


ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of "Introduction to the clinic"		044 – 75 /11
Complex of lectures on the discipline "Introduction to the profession "		

Lecture complex

Name of discipline: Fundamentals of medicine and safe care (Introduction to the profession)

Code of discipline: IP-1201

Name of EP: 6B10115 «Medicine»

Training hours / credits


volume: 90 hours (3 credits)

Course taught and

semester: 1 course, I semester

Lecture volume: 6 c.

Shymkent-2023 y.

<div>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</div>	<div> SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</div>	
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The lecture complex of the discipline "Introduction to the profession" was developed in accordance with the working curriculum (syllabus) and discussed at a meeting of the department
 Protocount No

Head of the department, Ph.D., Acting Associate Professor




Zhumadilova A.R

1. Topic №1: Laws and history of the development of medical education. Content and types of medical activities.

2. Purpose: To give an understanding of the laws and history of the development of medical education. Content and types of medical services. Teaching the content and types of medical activities.

3. Lecture theses: history of Medicine

<p>ОҢТҰСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
Department of "Introduction to the clinic"		044 – 75 /11
Complex of lectures on the discipline "Introduction to the profession "		

Medicine (lat.medicina: medicus-medical, therapeutic) - people's longevity in health and working capacity, in human society a system of experimental activities and scientific knowledge that involves achieving survival.

The history of Medicine, the world history of mankind as a science on the basis of studies the origin, development and state of Medicine and healing..

The history of medicine as a science and discipline in the training of medical specialists a very important place is also occupied by the progress of future scientific development, the correct perception of socio-political views, the education of general and special specialties he teaches to improve his degrees. The subject of the history of medicine-consists of two large sections: from the history of general and private medicine.

The history of general medicine - studies the General Laws of the development of World Medicine of its various branches, their specifics, main problems, achievements, discoveries, introduces the life path of famous scientists who have earned merit in science.

It shows the emergence of medical teaching in the world, the national culture and historical development of Medicine and its uniqueness.

Individual medicine depends on each Medical Branch. For example, therapy, surgery - are specially studied in their department, the ways of obtaining the disease, the causes of its occurrence, methods of determining and treating the type of ailment are indicated.

The main objectives of the history of Medicine:

Students are taught historical research methods and historical thinking. The doctrine of historical research is a broad and unified concept in the scientific node below.

Reflects the directions of material and ideological development in medicine, and also makes an analysis and conclusion on the theory of Medicine.


International through teaching the history of World Medical Development in order to strengthen the understanding of solidarity, doctors from different countries have developed scientific the International Medical Association of the Republic of Kazakhstan teaches to improve practical exchanges.

The history of Medicine aims to study the following issues puts:

- To show the regularity of phenomena in the development of Medicine, its explaining that succession;
- Continuation of medical fields in the history of Medicine;
- That the development of medical teaching is associated with the development of society as a whole broaden your horizons and increase your love for the motherland by showing it.
- The history of medicine teaches the method of research, search, treatment skills. Determination of the type of disease, prevention of the disease, as well as to be able to understand the importance of what has been said by studying the history of Medicine will.
- Development processes of society, production Forces, political trends in the development of medicine, what effect did it have, has the composition of Medicine changed, what was the news, and this is what the history of medicine teaches.

Modern Virchova Neumann introduced the concept of "social medicine" into German literature. In his work "Die öffentliche Gesundheitspflege und das Eigentum", published in 1847, he clearly proved the role of social factors in the development of Public Health.

At the end of the XIX century, the development of the main direction of Public Health to this day was determined. This direction connects the development of Public Health with the general progress of scientific hygiene or biological-physical hygiene. In Germany, the founder of this direction was M. von Pettenkofer. He included the section "social hygiene" in the hygiene manual he published, which

ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of "Introduction to the clinic"		044 – 75 /11
Complex of lectures on the discipline "Introduction to the profession "		

the doctor considered to be the essence of the sphere of life in which he was meeting large groups of people. This direction gradually became reformist, as it could not offer radical socio-therapeutic activities.

In Germany, the founder of social hygiene as a science was A. Grotian. In 1904, Grotian wrote: "Hygiene is necessary... of public relations and people who are born, live, work, enjoy, continue their birth and die. Therefore, it is social hygiene that acts as its complement next to physical and biological hygiene.

According to grotian, the subject of social and hygienic science is the analysis of situations in which the relationship between a person and the environment is carried out.

As a result of such studies, Grotian approached the other side of the substance of Public Health, that is, the development of norms that regulate the relationship between a person and the public environment, in such a way as to strengthen their health and bring benefits to it.

In England in the XIX century there were major public health figures. E. Chadwick saw the main reason for the poor health of the population. His work "the sanitary conditions of Labor populations", published in 1842, revealed the harsh living conditions of workers in England. J. Simon, being the chief physician of the English Health Service, conducted a series of studies of the main causes of population mortality. However, the first Department of Social Medicine was established in England in 1943. Ryle in Oxford.

The development of social hygiene in Russia was greatly facilitated by F. F. Erisman, P. I. Kurkin, Z. G. Frenkel, N. A. Semashko and Z. P. Solovyov.

Of the largest Russian social hygienists, it is necessary to note G. A. Batkis, a well-known researcher and author of a number of theoretical works on social hygiene, who developed the initial statistical methodology for studying the sanitary condition of the population and a number of methods of work of medical institutions (a new system of active patronage of new.

“Public health and healthcare” as a textbook and scientific discipline, its content


As it turned out, many disciplines and specialties in Medicine study various diseases, their syndromes, various clinical manifestations of the course of the disease, methods of diagnosis and treatment of diseases and possible outcomes of the disease in the case of using modern methods of complex treatment. The main methods of preventing the disease, rehabilitation of people who have suffered some disease, sometimes serious, with complications and even in connection with the exit of sick people to disability, are very rarely described. In the medical literature, the term "recreation" refers to, that is, a complex of preventive, therapeutic and recreational measures aimed at preserving the health of healthy people. People's health, its dimensions, ways to preserve and strengthen in difficult socio-economic conditions, in fact, Kazakhstan has completely fallen out of the sphere of interests of modern medicine and healthcare.

In this regard, before talking about public health, it is necessary to define the term "health", determine the level of its study in medical and social studies and determine the place of Public Health at this stage.

So, the World Health Organization (WHO) concluded in 1948 that "health is a state of complete physical, spiritual and social well-being, and not just the absence of diseases and physical defects." Who has proclaimed the principle that" having the highest available level of Health is one of the fundamental rights of every person."

It was adopted to allocate 4 levels of Health Research:

Level 1-individual health.

ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of "Introduction to the clinic"		044 – 75 /11
Complex of lectures on the discipline "Introduction to the profession "		

Level 2-health of small or ethnic groups-Group Health.

Level 3-the health of the population, that is, people living in a specific administrative-territorial unit (Region, City, district, etc.).

Level 4-Public Health-the health of society, the population of the country, the continent, the world, the general population.

Public health is a science that studies the impact of social factors and external environmental conditions on health and health organizations that develop scientifically based recommendations aimed at eliminating and preventing the harmful effects of social factors, improving the system of healthcare organization in order to increase the level of health of people. Public health and healthcare in a specific historical context is engaged in the study of a wide range of various medical aspects, social, economic, managerial, philosophical issues in the field of public health. Unlike various clinical disciplines, public health studies the state of Health in relation to the living conditions and lifestyle of collectives, social groups and society, and not of individual individuals. At the same time, living conditions, production relations, as a rule, are determining for the state of health of people, since scientific and technological progress, socio-economic revolutions and evolutionary stages, Cultural Revolution bring great benefits to society, but at the same time can negatively affect its health.

