



діагностики і лікування та лікарських засобів чи від участі у навчальному процесі; безпечність надання психіатричної допомоги; безоплатне надання медичної допомоги у державних і комунальних закладах охорони здоров'я, а також безоплатне або на пільгових умовах забезпечення лікарськими засобами та виробами медичного призначення в порядку, встановленому Кабінетом Міністрів України; безоплатну юридичну допомогу з питань, пов'язаних з наданням їм психіатричної допомоги; альтернативний, за власним бажанням, психіатричний огляд та залучення до участі в роботі комісії лікарів-психіатрів з питань надання психіатричної допомоги будь-якого фахівця, який бере участь у наданні психіатричної допомоги, за погодженням з ним; збереження права на жиле приміщення за місцем їх постійного проживання протягом часу надання їм стаціонарної психіатричної допомоги; особисту участь у судових засіданнях при вирішенні питань, пов'язаних з наданням їм психіатричної допомоги та обмеженням у зв'язку з цим їх прав; відшкодування заподіяної їм шкоди або шкоди їх майну внаслідок незаконного поміщення до психіатричного закладу чи психоневрологічного закладу для соціального захисту або спеціального навчання чи внаслідок незабезпечення безпечних умов надання психіатричної допомоги або розголошення конфіденційних відомостей про стан психічного здоров'я і надання психіатричної допомоги; одержання винагороди за фактично виконану роботу нарівні з іншими громадянами.

Таким чином, будь-який з вищенаведених варіантів надання психіатричної допомоги, свідчить про правовий статус пацієнта і необхідність дотримання його прав. Ті права, які законодавчо визначені для пацієнтів психіатричних стаціонарів, є відображенням прагнення до зрівняння правового статусу пацієнта із звичайним соматичним (тілесним) захворюванням та з захворюванням психічної сфери.

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### **ASSESSING THE IMPLEMENTATION OF MEDICAL AND TECHNOLOGICAL DOCUMENTS AND QUALITY OF NEPHROLOGICAL CARE ON THE BASIS OF A INTERVIEWING OF DOCTORS**

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In the conditions of reforming of the healthcare industry providing high quality medical care is not possible without agreed standards carrying out various kinds of healthcare that should be safe and accessible. Professional medical opinion, the employee is an important factor in the functional and organizational system of quality control of medical care.

The aim of this study was to analyse the opinion of doctors on the implementation in health care of the Chernivtsi oblast medical and technological documents and their (documents) influence on the quality of medical (Nephrology) care for children's population of the region. The material for this study: to achieve this goal a interviewing of 264 doctors in specialties: Nephrology, Pediatrics, and Family physician Chernivtsi region.

According to the results of the interviewing found that doctors in Chernivtsi region positively assess the introduction of medico-technological documents in his practical activity, in their opinion, implementation of medical and technological documents (local protocols of medical care) in health care institutions Chernivtsi region was allowed to "harmonize requirements", "standardize" and improve the quality of medical (Nephrology) care for children's population at the regional level - 66,7% - 96,7% interviewing of doctors ( $p < 0,01$ ). The research will allow for informed management decisions to ensure adequate quality of medical care (at regional level) in accordance with the requirements of national standards.

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### **PROFESSIONAL TRAINING OF MEDICAL STUDENTS ON PROVIDING PRE- MEDICAL AID IN EXTREME SITUATIONS**

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Professional training of students of medical institutions in providing pre-medical aid is carried out in order to obtain practical skills that save and preserve persons' life in an extreme situation of peacetime and under combat situation, as well as during the evacuation of the wounded to hospitals.

The main objective of professional training of medical students in providing pre-medical aid in extreme situations is the assimilation of the necessary theoretical knowledge and assistance in learning and testing their practical techniques and skills to automatical level.

In order to enable all the medical students to master pre-medical aid at higher educational institutions of Ukraine of the III<sup>rd</sup> and the IV<sup>th</sup> levels of accreditation, the discipline "Pre-medical aid in extreme situations" was introduced into practice.

This discipline is based on the regulations of the Law of Ukraine dated July, 05, 2012 №5081 – VI "On emergency medical aid" that was adapted to the requirements of the Resolution of Verkhovna Rada of Ukraine dated April, 17<sup>th</sup>, 2014 "On additional measures for strengthening defense capability of Ukraine". Academic discipline "Pre-medical aid in extreme situations" was established by the Ministry of Public Health of Ukraine instruction dated March, 24<sup>th</sup> 2015 № 08.01 - 47/8986 as Normative discipline instead of "Medical Emergencies" for the students of specialties



"General Medicine" and "Pediatrics". The discipline "Pre – medical aid in extreme situations" is taught during the second year of study. The expected result of the curriculum will be testing students' skills to provide pre-medical aid in case of injuries, wounds and lesions in difficult extreme situations.

