

- has no standard value, because it must be zero (example, presence of neglected cases of socially important diseases; sudden death of persons, that wasn't under doctor's supervision; grounded complications, etc.). ER and DR select with consideration specificity of the establishment.
- With the help of expert analysis for every ER are set up some value of the achieved norm from 1 to 10 score, which determined it comparative importance between others.

1.3.3. Standards established with including:

- many year dynamics of rates in town, district, region;
- middle level;
- speed of forecast changing rate in case of right organizational and medical-prophylactic measures.

Desirable, that norm was more than 5% over the best previous level.
Deviation from standard allow to appraise achieved result in relative value.

1.3.4. Achievement coefficient (AC)

- is the calculation coefficient that characterizes level of achieving MFR.

The received information according to quality assessment of medical care in MPE is used for:

- rising level of securing medical care to the population;
- accreditations of the MPE;
- differentiated assessment of works of the medical personnel;
- material stimulation;
- purposeful administrative influence with the aim of defects elimination.

Quality of work of medical establishments is provided with their **licensing** and **accreditation**.

2. Accreditations

- are subjected all establishments of health care services in Ukraine, which is spent 1 time in three years, irrespective of patterns of ownership. For the organization and carrying out of accreditation of health care establishments are developed the accreditation quality standards.
- Accreditation represents system of **external check of the MPE** concerning conformity of their activity to standards of organizational, legal, clinical technologies defined by experts and demands which performance provides high level of activity of all establishments.
- **Accreditation** is an official recognition of the status of health care establishment, presence in it conditions for granting of certain level of the medical and sanitary care, acknowledgement of its conformity to the established criteria and quality guarantee of professional work.
- In Ukraine is created Main accreditation commission of MPH of Ukraine, health care administration of regional, city state administrations, is confirmed the order of the state accreditation.
- Conformity assessment of health care establishments to accreditation standards is carried out by experts of Main accreditation commission and commissions of territorial level. So this mechanism of quality assurance was not beyond the departmental control though in the international practice it is non-departmental independent quality control which is spent by the non-state commissions.

3. Licensing

- is a reception of the permission (license) by subjects of enterprise activity (legal and physical persons of all patterns of ownership), and also a state control device behind observance of demands of the legislation shown to licensed kinds of activity by them.

Licensing procedure is based on the all-round analysis of establishment condition, its staff, equipment, work. The license confirms the certain minimum necessary quality standard of establishment for its participation in securing of medical services.

TOPIC 13. HEALTHY LIFESTYLE

Scientific aim:
To form students' notions of a healthy lifestyle; emphasize the need to adhere to the principles of a healthy lifestyle.

To know:

- Determining a healthy lifestyle. Organization of sanitary education. The concept of sanitary and educational work. Forms and methods of sanitary and educational work.

To be able to:

- Analyze the way of life of individuals and the population as a whole, its principles. The desire to take care of one's health, considering its value and importance for a person.

Questions to prepare:

1. Health lifestyle: definition.
2. The purpose of promoting a healthy lifestyle.
3. Principles of organization of sanitary education.
4. Major directions of education of sanitary-hygienic skills, propaganda of sanitary-hygienic medical knowledge, forming healthy way of life.
5. Hygienic issues of promoting a healthy lifestyle.
6. Forms of sanitary-educational work.
7. Means of sanitary-educational work.
8. Links of sanitary-educational work.

Materials for self-preparation:

Health life style (abr. HLS)

- is all human activity that concern maintainance and strengthening of health; all, that helps to realize by human its own human functions through activity of making healthy conditions of life, labour, rest, way of life.

The purpose of propaganda of healthy life style

- is forming hygienic behavior of population, which is based on the scientifically grounded sanitary-hygienic norms, directed on maintainance and strengthening of health, providing of high level of capacity, achievement of active longevity.

Organization of sanitary education is based on the following principles:
state character, high scientific level, optimistic character, combination of mass character and individual approach, availability of perception for every citizen, approach is differentiated during carrying out of this work, presence of the special structure of organizationally methodical guidance and co-ordination of activity, development according to a plan, complexity, purposefulness, active voice of all medical workers.

By sanitary education the medical workers of MPE can influence on:

1) prevention diseases (by the method of propaganda of healthy life style);
2) early address for medical care (by propaganda measures of primary prophylaxis of separate diseases);
3) term of convalescence (in the process of permanent hospital supervision);
4) treatment efficiency and proceeding in a capacity (rehabilitations);
5) repeated hospitalization (by propaganda measures of the second prophylaxis)

Major directions of education of sanitary-hygienic skills, propaganda of sanitary-hygienic medical knowledge, forming healthy way of life is:

1. Propaganda of factors which helps preserving and strengthening health: hygiene of labour, rational feed, hygiene of rest, optimal movement regimen, physical education and sport, hygiene of matrimonial relations, tempering, personal hygiene, medical and social activity, psychical hygiene, hygiene of environment.
2. Propaganda of prophylaxis of factors which perniciously influence on a health: abuse of alcoholic drinks, drugs, smoking, observance of some ethnic ceremonies and habits, religiously cult sending.

Propaganda of health life style includes the wide circle of hygienic questions:

1) hygiene of labour;
2) hygiene of rest, including enough sleep;
3) hygiene of way of life, including hygiene of habitation;
4) prophylaxis of poisonings, including by facilities of domestic chemistry, fight against noise production, etc.;
5) physical education, sport, tourism;
6) tempering;
7) rational feed;
8) personal hygiene;
9) fight against harmful habits – smoking, abuse of alcohol, drugs, etc.