With the acquisition of independence and the establishment of market Relations, Public Health in Kazakhstan has undergone a number of significant changes. The current stage can be defined as the period of accelerated modernization of the healthcare system, including the transition to modern principles and standards in the sphere of healthcare organization,

In accordance with modern conditions, the content of the discipline requires revisions and additions.

Research methods used in public health

1) the statistical method is widely used in the field of public health as the main method of public science. It allows you to identify and objectively assess the ongoing changes in the state of health of the population and determine the effectiveness of the activities of health authorities and institutions. In addition, it is widely used in medical scientific research (hygienic, physiological, biochemical, clinical, etc.).


The expert assessment method is an addition to statistical data, the main task of which is to indirectly determine some correction factors.

Public Health uses quantitative measurements using census and epidemiological methods. This makes it possible to carry out predictions based on pre-formulated patterns, for example, it is possible to predict future births, population, mortality, mortality from cancer, etc.

2). The historical method is built on the basis of the study and analysis of Public Health and health processes at different stages of human history. The historical method is a descriptive, descriptive method.

3). The method of Economic Research makes it possible to establish the impact of the economy on health care and, conversely, on the economy of society. The health economy is an integral part of the country's economy. Health care in any country there is a certain material and technical base, which includes hospitals, clinics, dispensaries, institutes, clinics, etc.

To study the influence of socio-economic factors on human health, methods used in economic sciences are used. These methods are directly used in the study and development of such health problems as accounting, planning, financing, health management, rational use of material resources, scientific organization of labor in health authorities and institutions.

ОҢТҰСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of "Introduction to the clinic"		044 – 75 /11
Complex of lectures on the discipline "Introduction to the profession "		

4). The experimental method is a method of searching for new, more effective forms and methods of work, the development of models of medical care, the introduction of best practices, the verification of projects, hypotheses, the creation of experimental bases, medical centers, etc.

The experiment can be carried out not only in the natural sciences, but also in the Social Sciences. The public health experiment cannot often be used due to the administrative and legislative difficulties associated with it.

In the field of healthcare organization, a modeling method is being developed, which consists in creating organization models for experimental verification. A great trust is imposed on experimental areas and health centers associated with the experimental method, as well as on experimental programs on individual problems. Experimental zones and centers can be called "Field laboratories" for conducting scientific research in the field of Health. Depending on the goals and problems for which they are created, these models vary greatly in size and organization, being temporary or permanent.

Control and query method. Special studies can be carried out to supplement and deepen this data. For example, to obtain more in-depth data on the incidence of people of a particular profession, it uses the results obtained in medical examinations of this contingent. To determine the nature and degree of influence of social and hygienic conditions on morbidity, mortality and physical development, methods of interviewing individuals, families or groups of people according to a special program (Interview, Survey method) can be used.

It is possible to obtain valuable information on economic, social, demographic, etc. questions using the survey (interview) method.

Epidemiological method. An important place among the methods of epidemiological research is occupied by epidemiological analysis. Epidemiological analysis is a set of methods for studying the features of the epidemic process in order to identify the causes that contribute to the spread of this phenomenon in this territory and develop practical recommendations for its optimization. From the point of view of the methodology of Public Health, Epidemiology refers to Applied Medical Statistics, which in this case acts as the main, to a significant extent, special method.


The use of epidemiological methods in various areas of health care in large populations makes it possible to highlight various components of Epidemiology: clinical epidemics, environmental epidemics, Epidemiology of non-infectious diseases, epidemiology of infectious diseases, etc.

Clinical epidemiology is the basis of evidence-based medicine, which allows us to make a forecast for each specific patient in similar conditions using strict scientific methods based on the study of the clinical course of the disease. The purpose of Clinical Epidemiology is to develop and apply such methods of clinical control that allow us to draw objective conclusions, avoiding the influence of previously made mistakes.

The main goal of Public Health is to create an effective public health service. The topics of such studies are: assessment of the nature and extent of the population's need for medical care; study of the influence of various factors determining these needs; assessment of the effectiveness of the existing health care system. development of ways and means of its improvement; development of forecasts for the provision of medical care to the population.

Types and branches of Medicine

1. Clinic
2. Surgical
3. Medical and surgical
4. Laboratory
5. Forensic Medicine

ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of "Introduction to the clinic"		044 – 75 /11
Complex of lectures on the discipline "Introduction to the profession "		

6. Occupational Medicine
7. Preventive Medicine
8. Sports medicine
9. Integrative Medicine
10. Complementary Medicine

Branches or medical specialties

- | | |
|--------------------------------|----------------------|
| 1. General and family medicine | 13. Dentistry |
| 2. Pediatrics | 14. Gastroenterology |
| 3. Cardiology | 15. Nephrology |
| 4. Pulmonology | 16. Infection |
| 5. Gynecology and obstetrics | 17. Toxicology |
| 6. Otorhinolaryngology | 19. Hematology |
| 7. Urology | 20. Ophthalmology |
| 8. Endocrinology | 21. Radiology |
| 9. Dermatology | 22. Proctology |
| 10. Traumatology | 23. Rheumatology |
| 11. Oncology | 24. Immunology |
| 12. Geriatrics | |

Other types of Medicine

4. Illustrative material: presentation

5. Literature: in syllabus

6. Control questions (feedback):

1. Training in the field of Medicine
2. Types of Medicine
3. Population Health and teaching methods

1. Topic №2: Nursing process. The objectives and planning of nursing interventions. Safe care: goals, objectives methods.

2. Purpose: Explain to students about the nursing process. State the goals and planning of nursing interventions. Teaching students aspects of safe care.

3. Theses of the lecture:

The nursing process is the main unshakable concept of the modern American and Western European, Roman model of business. This reformist concept originated in the mid-50s of the twentieth century in the United States and proved its effectiveness in the clinical setting for four decades. Currently, the nursing process is considered the core of nursing education and practice, creating a theoretical, scientific base for nursing care in 50 countries of the world.

The purpose of the nursing process is to meet the 14 basic needs or quiet deaths in the patient's body, to support and normalize patient independence.

The nursing process is divided into 5 stages:


Collecting information about the patient's health;

Nursing diagnostics;

Care planning;

Implementation of planning;

Evaluation of the result of the care provided;

<p>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
Department of "Introduction to the clinic"		044 – 75 /11
Complex of lectures on the discipline "Introduction to the profession "		

Information collection: in order to organize individual, carefully thought-out, science-based care for a patient, it is necessary for a nurse to clearly know who her patient is;

At the heart of nursing care is a study by the American psychologist A. Maslow on 14 basic human needs;

Nursing Diagnosis: Nursing Diagnosis or the concept of nursing problem first appeared in America in the 50s of the twentieth century and was officially and legally approved in 1973. To date, the list of Finnish Problems approved by the American Nursing Association is 114 units;

A nursing diagnosis is a clinical opinion of a nurse that describes the patient's response to an existing or potential disease and condition, the reason for this response;

Planning: after setting the goal, the nurse has developed a patient care plan, that is, a written instruction containing a complete list of special actions of the nurse necessary to achieve the goal of care. Using a white paper, The Nurse tries to clarify the situation, answer the questions of what can be done to the patient on the problem posed, what assistance can be provided to him;

Implementation of the care plan: the nurse carries out what she writes on paper herself or with the help of a technical nurse. Nursing designs 3 different nursing participations;

Actions performed by a nurse at the request or under the supervision of a doctor, such as injecting antibiotics every 4 hours, changing bandages, and cleaning the stomach.