To conduct classes on professional training of medical students to provide pre-medical aid in extreme situations the teaching staff of the Department of Disaster and Military Medicine is involved who has passed special training and received appropriate certificates in the Ukrainian Military Medical Academy. To conduct classes for professional training of medical students on the organization of pre – medical aid in extreme situations, on the Department of Disaster and Military Medicine thematic classrooms are created. The classrooms are equipped with stands, visual aids, training military medical sets (combined individual medical kits, dressings, immobilizers, tactical backpacks, etc.), medical mannequins (phantoms, models, simulators) and equipment to watch video (multimedia devices). Classes for professional training of a sanitary instructor in providing pre-medical aid should be easy to understand by the audience, universal and cover basic theoretical principles of providing pre-medical care (25% of teaching time), and also include practical skills (75 % of teaching time). No less than 2/3 of the educational time is assigned to perform practical exercises and training, predict typical situations that are accompanied by wounds, injuries and damages in military conditions using portable sets of educational, military - medical assets and improvised means.

While training medical students in providing pre-medical aid the accent is made on individual training, although practical exercises often requires teamwork. The criterion to evaluate the curriculum of discipline "Pre – medical aid in extreme situations" is assimilation of the knowledge and skills determined by means of the final module test (FMT). The components of the final module test are the test in a written form and the practical part that to estimate practical skills to provide pre medical aid according to the algorithms of completion.

The final task for the instructor (teacher) training medical students to provide pre-medical aid in extreme situations is to teach students how to evaluate independently and quickly an emergency situation, make right decision and use the acquired skills to save not only their own lives and health, but also those people who are affected (injured) as a result of emergency situations.

The curriculum of medical students' professional training in providing pre-medical aid in extreme situations is advisable to work out in a single complex, which helps to create tactical and medical conditions that are close to real emergency conditions during peacetime or military situation.

**Chornenka Zh.A.**

#### **IMPACT OF MIXED ANXIETY-DEPRESSIVE DISORDERS ON QUALITY OF LIFE IN PATIENTS WITH ISCHEMIC HEART DISEASE**

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The main goal of our research was to determine an impact of anxiety-depressive disorders on the course of ischemic heart disease (IHD). We wanted to determine the rates of personal anxiety in patients with ischemic heart disease and anxiety indices due to the gender; to find out the relationship between the duration of ischemic heart disease course and emotional reactions.

We have examined 38 patients with ischemic heart disease (IHD) on the base of the Chernivtsi regional cardiological health center. We involved 10 women (26,3%) and 28 men (73,7%) whose disease had lasted more than three years. In order to evaluate anxiety-depressive manifestations we used the Hospital anxiety and depression scale (HADS) and Integrative anxiety test (IAT) to assess the anxiety rate and structure.

The anxiety rate 49,5 % of patients remains within the normal range, in 38,5% we noticed subclinical anxiety indices and 22% of patients showed a pronounced anxiety. The averaged rate of anxiety among women is higher than in men by 9.5 and 7.3 points ( $P < 0,05$ ) respectively. The study found a link between the duration of ischemic heart disease and existing emotional disorders ( $r_s = 0,45$ ,  $p < 0,05$ ). A high level of personal anxiety was observed in 45.6% of patients in the study group and in 18.7% - in the control one.

The given results allow us to arrive to conclusion that emotional disorders are related to the duration of the course of ischemic heart disease ( $r_s = 0,45$ ,  $p < 0,05$ ); depressive affective disorders are most pronounced in men while the anxiety ones are in women.

**Grytsiuk M.I.**

#### **MORTALITY STRUCTURE AND RATE DUE TO ISCHEMIC HEART DISEASE AMONG RESIDENTS OF CHERNIVTSI REGION**

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The main goal of our research was to give a detailed description of the mortality rate and structure due to ischemic heart disease among residents of Chernivtsi region. We wanted to give a detailed description of the mortality rate due to ischemic heart disease among residents of Chernivtsi region as well as to determine the structure of the direct causes of death due to ischemic heart disease