FORMS OF SANITARY EDUCATIONAL WORK

FORMS

INDIVIDUAL	GROUP	MASS
Individual talk	Group talk	Lecture
Individual information instruction	Group prophylactic reception	Broadcasting
Individual consultation	A talk “at the round table”	Telecast
Individual public-call consultations, hot line	Agitation information mess	Periodic newspaper
Personal informative correspondence	Discussion	Thematic evening
	Demonstration of video fa	Days of health
	Lesson on question of healthy life style	Exhibitions
	Study (course, group)	Demonstration films and videos

MEANS OF SANITARY EDUCATIONAL WORK

MEANS

VERBAL	PRINTED	VISUAL	MULTIMEDIA
Oral word	Postcard	Placard, picture	Cinema
Radio	Booklet	Photo-card	Television
Television	Commemorative booklet	Diagram	Video-film
Audio recording	Brochure	Sliding seat, sliding seat-series	Presentation
Telephone	Book	Slide	
	Magazine	Film-strip	
	Bulletin	Tele-, video-films	
	Periodic press	Plaster cast, model	
	Calendar		

All medical workers must be attracted to the sanitary educational work. In every MPE must be worked out a plan of this work, list of lecturers and responsible persons, themes of lectures, conversations, schedules of their carrying out, etc. (after norms on every medical worker selected for this work 4 hours per month).

In sanitary educational work are selected three basic links of activity:

- sanitary education in policlinics (among healthy people, people under threat of illness and patients);
- on a medical district (among a population, patients and them near);
- at hospital (among patients and visitors).

TOPIC 14. HYGIENIC EDUCATION

Scientific aim:
Formation of hygienic behavior, which is aimed at maintaining health and life.

To know:

- Definition of prophilaxis. Types and types of prophilaxis. Health education: definition, purpose and main tasks.

To be able to:

- Analyze data on health education, types and types of prevention, purpose and main tasks.

Questions to prepare:

1. Prophilaxis: definition.
2. Types of prophylaxis.
3. Sanitary education: definition.
4. The purpose of sanitary educational work.
5. The basic task of sanitary education.

Materials for self-preparation:

Prophilaxis

- in medicine on the whole is considered as a complex of measures directed on preserving and strengthening population health of state and is the main principle of health care in Ukraine.

Condition and level of preventive measures in any country reflects character of social-economic, scientific-technical and political conditions of society life.

Types of prophylaxis:

- individual
- social

Public and social prophylaxis provides keeping and strengthening health of some collective or community in general. This is system of political, economic, legislative, educational, sanitary-technical, sanitary-hygienic, antiepidemic and medical measures, that are carried out by plan at state level or by community organizations to ensure comprehensive development of citizens' physical and spiritual forces, eliminating the factors of negative influence on their health. Social prevention is directed on ensuring a high level of health, exclusion causes that lead to disease, creating the optimal conditions for collective life, including working conditions, rest and material securing, living conditions, expanding the range of food stuffs and nonfoods, and also the development of health care, education, culture, physical education and sport

Individual prophylaxis includes measures to prevent disease, keeping and strengthening health, which carries a specific person. Practically, this prophylaxis reduced to a healthy lifestyle and is based on the rules of personal hygiene in the home and at work, physical culture and sport classes.

Depending on health status, presence of risk factors or disease, expressed pathology in human, consider three types of prevention.

- **Primary prophylaxis** – a system of measures for prevention arising and influence of risk factors on the development of diseases (vaccination, rational regimen of work and rest, good quality nutrition, physical activity, environmental sanitation, etc.). Primary prophylaxis also includes socio-economic measures of the state for improving way of life, environment, education and more.
- **Secondary prophylaxis** – a complex of measures for to eliminate risk factors that under certain conditions (reduced immune status, overstrain, adaptive failure) can lead to the arising, or worsening of disease recurrence. The most effective method of secondary prevention is a comprehensive clinical examination as a method of early detection of diseases, dynamic monitoring, targeted treatments, and rational sequential recovery.
- **Tertiary prophylaxis** as a complex of measures for rehabilitation of patients who lost the opportunity of full life. Tertiary prevention is directed to social (of confidence in his social life), employment (resuming labor skills), psychological (behavioral recovery activity of the person) and medical (functional recovery of organs and systems) of rehabilitation.

The most important part of all prevention measures is **sanitary and educational work** among the population, directed to the formation of its medical-social activities and installations on a healthy lifestyle.

On the basis of the above, it should be noted, that the main strategic task of the health system is to keep and strengthen health, improve the quality of care, developed of specific treatment and preventive measures, forms and methods of work of certain specialized services.

The implementation of this in their daily work of medical field is not possible without knowledge of the basic characteristics, trends and patterns of health status. Therefore, the study of health and the influence of a number of factors and is a major component of social medicine.

Sanitary education

- is a section of prophylactic activity of bodies and establishments (health care), directed on hygienic studies and education of population with the purpose of his bringing in to active participation in a health protection.

The purpose of sanitary educational work

- is distribution among population, including among patients, hygienic knowledge, which must overcome all sections of hygiene (feed, habitation, labour, public, personal, etc.), explain harmful influence of alcohol, smoking, teach to give the first aid at accidents (traumas, poisonings, burns, frostbites) and diseases.

The basic task of sanitary education

- consists in forming among the population of health life style through inoculating hygienic skills to the man in the way of life and on a production, distribution among people knowledge about correct work regimen, rest, nutrition, which are based on the newest achievements of modern medical science, acquaintance of population with reasons of origin of different diseases and by the measures of fight against them.