Actions taken by the nurse willingly and with her own thoughts, carried out without the requirement of a doctor.

Providing patient self-care assistance;

Observation of the patient's response to his illness and adaptation to it;

Observation of the patient's response to treatment and adaptation to it;

Training the patient in treatment approaches and self-care ;

Consultation on the patient's health;

Instructing the patient to restore daily activity and rest;

Planning care measures to convince the patient of their own strength and capabilities;

Organization of the patient's leisure time;

Joint service with a doctor or other specialist of the health system, for example: physiotherapist, nutritionist or inspector. Renovation measures are an example.

Evaluation of the care result: the quality and result of patient care is regularly determined by the nurse:

assessment of success in achieving the goal;


examination of the patient's responsible reaction to lying in the hospital;

active search for new problems and their assessment.

5 stages of the nursing process finally, there are 5 nursing processes in medical practice:

1. Nursing examination.
2. Nursing Diagnosis, identification of the disturbed needs of the patient.
3. Defining and planning the goals of Nursing Care.
4. Implementation of the Nursing Diagnosis plan.
5. Evaluation and adjustment of effectiveness.

These five stages of the nursing process allow you to systematize the work of the nurse, identify priority areas, plan, execute actions and, together with the patient, evaluate their result. The first stage involves the collection of objective and subjective information about the patient. In this case, it can be obtained directly from the patient or from his relatives (friends, colleagues), as well as from medical documents. To communicate with the patient himself, an appropriate environment should be organized, which contributes to an effective and trusting relationship.

ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of "Introduction to the clinic"		044 – 75 /11
Complex of lectures on the discipline "Introduction to the profession "		

Subjective data is general information (place of work, complaints, sociological and psychological data). The collection of objective information is carried out by instrumental methods, as well as with the help of the sensory organs of a medical worker. The second stage is Diagnostics. To understand what a nursing diagnosis is, it must be taken into account that the doctor deals with the basic diagnosis. A nurse's diagnosis is to determine the patient's condition that requires intervention. These can be both existing problems and potential problems (which may arise in the future). The third stage is defining goals and planning care. What nursing care is needed? Nursing is the intervention of a nurse in the treatment or recovery process, taking into account the priority problems of the patient. The goals of the intervention can be short-term (one week or 2 weeks) and long-term. Based on the formed goals, an individual work plan is drawn up.

What is included in the nursing plan:

1. Ensuring a treatment and protection regime.
2. Observation of the patient's condition.
3. Preparation of the patient for additional examination methods.
4. Compliance with the sanitary and epidemiological regime.
5. Observe diet therapy.
6. Provide drug treatment.
7. Conducting specialist consultations (as prescribed by a doctor).
8. Providing psychological assistance.
9. Conducting nursing pedagogy.
10. Registration of medical documentation.

4. Material: Presentation

5. Literature: in syllabus

6. Control questions (feedback):

1. Nursing process
2. Goals and plan of nursing intervention.
3. Safe care: goals, objectives about methods.


1. Topic №3: Medical ethics: concept, basic principles. Ethical aspects of the doctor's relationship with colleagues.

2. Purpose: Explain to students the basic principles of medical ethics. Tell the ethical aspects of the doctor's relationship with colleagues.

3. Theses of the lecture: Ethics is the doctrine of morality and its social meaning. Medical ethics is a reflection on the moral qualities of medical workers. It contains a set of principles that regulate the norms of behavior, depending on the characteristics and position of medical workers in society, considers the interaction of a doctor with patients and their relatives, the purity of body and soul.

A component of medical ethics is deontology. This new branch of Science appeared at the beginning of the XIX century (Greek Deon – relevant; log – science, doctrine). The term deontology came into use not so long ago: at the beginning of the last century, the English philosopher I. Bentham coined it as the name of the science of professional human behavior.

Medical deontology-includes the moral and ethical foundations of the activities of medical workers, requirements for their spiritual and personal qualities, responsibility to society and the people, relationships with patients, their relatives, colleagues. This includes the issues of professional growth of the doctor, treatment with the aim of maximum satisfaction of the wishes of patients, and the organization of the activities of disease prevention institutions. The concept of "Doctor's skill" cannot be locked in the husk of technical approaches. This is a creative process that manifests itself in the form of intellectual work, the so-called "clinical thinking system", which ends with the doctor. That

<p>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
Department of "Introduction to the clinic"		044 – 75 /11
Complex of lectures on the discipline "Introduction to the profession "		

is, something directly related to the behavior of a doctor, the ability to accept the disease that comes before him, carefully and completely examine, draw a worthy conclusion. The doctor was created to help a sick person, cure him of his illness, restore the ability to work and protect him from death. To do this, he must love his profession and constantly improve his professional skills. Only a doctor with sufficient clinical experience can provide effective help.

Medical deontology, as a field of knowledge that studies the moral norms of medical activity, is considered a component of social morality and ethics. Control over the implementation of deontological tasks in the doctor's activities is carried out through moral and ethical criteria, public opinion. It is based on the conscience of every physician, on the knowledge of the world. It is on them that the viability of deontological kagids, the effectiveness of its control, depends. It is possible that the articles of the law can sometimes be broken, and Oz cannot be deceived or deceived by conscience.

Medical deontology, as a single branch of the science of morality and ethics, is closely related to social-political and economic conditions, the prevailing ideology, as well as the level of scientific and practical development of Medicine.

The most important branch of deontology is the moral and ethical issues of the relationship between the doctor and the patient in the course of medical work. The first impression of a medical institution, whether positive or negative, is formed depending on the medical worker, the order of work and the situation in this place. The environment and situation in the medical institution have a huge impact on the mood of patients and, ultimately, on the treatment process.


The general situation in the department is also important. If the patient sees a medical worker working carefully and carefully, he will be satisfied and confidently cross the threshold. If the patient feels not only a highly qualified specialist, but also a calm soul, a good heart, a sense of camcorder, he will contact him without hesitation, and this will contribute to the healing of the treatment.

The surgical departments of the hospital are distinguished by their toughness, unlike those of the Lers. Such severity, as a rule, is caused by the observance of cleanliness, aseptic and antiseptic principles. Obviously, cleanliness is needed everywhere, especially in surgery. However, the same cleanliness can be preserved in the interiors of the places where the sick live – rooms, halls and resting capes-with a pleasant, colorful and warm decoration. In the operating, wound dressing, treatment, etc. in places where medical treatment measures are applied, the aseptic and antiseptic condition must be strictly observed. In other places, it is advisable to establish the most optimal situation and bring it closer to the usual domestic situation. For example, decorative plants, aquariums have the effect of relieving patients ' worries, forgetting about the disease for a moment, refreshing their mood. In order for the patients who are traveling to rest and meet with visitors, it will not be superfluous to lay a soft carpet in the elegantly decorated hall, put comfortable sofas and armchairs, low tables, flowers.

The rooms should be equipped with manners that are conducive to the movement of patients, rest, and remind them of their usual life. In addition to creating living conditions, it is important to remember that they affect the psyche of patients both aesthetically and sensually, improve their mood, and refresh their senses.

In surgery, along with antimicrobial asepsis, psychological asepsis must also be maintained; although it does not directly affect wound healing, it can cause psychogenic trauma to the patient. Stains of blood, pus, and gauze left over from previous patients can negatively affect the patient and cause a state of excitement. Therefore, after tidying up the room and putting it in proper order, the next patient should be shaken.

As soon as the patient is admitted to the department, he is met by the attending physician, who conducts the entire medical examination, applies treatment and is responsible for its results. Therefore, the attending physician knows everything about the sick person, about his life and prison,

ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of "Introduction to the clinic"		044 – 75 /11
Complex of lectures on the discipline "Introduction to the profession "		

the results of diagnostic examinations, about his feelings of illness. In such cases, when the Attending Physician comes to the hospital, the patient becomes the closest person to him, trusting him with his body, without hiding his worries and doubts.

The attending physician is a link in any institution, a reputation to face. Therefore, it is an important task of both the hospital administration and the management of the clinic to ensure that the doctor is respected and respected. Of course, there are always doctors who differ from each other in their personal and professional qualities. Some of them may even have the opportunity to send a letter, so that there may be a need to objectively evaluate their activities and even give a fair punishment. But all this should not lead to the attention of patients, damage the reputation of the ward's doctors. This topical deontological regime should be strictly observed by everyone, especially by the heads of clinics and hospitals.

Medical secret

Information about the fact of seeking medical care, the state of health of a citizen, the diagnosis of his disease and other information obtained during his examination and (or) treatment constitute a medical secret.

Disclosure of information constituting a medical secret by persons who have become known during the performance of training, professional, official and other duties, except for the cases established by paragraphs 3 and 4 of this article, is not allowed.

It is allowed to transfer information constituting a medical secret to other individuals and (or) legal entities with the consent of the patient or his legal representative in the interests of examination and treatment of the patient, for research, use of this information in the process of training and other purposes.


Transfer of information constituting a medical secret without the consent of a citizen or his legal representative in the following cases:

- 1) for the purpose of examination and treatment of a citizen who, due to his / her condition, is unable to express his / her will;
- 2) when there is a threat of the spread of diseases that pose a threat to others;
- 3) at the request of the bodies of inquiry and preliminary investigation, prosecutor, lawyer and (or) court in connection with the conduct of an investigation or trial;
- 4) when providing medical care to a minor or incapacitated person, to inform his / her legal representatives;
- 5) if there are grounds to believe that damage to the health of a citizen has been caused as a result of illegal actions.

It is not allowed to enter and use personal information related to the patient's personal life in automated databases without the patient's permission.

It is not allowed to connect automated databases of a private nature to networks connecting them with other databases without the permission of patients when using information of a private nature related to the privacy of patients.

Ethics is of great importance in the medical field. Because compliance with ethical and moral principles for the relationship between the doctor and the patient, the doctor and the doctor, the doctor and nurses, the doctor and junior staff, the doctor and the patient's relatives . Teach the rules and models of the relationship between the doctor and the patient, how to work with a team, how to achieve a lot of success through this team building, how to become a leader in a team. An active or allied form of Medical Communication, which makes it possible for the patient to actively participate in the treatment process, develops his autonomy and responsibility in choosing treatment. This cooperative relationship will be more productive in patients who have conducted a fight against the disease. The doctor's actions are aimed at reasoning, preparation for making the final decision

ОҢТҰСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of "Introduction to the clinic"		044 – 75 /11
Complex of lectures on the discipline "Introduction to the profession "		

himself. At first, the doctor may use his form of control to create a relationship, and then move on to a partner relationship. A single Collective is formed on the basis of a common goal, problem, situation in which there is an understanding that creates a close world of people. In this case, the role of the head of the team, that is, the leader, is special.

The authority of a leader in a team should be high, because it is considered a part of society that reflects the moral qualities of a person in a team. The authority and true morality of the leader are based on the common sense of the people, the collective. Trust and authority the Doctor acquires with his knowledge, abilities, sincere desire to work, search for ways to solve various problems, and good attitude to team members. In this regard, the authority of the head of the established team is undoubtedly necessary for every administrator.

False friendship is not a need for a team. It should be noted that when there is an appropriate moral climate in the team, harshness does not bring heaviness to the members of the team.

In the field of medicine, many ethical and legal issues arise, including: social, legal and ethical aspects of human life, abortion, sterilization , new reproductive technologies, ethical and legal problems of AIDS, ethical and legal problems of Experimental Medicine, ethical and legal problems of clinical transplantology and transfusiology, ethical and legal problems of medical genetics and genetic engineering.

Relationship between" nurse-patient":

The medical nurse is obliged to communicate calmly and openly with the patient. It is forbidden to talk rude, vulgar or too formal. It is advisable to talk to patients with "you" and name and patronymic. It is forbidden to stand next to the patient, discuss his diagnosis, treatment plan, talk about the health of other patients in the ward.

Before starting complex and painful procedures, the nurse should explain and calm the patient in an understandable way the essence, meaning and necessity of these procedures.

Relationships between "relatives (and loved ones) of the nurse – patient":

It is necessary to observe restraint, calmness, calmness and tact;

Explain to caregivers of complex patients the procedure and the correct procedure for performing manipulations;

Only within the framework of their competence should be interviewed (refer to the doctor, without talking about the patient's illness, prognosis) ;

It is necessary to calmly answer the questions asked, patiently teach the rules of proper care in a complex patient.

Relationships between "nurse-doctor":

It is forbidden to talk rudely during an interview;

Medical appointments must be made in a timely manner, clearly and professionally;

An urgent notification to the doctor about sudden changes in the patient's health condition is required.;

In case of doubt in the course of the prescribed medical treatment , during the absence of the patient, it is necessary to politely discuss the situation with the doctor about it.

Relationships between "nurse-nurse":

in the process of working with their team, rudeness and vulgarity should not be allowed;

Any comments, during the absence of the patient, should be expressed in a polite manner;


Experienced nurses need to provide mentoring assistance to young professionals;

In difficult situations, one must help one another.

Relations between "nurse-junior medical worker":

maintain mutual respect;

It is necessary to politely monitor the work of the junior medical officer;

ОҢТҰСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of "Introduction to the clinic"		044 – 75 /11
Complex of lectures on the discipline "Introduction to the profession "		

It is unacceptable to allow tactlessness, rudeness, arrogance;
 It is not allowed to make warnings in front of patients and visitors.

4. Material: Presentation

5. Literature: in syllabus

6. Control questions (feedback):

1. Basic principles of medical ethics.
2. Ethical aspects of the doctor's relationship with colleagues.
3. Relationship between "nurse-patient"

1. Topic №4: Communicative culture, ability, competence. Types of communication. Basic principles of effective communication with the patient, his family members, colleagues.

2. Purpose: Teach students the culture of communicating with the patient, communicating with family members of the patient, the basic principles of effective communication with colleagues, types of communication.

3. Theses of the lecture:


Types of communication and main roles.

The following words are key in describing the essence of communication: communication, contact, interaction, exchange, integration operation.

Communication as a socio-psychological phenomenon in order to designate with a more specific word, you can take the word contact, that is, touch. Contact between people is enhanced by language and communication. Conversation is the main way of communication. It should be considered as the objectification of human consciousness through sign systems. Some information can be transmitted through special signs, or rather through a system of signs. There are several systems of signs used in the communicative process, according to which it is possible to build a classification of the communicative process. Speech arises as one of the forms of manifestation of emerging consciousness and, as one of the higher mental functions of a person, has gone through complex stages of development at the phylogenetic and ontogenetic levels. Speech mannerisms determine a person's understanding of the world around him, his culture. The quality of speech depends on the harmony of content, communication and impressions. The content is related to information, the relationship is related to the composition of the emotional context in which a person introduces himself into speech: the influence is determined by the influence of speech on others. For example, we must assess the socio-psychological quality of the speaker's speech. In this case, it is necessary to determine how informative his information is, whether it is interesting to the speaker himself and whether his message affects other people. The word is spoken through the tongue. Language is a sign system that communicates information in some way with a code. In modern society, there are a lot of sign systems, but with the development of Computer Communications, the trend towards some of their integration is completely clear.

Basic communication strategies.

The concept of a relationship. Types of relationships, forms of manifestation. Basic properties, General Laws of communication. Relationship mechanisms. Communication styles and approaches. Description of the communication new of the relationship. Description of the perceptual new of the relationship. Description of the interactive side of the relationship. Relationship Services. Imperative relationship, manipulative relationship. Individual and relationship. Culture of communication. Communication. The ability to communicate is a special feature of the teacher's personality. Relationship requirements. Training to be able to enter into a relationship. The general nature of human relations. Communication and its functions; communication, pragmatic activity; formation, development activity; confirmation activity; organization and support of interpersonal


ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of "Introduction to the clinic"		044 – 75 /11
Complex of lectures on the discipline "Introduction to the profession "		

emotional relations; intrapersonal activity. Types of relationships between individuals: imperative, manipulative, dialogic, spiritual, business, formal-role relationships. Methods of communication: language, jest, facial expressions, pantomime, intonation, rhythm of words. Description of concepts related to communication. Communication, communication and awareness, communication, etc. are strategic and tactical. Forms of communication: direct sharing, indirect sharing, interpersonal sharing, mass sharing, personal sharing, role sharing.

The ratio of the categories "relationship" and "action" in Psychological Science. Content and structure of communication. Diversity of forms of communication between people and their mechanisms. Construction of the communicative process. Types of communication, methods of communication and conditional. Verbal and non-verbal details of communication. Paralinguistic and extralinguistic systems of signs. Codification of information. The study of the development of communication skills by social psychological methods. Features of the communicative process between people, the development and increase of the message in the process of "movement" the position of activity of companions in the communicative process semantic interpretation of the message, types of communication. The structure of the language order. Understanding the socio-psychological laws of language communication. The concept of thesaurus. Type of communicative barrier. The problem of linguistic consciousness and self-consciousness of an individual. As a social subject of the test: patterns of formation, mechanism of perception, interpretive approach. Language stereotype and language etiquette. The place of language rules. The concept of non-verbal communication. General characteristic of the basic structure of non-verbal discipline as a factor in the communicative process. Organization of communication in the course of space, time. A special indicator in the interaction and influence of each other within the non-verbal communication group. The multiplicity of human individuality is manifested not only in professional activities, but also in relationships with other people-real, hypothetical, everyday and conflictive. According to K. Horney, from childhood, a person began to treat other people personality orientations, 3 basic strategies to produce and then follow them: these are people directed movement, in which the main one is love from the side of others, and the rest of the goals will be subordinated to the desire to justify it; against people directed movement, in which the "philosophy of the Jungle" shows priority: life is an unstoppable struggle for survival, including with other people; the latter, characterized by the need for escape from people, independence and inviolability, refuses various manifestations of struggle, but at some point prevents a person from adapting quotes. In today social Psychology, interaction strategy can often be defined the relationship based on the motivations that drive it, including daily in the organization of contacts highlights the following:

1. Cooperation (motive for maximizing total winnings)
2. Individualism (the motive of maximizing self-winning)
3. Competition (maximization motive in relation to winnings)
4. Altruism (motive to maximize the other's winnings)
5. Aggression (motive to minimize the other's winnings)
6. Equality (motive for minimizing diversity in winnings)

These strategies guide the course of the relationship and approximate its outcome shows; for the purposes of communication, the motives of its participants differ from each other it will be more appropriate to complement, and strategies of individualism and aggression it will be inconvenient. In the CAE of a conflict, the Motivation of it participant lead to different results. defines specific strategies for disruptive behavior. This knowledge the relationship between the interests of the self and others (Collective) in the territory different in size, behavior in conflict such as competition, cooperation, compromise, escape and adaptation.

ОҢТҰСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of "Introduction to the clinic"		044 – 75 /11
Complex of lectures on the discipline "Introduction to the profession "		

The most popular is the classification of K. Thomas, who highlighted 5 types of behavior for example:

Avoiding conflict a person gains another at the price of their own loss it manifests itself in cases of striving to escape from conflict, bringing it to a minimum.

("Let no one fall into the hands!" - this is the devise of a runaway person). Resistance is the strategy of "pulling the rope", in which every win seems insufficient, there are many wins even so, the participants will be passionate about winning. Recoil-the partner's goal to achieve, renounce any demands, this is a self-destructive strategy of sacrifice. Cooperation is the motivation of competition or of people in accordance with social behavior, allowing the implementation of the motive of cooperation strategy. Compromise (tactical retreat for Strategic draw) more productive it is a strategy, because, unlike the ones mentioned above, it is not a conflict. Leads to a good mood of the participants and an improvement in their further relations. At the same time, in implementation, it is the most difficult.

Norms of conversation with the patient

1. The Doctor is obliged to communicate calmly and openly with the patient.. Rude, vulgar, or too formal communication is prohibited. It is advisable to talk to patients with "you" and name or patronymic.
2. It is forbidden to discuss the diagnosis,treatment plan, and talk about the treatment plan of other patients while standing next to the patient.
3. Before starting complex and painful procedures, the doctor should clearly explain the essence, meaning and necessity of this procedure and calm down.

Relationships between relatives of the doctor-patient:

1. It is necessary to maintain restraint,calmness, calmness and tact;
2. It is necessary to explain to caregivers of complex patients the correct procedure and procedure for performing manipulations;
3. Interview only within its competence "refer to the doctor, without talking about the patient's illness or condition"
- 4.Calmly answer the questions asked, patiently teach the rules of proper care in a complex patient.

Doctor-nurse relationships

1. In the process of working with their team, rudeness and vulgarity should not be allowed;
2. Any comments must be made in a polite manner during the absence of the patient;
3. Nurses with extensive experience should provide assistance to young specialists;
4. Help each other in difficult situations.

4. Material: Presentation

5. Literature: in syllabus

6. Control questions: Feedback

1. Communication, culture.
- 2.doctor-patient relationship.
3. Doctor-Nurse relationship.


Topic №5: Tasks and principles of medical law. The right to health care and medical care.

2. Purpose: Students are taught how to communicate with the patient's relatives in case of an emergency or exacerbation of the disease,as well as the relationship between the patient and the patient's loved ones, as well as the right of patients to receive medical care.

3. Theses of the lecture:

Patient rights

Article 76. Guarantee of ensuring rights in the field of health care

<p>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
Department of "Introduction to the clinic"		044 – 75 /11
Complex of lectures on the discipline "Introduction to the profession "		

1. The state shall provide citizens of the Republic of Kazakhstan with:


- 1) equal access to medical care;
- 2) quality of medical care;
- 3) quality of drug support;
- 4) availability, effectiveness and safety of medicines;
- 5) carry out measures for the Prevention of diseases, the formation of a healthy lifestyle and proper nutrition;
- 6) freedom of choice of reproducibility, protection of reproductive health and compliance with reproductive rights;
- 7) guarantees sanitary and epidemiological welfare.

3. The Republic of Kazakhstan guarantees citizens of the Republic of Kazakhstan protection from any forms of discrimination and stigmatization due to the presence of any diseases and conditions in them.

Article 77. Rights of citizens of the Republic of Kazakhstan

1. citizens of the Republic of Kazakhstan:

- 1) receive a guaranteed amount of free medical care;
- 2) provision of medicines and medical devices within the guaranteed volume of free medical care and (or) in the system of compulsory social health insurance;
- 3) free choice of a doctor and medical organization;
- 4) receive medical food if the patient is being treated in a hospital;
- 5) additional medical care outside the guaranteed volume of free medical care and (or) at the expense of their own funds in the system of compulsory social health insurance, funds of organizations, the system of voluntary health insurance and other sources in accordance with the legislation of the Republic of Kazakhstan;
- 6) receive medical and other services on a paid basis;
- 7) if there are indications, receive medical care outside the Republic of Kazakhstan in accordance with the procedure determined by the authorized body at the expense of budgetary funds;
- 8) receipt and issuance of relevant documents certifying the fact of temporary disability in accordance with the legislation of the Republic of Kazakhstan;
- 9) receive free and regular information from state bodies, organizations and the attending physician, within their competence, reliable information on the Prevention of the disease, methods of its diagnosis, treatment and medical rehabilitation, clinical studies, factors affecting health, including the state of the habitat, working, living and Recreation conditions, the safety of healthy nutrition and food products;
- 10) receive information on the safety, effectiveness and quality of medicines, medical devices sold from state bodies, independent expert organizations and subjects in the field of circulation of medicines, medical devices;
- 11) protection of information constituting a secret of a medical worker;
- 12) compensation for damage caused to health when providing medical care to them in accordance with the legislation of the Republic of Kazakhstan;
- 13) protection of their rights and legitimate interests in the field of healthcare in accordance with the legislation of the Republic of Kazakhstan;
- 14) appeal against the actions (omissions) of medical and pharmaceutical workers in accordance with the procedure established by the laws of the Republic of Kazakhstan;
- 15) in case of disagreement with the results of the state medical examination, submit an application to higher authorities for the involvement of independent experts;
- 16) to express a voluntary will on the possibility of acting as a donor;

<p>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
Department of "Introduction to the clinic"		044 – 75 /11
Complex of lectures on the discipline "Introduction to the profession "		

17) consent or refusal to receive tissues (part of the tissue) and (or) organs (part of the body) from them for transplantation in accordance with the procedure established by this code after death;

18) give or refuse informed consent to treatment and other medical interventions, including preventive vaccinations;

19) pay jointly;

20) receive painkillers in the treatment of incurable chronic diseases;

21) receive information on the state of health, including information on the results of medical examination, diagnosis and prognosis of the disease, methods of providing medical care, associated risk, possible types of medical intervention, its consequences and results of providing medical care in an accessible form;

22) have the right to clear and timely information on factors that contribute to or have a negative impact on health, sanitary and epidemiological welfare, the state of the environment, the potential danger of work and services performed for human health, rational nutrition standards, quality and safety of products, goods and services, including information on disease prevention;

23) other rights in accordance with the laws of the Republic of Kazakhstan.

1-1.persons with disabilities (persons with disabilities) have the right to primary services in healthcare organizations.

2.women have the right to decide on motherhood for the purpose of family planning and maintaining their health and freely choose modern methods of preventing unwanted pregnancies.

Citizens ' right to protect motherhood:

1) conducting medical examinations of women of reproductive age, their dynamic observation and rehabilitation;

2) treatment according to medical indications of the main diseases that directly affect the reproductive health of women and the health of a sick child upon admission to a hospital for the care of a sick child.

Article 79. Rights of citizens and families of the Republic of Kazakhstan in the field of protection of reproductive rights

1. citizens of the Republic of Kazakhstan:

1) free choice of reproducibility;

2) receive reproductive health and family planning services;

3) Receive clear and complete information about their reproductive health status;

4) treatment of infertility, including with the use of modern auxiliary methods and technologies of reproduction permitted in the Republic of Kazakhstan;

5) prevent unwanted pregnancy;

6) safety of motherhood;

7) donation of sex cells, tissues of reproductive organs;

8) Use and freely choose contraceptive methods;

9) surgical sterilization;

10) artificial termination of pregnancy;


11) protection of their reproductive rights;

12) freely make decisions regarding the number of children and the time of their birth in marriage or out of wedlock, the intervals between births necessary to preserve the health of the mother and child;

13) storage of sex cells, tissues of reproductive organs, embryos in accordance with the procedure established by the legislation of the Republic of Kazakhstan.

2. citizens are obliged to observe the rights, freedoms and legitimate interests of other persons in the exercise of their reproductive rights.

3. citizens have the right to consultations on family planning for medical reasons, on the presence of socially significant diseases and diseases that pose a threat to others, on the medical and psychological

ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of "Introduction to the clinic"		044 – 75 /11
Complex of lectures on the discipline "Introduction to the profession "		

aspects of family-marriage relations, as well as medical and genetic and other consultations and examinations in medical organizations in order to prevent possible hereditary and congenital diseases in the offspring.

4.the child's father or other family member is granted the right to participate in the birth of the child, with the consent of the woman, taking into account her health status, with the exception of cases of emergency delivery, in the presence of appropriate conditions (separate delivery rooms) in maternity organizations and in the absence of infectious diseases of the father or other family member. The implementation of such a right is carried out on a gratuitous basis.

5.citizens of the Republic of Kazakhstan infected with HIV have the right to adopt children on an equal basis with other citizens of the Republic of Kazakhstan in accordance with the legislation of the Republic of Kazakhstan.

6.citizens of the Republic of Kazakhstan infected with HIV have the right to use assisted reproductive methods and technologies in accordance with the legislation of the Republic of Kazakhstan.

Article 80. Duties of citizens of the Republic of Kazakhstan

Citizens of the Republic of Kazakhstan:

- 1) take care of the protection of their health, be jointly responsible for the protection and promotion of personal and public health;
- 2) payment of contributions to compulsory social health insurance in accordance with the law of the Republic of Kazakhstan" on compulsory social health insurance";
- 3) undergo preventive medical examinations, screening studies;
- 4) perform appointments of medical workers in relation to personal and public health;
- 5) be interested in the process of managing their health, including participation in programs for managing chronic diseases, obtaining information about the disease and methods of its treatment, possible risks and complications;
- 6) inform medical workers about the individual characteristics of their body;
- 7) take precautions to protect their health and the health of others, undergo research and treatment at the request of healthcare entities, inform medical personnel about the presence of infectious and other diseases that pose a danger to others;
- 8) comply with the legislation of the Republic of Kazakhstan in the field of healthcare.

Citizens of the Republic of Kazakhstan suffering from diseases that pose a danger to others, with the exception of HIV infection, in case of evasion of examination and treatment, are subject to compulsory examination and treatment in accordance with this code and the laws of the Republic of Kazakhstan.

The doctor's relationship with the patient's relatives

The patient's family had been told of the tragedy, and the hospital had been told of the diagnosis and prognosis of the disease. As soon as the patient's diagnosis is completely clear, it is necessary to immediately inform his family about the patient's illness. It is necessary to prepare the patient's family in advance. It is not allowed to convey information by phone. Family members may want to know more about the disease, and then tell everything completely, without hiding the truth.


The designer should choose a room where no one will interfere before the session, and turn off the phone during the session. The patient's family members may be interested when they hear information. Therefore, the doctor must ensure his safety.

4. Material: Presentation

5. Literature: in syllabus

6. Control questions: Feedback

1. Friendly relations with the patient's relatives
2. Health care rights
3. Ethics of conveying a tragedy

ОҢТҰСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of "Introduction to the clinic"		044 – 75 /11
Complex of lectures on the discipline "Introduction to the profession "		

1. Topic №6: Modern healthcare and medicine in the Republic of Kazakhstan. Health insurance.

2. Purpose: To teach how much modern medicine is developing in health care and in the Republic of Kazakhstan, methods of medical insurance.

3. Theses of the lecture: In the Republic of Kazakhstan, work in the field of healthcare is carried out in accordance with the Constitution of the Republic of Kazakhstan, the law “on the protection of the health of citizens of the Republic of Kazakhstan”, the state program “people's health”. The state policy in terms of protecting the health of citizens of the Republic of Kazakhstan is based on the following principles: ensuring the state guarantee of medical-sanitary, medical-social, medical-medical care provided by state health institutions; responsibility for monitoring their implementation; social protection of citizens who have lost their health, social justice and equality of receiving medical care in accordance with the framework of guaranteed medical care. The number of doctors in all specialties in the Republic is 50.6 thousand or 33.9 doctors for every 10 thousand inhabitants. The number of middle-level medical workers is 104.4 thousand people (74.1 per 10 thousand inhabitants). Medical personnel with higher education are trained by 6 specialized universities. In all regional centers and large cities, mid-level medical workers are trained.

In Kazakhstan, medical and preventive services to the population are carried out through territorial forms of healthcare. The number of institutions providing outpatient care to the population in 1999 was 3057, the number of women's consultations, children's clinics and private outpatient clinics was 1738. The number of institutions providing dental care to the population has increased. In 1990, 88 private dental clinics operated in the Republic, now they have increased 3 times, and the current number has reached 243. Dental services are also provided to the population by 1042 dental offices.


In the 90s of the 20th century, private medicine became widespread. In large enterprises and institutions, in rural settlements, sanitary, medical, paramedic and obstetric points operate. In the Republic (mainly in regional centers and Astana, Almaty) there are large specialized medical centers for the treatment of various diseases. In recent years, in the cities of Kyzylorda and Zhezkazgan, large medical centers equipped with modern equipment have been launched to help residents of ecologically unfavorable regions of the country. In 1990, 440 sanatoriums and other health-improving institutions operated in Kazakhstan. They had 64 thousand seats;

During the implementation of the healthcare sector, elements of market mechanisms were introduced in the healthcare sector and the transfer of modern medical technologies was carried out. The state program "Densaulyk" for 2016-2019 is aimed at consolidating and developing the achieved results, solving problematic issues in the field of healthcare in accordance with new challenges, and has also become the basis for the planned development of the industry until 2025. The implementation of the program contributed to the stability and systematic development of the socially oriented national health care system with compliance with the principles of mass coverage of the population, social justice, provision of quality medical care in accordance with the basic principles of the World Health Organization policy strategies as a result of the implementation of the state program "Densaulyk", the expected life expectancy in 2018 reached 73.15 years (the plan for 2019 is 73.13 years). In 2018, the health index is 0.818 (the plan for 2019 is 0.815). The level of satisfaction of the population with the quality of medical care in 2018 was 47.84% (the plan for 2019 is 48%).

Measures have been implemented to regulate prices for medicines, introduce ethical promotion of medical products, evaluate healthcare technologies, expand the list of free outpatient medicines, and improve the formulary system.

Optimization of medical infrastructure

It is planned to optimize the state health infrastructure through the integration and integration of medical organizations. At the national level, until 2025, in accordance with the address of the head of

ОҢТҰСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of "Introduction to the clinic"		044 – 75 /11
Complex of lectures on the discipline "Introduction to the profession "		

state, the integration of existing research health organizations into university clinics will be carried out.

In general, as part of the optimization of the state infrastructure, the main attention will be paid to the release and redistribution of inefficient resources in the hospital sector, that is, the optimization of medical and diagnostic processes for the provision of the necessary medical care to the population (PHC, rehabilitation, palliative care, etc.), the centralization and decentralization of some medical services will be carried out. The implementation of these measures will allow to differentiate and manage the bed fund in accordance with the pace of treatment, and, accordingly, ensure the systematic development of outpatient, inpatient replacement, inpatient and rehabilitation medical care. The new state standard provides for the following changes:

At the district level, outpatient clinics for outpatient organizations are opened for every 1,500 serviced residents (instead of 2,000 people). On the rest of the objects, the settings are saved. The consolidation of medical care in the hospital sector at two levels: district and inter-district hospitals is envisaged.

For example, on the basis of a number of district hospitals, inter-district hospitals will be organized, thanks to which special medical care of a small profile (urology, neurology) will be available to rural residents.

At the city and regional levels, it is planned to open sites of general practitioners (hereinafter referred to as GP) from 1,500 serviced residents. Special attention will be paid to the development of primary health care centers through the opening of primary health care centers. Consulting and diagnostic assistance will be concentrated at the level of hospital organizations, special centers will be developed on the basis of multidisciplinary hospital organizations.

Public health management action plan for 2018-2021


The plan provides for the implementation of measures for interdepartmental interaction, including a healthy lifestyle and proper nutrition, prevention of Behavioral Risk Factors aimed at reducing the burden of non-infectious diseases and strengthening the health of the population.

Within the framework of the state program, an action plan for 2018-2021 is being implemented to increase cooperation and develop public health. A system for evaluating the performance of Public Health Services has been developed and implemented. Work is underway to actively counter the illegal trafficking of narcotic drugs, smoking and non-smoking tobacco products.

"In order to reduce the salt content in food products, a memorandum was signed with the National Chamber of entrepreneurs of the Republic of Kazakhstan" "Atameken "" and with Kazakhstani producers." As part of the promotion of a healthy lifestyle, mass events are actively held. The implementation of the national vaccination calendar against 21 infections continues. Immunization of the population reached 97%. Local executive bodies, educational organizations, as well as the non-governmental sector are systematically involved in the implementation of health promotion programs. A number of memoranda of understanding have been signed with international and national non-governmental and commercial organizations, including the NGO "Nur Otan", the PF "Tobacco-Free", Uyatemes.kz " there is a project of sexual education, as well as a number of medical universities.

For methodological and technical support for improving public health services, work is underway in cooperation with the World Health Organization, the UN children's fund and the UN fund in the field of population resettlement.

The implementation of a new project "healthy cities and regions choose health " has begun, within the framework of which it is planned to expand cooperation with the population, local executive bodies, business and the non-governmental sector to improve infrastructure and create a safe and favorable environment for preserving and strengthening health.

ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of "Introduction to the clinic"		044 – 75 /11
Complex of lectures on the discipline "Introduction to the profession "		

In order to prevent behavioral factors of the risk of diseases, interdepartmental measures have been taken, including economic (gradual increase in excise taxes on tobacco products, improvement of the rules for the sale of tobacco products according to the experience of developed countries; Prohibition of indirect advertising by the tobacco industry), ensuring the protection of non-smokers ' rights to clean air (expansion of the smoking ban zone in public places), propaganda work, activation of information lighting to promote a healthy lifestyle. In order to legislate the common responsibility of Citizens for their health, the draft code of the Republic of Kazakhstan "on people's health and the healthcare system" provides for norms aimed at increasing the common responsibility for protecting the health of not only citizens, but also employers, in particular – not to let people who have not passed a mandatory medical examination, preventive examination, creating conditions for employers to undergo a preventive medical examination, etc.

What is compulsory social health insurance?

The system of compulsory social health insurance is a state system for protecting Social interests in the field of healthcare.

The system of compulsory social health insurance guarantees equal access of citizens of Kazakhstan to medical and Drug care, regardless of gender, age, social rank, place of residence and income.

The FSMs guarantees payment for medical care if the patient has an insurance policy.

What types of services can participants of the OSMS system receive?

Insured citizens can receive the following types of services: outpatient care (primary health care, consulting and diagnostic care), inpatient care, inpatient replacement care, high-tech medical services. When providing outpatient, inpatient and inpatient replacement care, it is planned to provide medicines in the system of compulsory social health insurance.

What does compulsory health insurance provide to a citizen of the Republic of Kazakhstan?

OSMS provides all citizens of the Republic of Kazakhstan, regardless of their gender, age, residence and social status, with equal opportunities to receive medical care provided at the expense of OSMS in volumes and conditions in accordance with compulsory health insurance (OSMS) programs.

How are the funds of the OSMS fund formed?

The funds of the OSMS system are formed from insurance contributions from employers, employees, citizens, as well as payments from the state budget for the socially vulnerable population and unemployed.


Thus, from January 1, 2017, the state will transfer 4% to the socially unprotected part of the population, 5% in 2018, 6% in 2023, and 7% in 2024. Employers ' contributions from January 1, 2017 will be 2%, this figure will be 5% in 2020. Contributions of individual entrepreneurs, private notaries, private bailiffs, lawyers, professional mediators, individuals who receive income under civil law contracts payable to the fund from January 1, 2017-2%, from January 1, 2018 – 3%, from January 1, 2019 – 5%, from January 1, 2020 – 7%.

For whom does the state pay contributions to the OSMS?

According to the law" on OSMS", 15 categories of citizens are exempt from paying contributions, for which the state pays: children, mothers with many children, disabled people, unemployed, students, people, pregnant women, pensioners, military personnel, employees of special state bodies and law enforcement agencies and others.

What are the benefits of the introduction of OSMS for medical workers?

OSMS is implemented in parallel with accompanying measures that demonstrate a high level of autonomy, such as the privatization of part of medical service providers and the transition of one service provider to a private target. All these measures will help expand opportunities for flexible management of funds in medical organizations, including the level of wages.

ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of "Introduction to the clinic"		044 – 75 /11
Complex of lectures on the discipline "Introduction to the profession "		

Also, in the case of OSMS, competition for the patient increases, which is an incentive to increase the level of wages and improve working conditions. It assumes a gradual reduction in the salary of medical workers compared to the average salary in the economy. The salary of PHC employees is gradually increased due to the income of the expanded FSMS in comparison with current financing.

How will the selection of medical service providers take place in the conditions of OSMS?

The choice of a service provider is clear and takes place in two stages. The criteria for selecting a service provider will be unified. When purchasing services for the provision of medical care in the OSMS system, priority is given to healthcare entities that have passed accreditation in the field of healthcare, as well as continuous experience in the provision of appropriate medical care for three years. Participation in medical organizations is not restricted

4: Material: Presentation

5. Literature: in syllabus

6. Control questions: Feedback


1. State health development program in the Republic of Kazakhstan.
2. Reform of the healthcare system.
3. State health development program in the Republic of Kazakhstan.
4. Medical insurance system of the Republic of Kazakhstan.

Application 1

Recommended literature:

Main literature:

1. Introduction to the profession of a doctor. Clinic, law, ethics and fundamentals of communication [text] : textbook / M. A. Asimov [ET.B.]. - 2nd head. - Karaganda: AKNUR, 2019. - 232 pages.
2. Introduction to professional practice. Principles of clinic, practice, ethics and communication [text] : Asimov M. A., Orazbakova G. O. Karaganda: AKNUR, 2019. - 244 P

ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of "Introduction to the clinic"		044 – 75 /11
Complex of lectures on the discipline "Introduction to the profession "		


3. Adilova, L. M. algorithms of manipulative activity of a nurse [text] : textbook = algorithm of Sister manipulation : teaching post / L. M. Adilova. - M. : "Litterra", 2016.
4. Pulnikova, A.V. Nursing process [text]: textbook / A.V. Pulnikova, B. S. Imasheva. - Almaty : Evero, 2016. 300 P.
5. Nursing skills [text]: textbook / A. Kanybekov [zh. B.]. - Almaty: Evero, 2016 . - 476 P. s
6. Kanybekov, A. Nursing technology [text]: textbook. A. Kanybekov, Zh. Kanybekova. - 2nd ed., re - working. - Almaty: Evero, 2014 . - 628 P
7. Fundamentals of nursing [Текст] : textbook / Patricia A. Potter [and etc.]. - Philadelphia : Elsevier, 2017. - 1365 p.

Additional literature:

1. The full medical directory of the paramedic [Text] : spr. - additional - M. : Eksmo, 2015. - 832 p. - (Full medical directory)
2. Kanybekov, A. Ambulance [text] : textbook / A. Kanybekov. - 2nd head. - Karagandy : AKNUR, 2019. - 266 pages. S.
3. Dubitsky, A. A. Fundamentals of the organization of emergency medical care in the Republic of Kazakhstan [Text] : scientific / A. A. Dubitsky. Almaty : Evero, 2014. - 304 p.
4. Nurmanova, M. S. Collection of standards of nursing technologies in the discipline "Fundamentals of nursing" - Karaganda : LCD "Aknur", 2013
5. Communication skills [text]: reference = communicative skills : textbook = Communicationskills: directory / L. L. Matsievskaya [and Dr.].- Almaty: Evero, 2014. - 118 pages.S.
6. Molotov-Luchansky, V. B. Communication skills [Text] : textbook.manual / V. B. Molotov-Luchansky, L. L. Matsievskaya, N. A. Tsayukova. - Almaty : Evero, 2014. - 138 s

Electronic textbooks

1. Introduction to the specialty:, training manual.- Karaganda, 2020. - page 165. <https://aknurpress.kz/login>
2. Asimov M. A., Bagiyarova F. A., Madalieva S. H., Orazbakova G. O., Ispaeva G. B., Adilova L. M.
3. Introduction to the profession of a doctor. Fundamentals of clinic, law, ethics and communication". [Aknurpress.kz/login/tutorial](https://aknurpress.kz/login/tutorial), 2017/<https://aknurpress.kz/login>
4. Asimov M.A., Bagirova F.A., Madalieva S.H., Orazbakova G.O., Ispaeva G.B., Adilova L.M. Introduction to the profession of a doctor. Fundamentals of the clinic, law, ethics and communication. Textbook. 2017/<https://aknurpress.kz/login>
5. Communication skills. Kommunikative navyki. Communication skills. Matsievskaya Larisa Leonardovna, Abildina Nazerke Tursynovna, Bakirova Ryszhan Emelievna, Vasilechko Sergey Vasilyevich, Kabieva
Saule Mautovna, Molotov-Luchansky Vilen Borisovich, Tuimebayeva Aizhan Tolegenovna / under the general editorial office of Matsievsky L. L. / - Almaty, LLP "Evero", 118 C https://www.elib.kz/ru/search/read_book/601/
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7. Seidumanov S. T. and Dr. Public Asian technologies / Ed. S. T. Seidumanova. - Almaty: "Evero", 2020-230 s https://www.elib.kz/ru/search/read_book/397/
8. Molotov-Luchanskiy V.B.B 29 Bases of nursing skills in questions and answers: manual for students of medical universities / V.B. Molotov-Luchanskiy, N.A. Kudaka, L.V.

ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of "Introduction to the clinic"		044 – 75 /11
Complex of lectures on the discipline "Introduction to the profession "		

- Yevseyenko, V.L. Sidenko. - Almaty, Evero,2020. - 124 p
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